



TROPICAL DISEASES  
BULLETIN

Vol 32.]

1935

## BERIBERI AND EPIDEMIC DROPSY

AALSMEER (W C) Bijdrage tot de pathogenese der beri-beri. [Contributions to the Pathogenesis of Beriberi. Parts I, II & III].—*Geneesk Tijdschr v Nederl Indië* 1934 May 8 Vol 74  
No 10 pp 582-589 June 19 No 13 pp 776-782 July 3  
No 14 pp 862-874 With 2 charts

I *Primary Beriberi due to B Avitaminosis*—All the author's publications make special reference to the adrenalin test and its use as an indicator of the stage of the disease or the reality of cure and of the value of the therapeutic measures adopted. This test it will be remembered depends on the influence of adrenalin injections in active beriberi upon the diastolic blood pressure which is called alternatively the minimum tone pressure because it is the pressure registered by the sphygmometer at the moment when the auscultatory tone or bruit disappears with decompression of the brachial artery. Sometimes in beriberi an auscultatory murmur is already present before application of the recording instrument. In such cases of course the murmur cannot disappear with relaxation of pressure on the artery and the diastolic pressure is consequently registered as zero or nearly zero. No adrenalin test can be applied at all in such circumstances. But the essence of the test is that when some diastolic pressure is registered, the administration of adrenalin in a hypodermic dose of 1 mgm will if observations are taken at five minute intervals bring that pressure down to the zero point in an uncured case of beriberi. That is to say the auscultatory murmur will persist even on complete relaxation of the pressure on the artery as long as the patient is under the influence of adrenalin. This action of the adrenalin is due primarily to its effect on the heart itself but also to its dilating effect upon the peripheral blood vessels. The sum total of the different factors concerned is described under the word *gradient* expressing the fact that the rapidity of development of the fall in diastolic blood pressure and an unstable wave front are the most important factors concerned in this vascular syndrome.

By means of this test then Aalsmeer has been able to gauge the value of various dietaries the interference of food substances themselves with vitamin absorption and the rôle which intestinal disturbance can play in the development of beriberi. Other influences such as the psychic condition of the patient may be determining factors in



preventing the disappearance of symptoms with the administration of vitamin B. This was the verdict in the case of prisoners on the island of Omerut Java [this *Bulletin* Vol. 31 p. 477].

There are other diseases than beriberi in which the weak tones of decompression take long to disappear or fail to disappear. Such diseases for example are exophthalmic goitre, aortic insufficiency and severe anaemias. The occurrence of this phenomenon in BASEDOW's disease suggests that thyroid dysfunction or a pluriglandular syndrome may be at the root of some of the symptomatology of B-avitaminosis.

In certain cases the inoculation of adrenalin in a sufferer from beriberi failed to give rise to tone formation at low or zero diastolic pressures, a phenomenon attributable to decompensation of the left heart. The administration then of a preliminary injection of cardiazol was necessary to bring about stimulation of the heart, after which the adrenalin test became positive.

The methods referred to in this article have been tested out on patients. Such patients were in the first place given complete rest in bed and still kept on a vitamin-poor diet. The diastolic blood pressure even if it were zero on admission usually rose as the result of the simple rest in bed and this allowed of the application of the adrenalin test. A test case will illustrate the results obtained.—On admission the patient's diastolic pressure was zero. Even after five days rest in bed it still remained zero. With the addition, however, of red rice to the vitamin-poor dietary for 8 days the pressure rose to 60. Then the adrenalin test was applied and the successive minimal diastolic pressures, at the usual five minute intervals, became 60 50 50 50 40 0. That is to say zero pressure was again reached and the deduction could be made that the patient was not yet cured and his beriberi still remained active. After 15 days of a red rice dietary the improvement seen became a permanent one and the adrenalin test showed figures of 65 65 65 65 65 65 or no diminution of diastolic pressure at all. Repetition on the following day gave values 80 75 75 70 60 70.

Besides red rice and hatjang idjoe a preparation of vitamin B in tablet form or in ampoules containing liquid, may be equally effective for cure.

II *Secondary Beriberi due to Disturbance of Intestinal Function*—Although the administration of vitamin B should effect a cure in beriberi it is not the case that all or any vitamin-containing food will serve the purpose. This may be illustrated from actual cases and the test of the result should be the fall or absence of fall to zero of the diastolic pressure with the administration of adrenalin. A patient who was admitted to hospital and left for 7 days on vitamin poor diet had a minimal diastolic pressure of 40. The adrenalin test brought this pressure down to zero. He was next placed for 8 days on red rice, dedek and tempe. Once more the adrenalin test brought the pressure to zero. And so it was with the addition of yeast. Purgation and 3 days of milk diet, with the idea of correcting gastrointestinal disturbance followed again by vitamin-poor food plus yeast gave a much improved adrenalin test as shown by the figures 65 65 40 40 40. This single example, out of the many given by the author is intended to show that in spite of sufficient vitamin containing food avitaminosis can still remain, which may be due especially to disturbance of the intestinal functions (enterogenic beriberi). There are even cases in which none of the usual methods of feeding and not

even vitamin tablets themselves are successful. When patients then are treated by purgation or receive a milk diet for some days to promote normal intestinal functioning one may as in the case of the patient mentioned find that a return to the old vitamin-containing diet is effective. Again it may be found that withdrawal of red rice from the diet is promptly effective presumably because the dietary contained an excess of carbohydrate. Place alongside these observations the fact that when the enteral feeding of vitamin B fails the parenteral administration may give an immediate cure and it is difficult to avoid the conclusion that disturbance of intestinal function of very peculiar type plays an important part in the development of a shortage of vitamin B.

III *A Delay in Recovery from Beriberi B Inactivity of Parenteral Vitamin B*—In this communication it is shown that sometimes the parenteral administration of artificial vitamin B is unsuccessful whereas the same vitamin B given by the mouth brings about cure. This leads the author to the conclusion that artificial vitamin is not a full vitamin that it is indeed vitaminogen or provitamin which is convertible in the intestine into the active product vitamin B. If this conversion does not take place whether in the intestine or by subcutaneous injection the state of avitaminosis will persist. The hitherto observed cases of delayed recovery from beriberi are in all probability enterogenic forms of beriberi in the sense of SCHÜFFNER.

W F Harvey

SOETJANJO & GAN SING BIE Over de werking van het antineuritische vitamine (B) van de I G Farbenindustrie A G bij een geval van beri-beri. [On the Action of the Anti-neuritic Vitamin B in a Case of Beriberi].—*Geneesk Tijdschr v Nederl Indië* 1934 July 17 Vol. 74 No 15 pp 951-954

The adrenalin test of Aalsmeer has been made use of to gauge the value of the preparation of anti-neuritic vitamin used. If moreover a vitamin-poor diet first increases this effect of adrenalin and then the administration of vitamin B promptly causes it to diminish it is considered legitimate to look on the test as a complete measure of the degree of beriberi affection.

The method of carrying out the test is as follows—First of all the grade of beriberi is determined by application of the adrenalin test in conjunction with the pitressin test. Then the patient receives a vitamin-poor diet for 5 days. The adrenalin pitressin test is next applied again. If now the symptoms appear changed for the worse injections of the test vitamin are given (twice daily for 5 days) and the patient should then be enabled to remain on his vitamin-poor diet. The following case is illustrative—A patient with active beriberi definite heart and vessel symptoms pareses and oedema gave with rest in bed an increase in the minimal bruit forming pressure and a slight increase of diuresis (but not more than 1,250 cc.)—an indication of relief of the strain upon the heart. When the vitamin poor diet was begun there occurred first a lowering of the minimum bruit-pressure and then a rise but it remained too low (40 mm.). The pulse remained still above 100 the oedema was unchanged and the pitressin effect remained negative after these 5 days of vitamin poor diet which is the testing indication that the beriberi had changed for the worse. The injections now given furnished the following result (1) The diuresis was increased (2 litres) so that after the

injections were stopped the oedema diminished. (2) The pulse rate fell from over 100 to 76. (3) The minimal bruit-pressure increased from 40 to 60 mm. (4) The adrenalin reaction became negative. (5) Motor and sensory disturbances although diminished, were still present.

Thus it was shown that after subcutaneous injection recovery from the state of avitaminosis was rapid. The continued presence of neurological symptoms offers no contradiction, as they are no measure of the degree of deficiency in vitamin B (secondary degeneration).

It seems desirable therefore that the name anti-beriberi vitamin should be substituted for anti-neuritic vitamin. *H. F. Harvey*

RIEEMAN (David) & DAVIDSON (Harold S.) Beriberi following Drastic Voluntary Dietary Restriction—*Jl Amer Med Assoc.* 1934 June 16 Vol. 102, No 24 pp 2000-2003 [11 refs.]

Two cases are described in which beriberi developed following the voluntary consumption of a deficient diet.

Particulars of the two cases are as follows —

Case 1.—The patient, a white male aged 76 had for many years suffered from stomach trouble with the result that he gradually eliminated different articles of food from his diet. About one and a half years before admission to hospital he was so ill that he gave up all food except milk, of which he took about three quarts a day. This caused diarrhoea, so that he was forced to reduce the milk intake by half. Progressive weakness set in and his legs began to swell. On examination the man was found to be emaciated, pale and mentally confused. The hands, face and legs were oedematous, the calf muscles were extremely tender and the heart was enlarged to the right. The legs and buttocks also presented large ecchymotic spots. A diagnosis of beriberi was made. Two blood transfusions, of 250 cc. each on successive days, were given and, through a stomach tube, large amounts of vitamin B extract, orange juice, beef juice, egg tomato juice and cod liver oil were administered, together with adequate doses of iron and ammonium citrate. After a few days the patient removed the tube saying that he could feed himself. He then developed a ravenous appetite and began to consume a normal diet supplemented with vitamin B extract and iron. Within two weeks the oedema subsided and a month later he was able to walk about feeling cheerful and better than he had done for years.

Case 2.—A young woman, much over weight, tried to reduce her adiposity by living upon a meagre and monotonous diet. After a few weeks dyspnoea, palpitation and oedema of the legs appeared. No primary cardiac trouble was found, and beriberi was diagnosed. The return to a sensible diet alone resulted in prompt recovery.

The authors describe other similar cases collected from the literature, and they are of the opinion that "as long as fashion decrees the sylphlike figure, sporadic cases of beriberi are likely to occur." *A. D. Bigland*

VAN VEEN (A. G.) Over het nut van niet gewassen, weinig geslepen rijst als dagelijksch voedsel. [The Use of a Ration of Unwashed Slightly Polished Rice.]—*Geschied Tijdschr v Nederl Indit* 1934 May 22, Vol. 74 No 11 pp. 672-680. Full German summary.

This is a continuation of work already summarized in the *Bulletin*. A series of experiments is described dealing with the vitamin B<sub>1</sub> loss

sustained in the preparation of much larger quantities of rice such as are used in the army prisons and large plantations

It was again determined that washing of rice of whatever degree of milling is very detrimental to its vitamin content as proved by experiments with birds. On the other hand steaming is very much less harmful in this respect and also has the advantage of saving water and labour. Local objection (in Java) to unpolished or slightly polished rice, is chiefly on account of its red colour and not its taste hence it is recommended that silverskin rice or other pale varieties be used and that the washing of the product be omitted as far as possible. It is found by experience in prisons plantations etc., in Java that the custom of adding large amounts of vegetables as accessories to a polished rice diet is not acceptable to the native taste, especially when the consumption of large amounts of cooking water is also insisted upon.

A D B

VAN VEEN (A G) & KOKS (M T) Over den invloed van het Claytoneren op het B<sub>1</sub> vitamine-gehalte van rijst [The Effect of Clayton Disinfection on the B<sub>1</sub>-Vitamin of Rice]—*Geneesk Tijdschr v Nederl Indië* 1934 Apr 10 Vol 74 No 8 pp 482-485

In order that the experiments might be as natural as possible the samples of rice were taken from the holds of ships which had been Claytonized. The B<sub>1</sub>-content was expressed in International Standard Units. In the first trials sacks of about 2 kilogram content were used and then sacks of larger size. Claytonization does affect the content of rice in vitamin B and this reduction is greater the more polished and the moister the rice is. In sacks of some-kilogram size the B<sub>1</sub> vitamin of dry gabah rice is definitely diminished that of dry silver cuticle rice by more than one-third and that of half polished rice by about one-half. With larger sacks the effect is not so marked due probably to non-penetration of the sulphur dioxide gas. Pure vitamin is practically not affected by a dilute solution of SO<sub>2</sub> at pH 3 to 7 and only slowly by concentrated solutions. The concentration of the B<sub>1</sub> vitamin in the samples used was estimated by trial upon rice birds.

W F Harvey

SHIM (Hitsuko) Basic Studies on Beri-Beri in Pregnancy and the Puerperium and also in Early Infancy—*Trans Soc Path Japon* 1933 Vol 23 pp 295-306

An account is given of experiments on rabbits showing the vitamin B content of the various organs under normal conditions and during pregnancy and the puerperium.

The vitamin content in the various organs of unmated rabbits was first studied. The liver and spleen give the highest figures while progressively decreasing amounts were found in the kidney lung and brain (equal) cardiac muscle, blood and voluntary muscles. The mammary glands contain none at all. During pregnancy the vitamin B content markedly decreases especially in the liver lung and brain. This is due not to excessive excretion from the kidney where there is apparently an increased store but to the increasing consumption of the vitamin by the growing embryo. An even greater fall in vitamin B content is found during the puerperium, but the kidney

still contains more than normal. The mammary glands during pregnancy and the puerperium contain an increased supply of vitamin. The above findings point to the liability of beriberi occurring in human subjects during this physiological state, especially if the vitamin B content of the diet is lessened.

A further series of experiments, this time using vitamin B-deficient diets, was carried out. It was found that feeding rabbits on such diets considerably reduced the vitamin B content of all organs and secretions, and the effect was especially marked during pregnancy and the puerperium. The liver was depleted more rapidly than the other organs. This is a most important finding since the liver is known to be a storage organ supplying vitamin B to the other tissues. It seems, therefore, that such diets during pregnancy and the puerperium must render the individual more than ordinarily liable to contract beriberi. On such vitamin B-deficient diets not only does the embryo suffer but the vitamin content of the mother's mammary glands is decreased to one-fifth of that of a normally fed mother and the suckling may easily contract beriberi. It was also found that such diets bring about important changes in the distribution of vitamin B throughout the body.

A third set of experiments showed that if the diet of the mother is lacking in vitamin B even for a few days, the vitamin content of the embryo and of the mother is decreased. The same was found to be true of the mammary glands and the milk derived therefrom. Thus an infant may develop beriberi before the inadequately nourished mother shows any symptoms of the disease. A D B

JOURNAL OF THE INDIAN MEDICAL ASSOCIATION 1934. Sept.  
Vol. 4. No. 1 pp 12-13 Epidemic Dropsy

Calcutta is again experiencing an outbreak of epidemic dropsy and the present paper is in the form of an editorial dealing with the subject in general.

Among the epidemiological data are the following —

The Northern part of the city is the more affected as it was in the epidemics of 1926 and 1932. Previous epidemics have been recorded in 1877 1878 1901 1909 1919 1926 1927 1930 1931 and 1932. "The morbidity is highest amongst the Bengali Hindus, moderate amongst the Mahomedans and least amongst the Marwaris. Europeans escape altogether." Some observers hold that the disease is due to the ingestion of toxins produced in badly stored rice by some spore-bearing bacillus, but in some outbreaks (as in Fiji) damaged rice cannot be held responsible. The taking of mustard oil is regarded by others as an important etiological factor. The following reasons are given in favour of the view that the disease is probably not a primary intoxication but an infection —

- "(1) Seasonal incidence in July when long continued rains and humidity are present.
- "(2) Widespread epidemicity
- "(3) Greater incidence amongst people living in riverside places suggesting the possibility of a water-borne infection.
- "(4) Occasional incidence of the disease amongst persons who come in contact with a patient of epidemic dropsy where dietetic and environmental factors have been definitely eliminated.

- (5) The frequent spread of the disease from towns to the villages
- (6) Recurrent and chronic course of the disease as is shown by the persistence or re-appearance of oedema of the legs of gastro-intestinal and cardiac disturbances

It is suggested that further research should be directed towards the bacteriological study of the intestinal flora of sufferers together with immunity reactions against any suspected organism isolated. Attempts should also be made to reproduce the disease in suitable experimental animals

A D B

PURCELL (F M.) *Beri-Beri or Epidemic Dropsy—West African Med J* 1934 Apr Vol 7 No 4 pp 143-145

A case of general anasarca in an African child is described. A diagnosis of epidemic dropsy was made. The child had lived exclusively upon cassava, and details of the preparation of this tuber are given.

Beriberi is uncommon in the Gold Coast only 16 cases being reported in 1930 and a smaller number in the following year. Rice is the staple food of the Kroos alone, but the disease apparently is not confined to this tribe. If vitamin deficiency were the sole cause of beriberi the disease should occur sometimes in epidemics since in any one tribe the staple food is constant. Such epidemics have not been observed in the Gold Coast, and it seems that none of the tribal diets is deficient in neuritis-preventing vitamin.

One case is described. The patient, an African child, was admitted to hospital having been sick for one week. He presented general anasarca, marked tachycardia with orthopnoea, enlarged heart with signs suggesting hydropericardium, mild fever and hepatic and splenic enlargement. The knee jerks were absent but it is stated that subsequently no evidence of peripheral neuritis was discovered. The patient was successfully treated with heart tonics and magnesium sulphate. The author is of the opinion that this was a sporadic case of epidemic dropsy.

The child's diet consisted of cassava and apparently nothing else. In the Ada district the diet consists almost exclusively of this tuber which is scraped and dried in the sun. While drying a black saprophytic fungus, *rhizopus*, grows upon it and the natives think that this improves the food. Cassava is practically pure carbohydrate with very little protein and probably also deficient in vitamins. The physique of the Ada people is poor in consequence.

A D B

MARRIAR (Charles) Présence de bacilles méésentériques dans une hémoculture au cours d'un épisode fébrile chez un ancien béribérique.—*Bull Soc Méd Chirurg Indochine* 1934 Feb Vol. 12 No 2. pp 173-174

MÄHNIS (J) Die Wirkung der Digitalisglykoside bei an Beriberi erkrankten Tauben.—*Arch f Experim Path u Pharm* 1934 Aug 30 Vol 176 No 2/3 pp 141-159 With 2 figs. [14 refs.]

— & PÉTER (F) Die Wirkung des Digitoxins auf das Ekg der normalen und der an experimenteller Beriberi erkrankten Tauben.—*Arch f Experim Path u Pharm* 1934 Aug 30 Vol 176 No 2/3 pp 226-237 With 5 figs. [24 refs.]

## SLEEPING SICKNESS.

DUKE (H. Lyndhurst) On the Protective Action of "Bayer 205" against the Trypanosomes of Man.—*Lancet* 1934 June 23 pp. 1336-1338.

Details are given of a number of experiments devised with the object of ascertaining how long Bayer 205 would protect man against infection with *T. rhodesiense* and *T. gambiense*.

In his introductory remarks Duke states that although prevention is better than cure, prophylaxis against the diseases of man by the use of drugs could claim little or no success before the appearance of

"Bayer 205." For many years the medical profession has been debating about the value of quinine as a prophylactic in malaria. The work of the reviewer and MACFIE (1924) was however the first scientific warning that all might not be well with the time-honoured ritual, practised the world over by Europeans "east of Suez," of the 5-grain tablet taken each evening with the first "sundowner." A commission of the League of Nations has studied the question experimentally and in the third general report of the Malaria Commission the conclusion is promulgated that "No drug which is known, taken in harmless doses, can be guaranteed to act as a true causal prophylactic."

A summary is given of the earlier observations of the prophylactic action of "Bayer 205" against infection in animals and man with various trypanosomes. Although the general inference to be drawn from this work is that "Bayer 205" has a definite prophylactic value, nevertheless the evidence so far accumulated is not entirely conclusive.

The author's experiments were commenced in connexion with an investigation on the effect of long residence in antelope of the trypanosomes of man. Volunteers were used for this work and those who became infected were treated with "Bayer 205" the moment trypanosomes were demonstrated in their peripheral blood. Three of these cases (A, B and C) were chosen as the starting point of the present research. Each of these men was infected with a strain of *T. rhodesiense* which had been for months in an antelope at the laboratory. All three became infected after an incubation period of 8 to 10 days, and each was treated with a series of 6 doses of 1 gm. of "Bayer 205" the doses being given at an interval of a few days.

At the Conference on Trypanosomiasis held last November at Entebbe the examination of the prophylactic value of "Bayer 205" was allocated to the Uganda Institute. Three healthy native volunteers (cases I, M and Q) were selected, and each was given a single intravenous injection of 1 gm. of "Bayer 205" and another treated volunteer (E) was added to the first list. In addition, 3 monkeys were also given a prophylactic dose of the drug varying from 0.158 gm. to 0.023 gm. per kilo.

At various intervals after the administration of the drug the volunteers and the monkeys were subjected to the bites of tsetse flies infected with different strains of *T. rhodesiense* and *T. gambiense* respectively. Details are given in the table, which is reproduced (p. 9).

Those volunteers (A, B, C and E) who had been treated with 6 doses of "Bayer" after being infected for some 10 or 11 days with *T. rhodesiense* resisted all attempts at re-infection with different strains of *T. rhodesiense* for at least 190 days. On the other hand, the

Table showing the exposure of volunteers previously inoculated with Beyer 295 to cyclical infection with human trypanosomes carried by *G. palpalis*.

Days after last inoculation of Beyer 295	Volunteers							Members			Days after last inoculation of Beyer 295	Volunteers												
	A	B	C	E	I	M	Q	1229†	1237†	1239†		A	B	C	E	I	M	Q						
38											103							5b <sup>s</sup>						
39											104							1b <sup>s</sup>						
40											105							2b <sup>s</sup>						
63											107													
66											108							1b <sup>s</sup>						
67											110							3b <sup>s</sup>						
68											111							4b <sup>s</sup>						
69											113													
70											133													
71											134							1b <sup>s</sup>						
74											136							1b <sup>s</sup>						
76											142							2b <sup>s</sup>						
78											145							2b <sup>s</sup>						
											146													
77											147													
78											149													
79											174													
80											179							2b <sup>s</sup>						
81											180							4b <sup>s</sup>						
82											181							1b <sup>s</sup>						
83											182							1b <sup>s</sup>						
88											187							2b <sup>s</sup>						
91											190													
92											203							1b <sup>s</sup>						
95											210							1b <sup>s</sup>						
99											212													
100																								

## EXPLANATION.

The materials in the columns show the number of blood-infected flies biting man on that date.

a = *T. rhodesiensis* strain Tinde 111 (passage 1) controls (volunteers N and Q, both infected).  
 b1 = *T. rhodesiensis* strain Tinde 111 (passage 2) infected.  
 b2 = *T. rhodesiensis* strain Tinde 111 (passage 2) infected.  
 b3 = *T. rhodesiensis* strain Tinde 111 (passage 2) infected.  
 b4 = *T. rhodesiensis* strain Tinde 111 (passage 2) infected.  
 b5 = *T. rhodesiensis* strain Tinde 111 (passage 2) infected.

\*\* This fly was dissected the day after it fed on Volunteer M. Both salivary glands were heavily infected and the alimentary canal was full of 31's blood.

† Trypanosomes appeared in 1229 a, 1237's and 1239's blood 11, 9 and 8 days respectively after the first fly bite.



monkeys were found to be sensitive to infection with *T. rhodesense* 67, 69 and 74 days respectively after treatment with a single dose of "Bayer." It is to be noted that each of these animals proved to be sensitive the first time it was examined.

Duke states that the results obtained with *T. gambiense* are particularly instructive. Volunteer M was bitten on the 113th day by a fly infected with *T. rhodesense* but he did not become infected. On the 145th day he was bitten by 2 flies infected with *T. gambiense* and 9 days later was found to be infected. From this Duke concludes "The administration of a single dose of Bayer 205 had therefore protected this man against *T. rhodesense* for at least 113 days, but by the 145th day he was no longer safe against *T. gambiense*." Turning to the 6-dose series of volunteers, it is seen that B was bitten by 7 flies infected with *T. gambiense* between the 208th and 212th days after the last dose of "Bayer." 22 days later he was found to be infected. It thus appears that volunteer B, who was protected against *T. rhodesense* for at least 149 days after the last administration of "Bayer 205" possesses no defence against *T. gambiense* on the 208th day. It has not yet been determined how long protection lasts against *T. gambiense* in man, the only other experiment performed with this trypanosome being that of volunteer C who resisted infection 38 days after his last dose of "Bayer 205."

In his conclusions Duke states that it is probable, though not yet proved, that the protection conferred by "Bayer 205" is greater against *T. rhodesense* than against *T. gambiense*. He adds that at the present time, to be on the safe side, he considers that the prophylactic injection of 1 to 1.5 gm. of "Bayer 205" per adult should be repeated every 3 months while exposure to infection continues. He further considers that the natural sensitiveness of the mammal to the trypanosomes plays an important part in determining the duration of the protection conferred by "Bayer 205" the more susceptible monkey receiving less protection per dose per kilo. of body weight than the more resistant man.

W. York

DUKE (H. Lyndhurst). On the Employment of Volunteers in Trypanosomiasis Research and on the Element of Control in Experiments with Trypanosomes and Glossinae.—*Parasitology* 1934. Aug. Vol. 28. No. 3. pp. 315-324.

Two subjects are dealt with in this paper which, in the author's opinion, are of practical importance to those interested in research on trypanosomiasis: these are the employment of volunteers and the necessity for control in experiments on *Glossina*.

In discussions on the zoological status of *T. gambiense*, *T. brucei* and *T. rhodesense* it is generally assumed that *T. brucei* cannot infect man, whereas the other two can. The true affinities of all these trypanosomes can, however, be revealed only by direct experiments on man himself, and until the last year or so the risks connected with such experiments precluded their employment on anything like an adequate scale. Recent advances in chemotherapy have removed the main obstacle to experiments on man, and it is now safe to use volunteers. CORROUX was the first to test on himself a trypanosome known to have been at one time pathogenic to man (this *Bulletin* Vol. 29 p. 634) and shortly afterwards FAIRBAIRN performed a similar experiment on himself.

The employment of native African volunteers began with certain investigations carried out at Entebbe two years ago. Duke states that

he thinks all will agree that it is in practice impossible to settle the unsolved problems of trypanosomiasis without the assistance of native Africans the number required alone justifies this contention Up to the present in the investigations in Uganda into the antelope reservoir and the prophylactic results of Bayer 205 24 native volunteers have been employed. All these men fully understood the significance of their contract So far 16 of them have become infected and there has been no untoward event in the subsequent career of any The regular method of infection employed is the bite of a cyclically infected fly or in rare instances where this is impossible the subcutaneous inoculation of its glands In addition to the more obvious points to be considered with the use of volunteers there is the theory recently advanced by CORSON that there may be a state of cryptic trypanosomiasis set up in man by strains of *T. rhodesiense* which have been exposed for long periods to the tissues of resistant animals such as antelope [this *Bulletin* Vol. 29 p 634] After considering this matter in some detail Duke comes to the conclusion that it is very unlikely that this hypothetical cryptic infection with *T. rhodesiense* ever occurs in man

Dealing with the second subject Duke states that in any prolonged investigation on African mammalian trypanosomes especially where *Glossina* are used as agents of infection and ruminants as the vertebrate host it is of the first importance to establish an efficient system of control against accidental infection with trypanosomes other than those which it is intended to investigate During the last year or two the main subject of research at Entebbe has been the study of game animals especially antelope as a reservoir of the trypanosomes of man, and in such an inquiry supreme importance attaches to the question whether a given trypanosome is or is not pathogenic to man. To carry out this research clean antelope were collected at the Institute and some of them were set aside as controls Some months ago one of the control animals was found to be infected with a trypanosome indistinguishable from the *T. rhodesiense* carried by its experimentally infected companions

In the antelope enclosure there lived freely together three adult bushbuck, 4 oribi, one adult and 2 young situtunga 4 reedbuck and a ntalaganya. Of these, one of the situtunga a ntalaganya and a reedbuck were kept as controls After some time it was discovered that the control reedbuck was infected.

Duke examines in great detail the possible ways in which this untoward event had occurred. For reasons given he is able to exclude the possibility of the control reedbuck being infected when it reached the laboratory and similarly he excludes the possibility that the animal was infected with wild *Glossina palpalis* as he is satisfied that these flies never succeed in reaching the present laboratory The explanation of the phenomenon seems to be the direct transmission of the trypanosomes ruminant to ruminant by *Stomoxys* The three young reedbuck were observed to keep close together all through the day thus facilitating the direct transference of trypanosomes from one to the other Moreover trypanosomes were common in their peripheral blood. *Stomoxys* were numerous in the animal enclosure and dissection of several hundreds caught in the antelope's stable revealed in the partially digested blood of the hind-gut of a single fly a few feebly-moving trypanosomes which had presumably been taken up from one of the antelope

BRITISH EAST AFRICAN TERRITORIES CONFERENCE OF GOVERNORS OF Research Conferences. Conference on Tsetse and Trypanosomiasis (Animal and Human) Research. Held at Entebbe, 22nd to 25th November 1933.—42 pp. 1934 Nairobi Govt. Printer

The Governor of Uganda in opening the Conference stated that this was the first of what he hoped will prove an exceedingly valuable series of conferences. The co-ordination of scientific research in East Africa is one of the duties which has been specially assigned to the Governors Conference, and when they discussed the question last February they reached the unanimous conclusion that at the moment co-operation and co-ordination were not as complete as they might be. With the object of remedying this they had decided to call together representatives of the various East African Colonies of Kenya, Nyasaland, Tanganyika and Uganda. He also welcomed Dr FOXTANA, Chief of the Medical Service of the Province Orientale of the Belgian Congo.

The Agenda is divided into three sections —

A. Items from the programme of Research suggested by the Second International Conference on sleeping sickness [this *Bulletin* Vol. 26 p 185] These include—the question of natural immunity spontaneous cure and acquired immunity of man, and natural immunity of the baboon and its relationship with serum-resistance other reservoirs of *T. gambiense* than man and new means of diagnosis the origin of *T. rhodesiense* and its relationship to *T. gambiense* and *T. brucei* the transmission of acquired characters through *Glossina* the evolution of the polymorphic trypanosomes in tsetse and the factors which influence it pathological investigations in infected animals biological studies of tsetse the factor determining the infectivity of trypanosomes for tsetse therapeutic researches, etc.

B. Items of research suggested by investigators in the East African Territories e.g. bionomics of *T. uniformis* and *T. brucei* cultivation of trypanosomes the control of trypanosomiasis in man and animals by chemotherapy by administrative methods, and by control of tsetse diagnostic methods in trypanosomiasis mechanical transmission of trypanosomes by vectors other than tsetse the pathogenicity of various trypanosomes for different animals etc.

C. The future of trypanosomiasis and tsetse fly research in East Africa.

At the general discussion which took place on the agenda, it was decided to arrange the program of research first, leaving the question of the future of trypanosomiasis and tsetse-fly research in East Africa to be dealt with later.

After much discussion a program of tsetse and trypanosomiasis research was agreed upon this program is summarized in the table (p 13)

The Conference then proceeded to the discussion of the future of trypanosomiasis and tsetse research in East Africa. After DUKES had outlined the position in regard to protozoological research and the financial difficulties of the Human Trypanosomiasis Institut., the Conference considered the advisability of preserving a Central Research Institute and the opinion was expressed that the present was not a time at which a definite pronouncement on such a subject could be made. It was felt that, whether or no a Central Institute

could be established other laboratories where local problems in connexion with trypanosomiasis could be investigated would still be essential. Finally the Conference —

- (1) considered that the present time was inopportune to give an opinion as to whether the Human Trypanosomiasis Institute should be continued as a permanency
- (2) recommended that, if the Government of the Uganda Protectorate agreed, this Institute should be kept on for another year on its present footing and that the question should then be reconsidered
- (3) having discussed the programmes of research in hand in the various laboratories and in the field recorded its opinion that no overlapping of research was taking place in East Africa other than that which was necessary for the establishment of essential facts.

*Summary of Program of Tsetse and Trypanosomiasis Research*

a = Human Trypanosomiasis Institute Entebbe.	d = Trypanosoma Rhodesiense Laboratory Tinde
b = Veterinary Laboratory Entebbe	e = Medical Laboratory Nairobi
c = Veterinary Laboratory Mpwapwa.	f = Medical Laboratory Nysaland

Item of Research	Where to be carried out
(a) Question of natural immunity spontaneous cure and acquired immunity in man	a, c and d
(b) Experiments on relatively resistant ruminants with strains of <i>T. rhodesiense</i> and <i>T. gambiense</i> obtained over as wide an area as possible	a, c and d
(c) Existence of other reservoirs of <i>T. gambiense</i> than man	a.
(d) Retention of acquired characteristics by trypanosomes during cyclic evolution in body of tsetse	a ( <i>T. gambiense</i> ) c ( <i>T. congolense</i> and <i>T. vivax</i> ) d ( <i>T. rhodesiense</i> )
(e) Evolution of different trypanosomes in body of tsetse and other biting flies and relationship to environment (climate, etc.) of cyclic transmissibility and pathogenicity	a, b, c and f
(f) Biological studies of tsetse-flies in <i>T. rhodesiense</i> , <i>T. gambiense</i> and <i>T. brucei</i> areas	Work now being carried on in various territories to be continued
(g) Study of food supply of tsetse as determined by biological study of stomach contents of fly	e*
(h) Investigation of the prophylactic value of Bayer 205	e†
(i) Further investigation of identity of <i>T. unisforme</i>	a and b.†
(j) Investigation of bionomics of <i>T. brucei</i>	b
(k) Cultivation of <i>T. congolense</i> and <i>T. vivax</i> on artificial media	b
(l) Control of tsetse-fly ..	Work now in hand or projected in all territories to be continued or put in hand
(m) Trypanosomiasis of pigs	b and c.‡

Mr Swynerton prepared to assist in supply of sera from game animals when opportunity offered.

† A large-scale field experiment to be conducted in Tanganyika should the laboratory experiments indicate the necessity therefor

‡ Every endeavour to be made to furnish a strain to Mr Hornby

§ Material acquired in any territory to be transmitted to either of these laboratories.

SWYMKERTON then explained the present position and the amount of collaboration which was already in existence as regards tsetse-fly research in East Africa. The Conference after some discussion —

- (1) recorded its appreciation of the great practical importance of the work of the Tanganyika Tsetse Research Department to all three territories as regards the control of both animal and human trypanosomiasis (*vide* Appendix III)
- (2) recorded its conviction of the need, not only for this work, but also for every facility being given by the respective Governments to continue and extend the present opportunity for personal co-operation and collaboration without regard to inter territorial boundaries.

A discussion took place on the facilities which existed for the communication of results of the trypanosomiasis research which is being carried on in the various laboratories in the Colonial Empire. DUNN and CORSON informed the Conference of the very valuable help they had received from the Tropical Diseases Bureau. The Conference, after discussion —

- " (1) recorded its opinion that further facilities for the distribution of published and unpublished reports should be given, and recommended that some central body in England should be approached with a view to its undertaking the distribution of reprints, etc., to workers who might be interested
- " (2) recognized that this would involve the provision of a greater number of reprints, and recommended that the cost of such should be borne by the Government concerned.

The report closes with a memorandum by MACLEAN on the control of trypanosomiasis in man and animals by chemotherapy and administrative measures and with a memorandum by SWYMKERTON giving an account of the work which had been carried out in East Africa either by the Tsetse Research Department in Tanganyika or by members of the Medical and Veterinary Departments in other territories in collaboration.

W Y

LEDRENTU (G) La lutte contre la maladie du sommeil au Cameroun [Campaign against Sleeping Sickness in Cameroon.]—*Ann. Inst. Pasteur* 1934 Aug Vol. 53 No 2. pp 174-220 With 8 diagrams.

This paper describes the work of the sleeping sickness organization in Cameroons since 1930. In a recent paper JAMOT has summarized the work of the mission between 1924 and 1930 [*this Bulletin* Vol. 29 p 633].

In 1931 the sleeping sickness prophylaxis service was dissolved and the whole organization changed, owing to the acute economic crisis. From 36 European officers and 400 native assistants it became necessary to reduce the service to a minimum compatible with safety. The new organization which still remained centred in Ayos, the main epidemic focus, consisted of 5 teams for diagnosis, each composed of a doctor and 20 assistants, and more than a dozen teams for treatment each composed of a European sanitary officer and 3 hospital attendants. The general organization which had proved so satisfactory in the past was thus maintained but modified so as to meet the financial needs of the time. In 1934 it was found possible to reinforce the service to some extent.

The very lengthy report which follows takes the same general form as that of JAMOT 1932. A detailed account is given of the progress of the disease in the various subdivisions of the epidemic zones in which the initial morbidity was everywhere over 15 per cent in the endemo-epidemic zones in which the infection rate was in some places over and in other places less than 15 per cent and finally in the endemic zones in which the infection was everywhere less than 15 per cent. [Those interested must consult this part of the paper in the original.]

The general impressions produced by this summary appear to be —

1. In the zones of feeble endemicity the disease has nowhere gained ground and in places it has definitely retrogressed.

2. In the endemo-epidemic zones the results have been considerable. The vast focus in the north constituted by the subdivisions of Doumé and Nanga Eboko has been reduced to one of feeble endemicity. The two western foci of Mangoumas and Etons appear to be extinct that of Bafia is reduced to the Lambassa tribe, but here it offers a stubborn resistance. The southern focus of Sanghaïma has almost disappeared.

3. In the epidemic zones the focus of Bertoua is extinct as is almost that of Batouri. The same cannot be said however of the foci of Haut Nyong and of the upper reaches of the Dja and there is some revival of activity among the Omengs, the Makas and the Yébékolos of Akonolinga.

The broad facts emerging from this survey are that the disease has undergone rapid retrogression sometimes spontaneously in most of the peripheral zones of extension but that there is some recrudescence in the old foci. In the old foci of Nyong and of Dja the infection is proving resistant and in certain places is even increasing but the index of peripheral infection is however not comparable with that observed in 1926-1928 when it was 35 to 45 per cent. To-day such a figure as 5 per cent. is exceptional.

It is difficult to understand why trypanosomiasis in certain zones readily yields to treatment whilst in others it is resistant to the same treatment. Differences of race of habitat of abundance of *Glossina* and of virulence of the pathogenic agent undoubtedly play a part but these factors are not the whole explanation. The drugs seem to have lost their power to sterilize rapidly the blood of carriers in certain districts and lumbar puncture of 5-year-old cases in apparently excellent health shows that about a quarter of them exhibit meningeal changes. [It is possible that the difficulty in sterilizing the infected in the old foci of the disease may be due to the fact that prolonged treatment of the disease in these areas has resulted in the production of arsenic fast strains of trypanosomes which are now being propagated by *Glossina*.]

W. Y.

BERTRAND (Yves) Résultats de 601 ponctions lombaires effectuées dans une région à maladie du sommeil (Nord Togo) [Results of 601 Lumbar Punctures in a Sleeping Sickness District.]—*Bull Soc Path Exot* 1934 June 13 Vol 27 No 6 pp 522-526

The paper is an analysis of the results provided by 601 lumbar punctures in the Laasa canton of the Pagouda sleeping sickness sector of North Togoland.

The total population examined was 11 023 and of these 5.3 per cent had trypanosomes in the glands or blood. Lumbar punctures were made in 601 cases of these 364 were new patients with parasites in

the blood or glands, but not somnolent 28 were new cases with parasites in the blood or glands, and somnolent 120 were old cases 4 years under treatment and in good condition and 91 were suspected cases of sleeping sickness but with negative blood and glands.

The cerebrospinal fluid was examined in respect of —(1) cytology (2) protein content and (3) the colloidal benzoïn reaction. The results of these examinations in each of the 4 classes of case mentioned above are given in detail, and certain deductions are drawn.

The author considers that systematic lumbar puncture practised in the bush in conjunction with blood and gland juice examination, constitutes the only scientific method of ascertaining the nature of the virus afflicting the country. It was found that amongst new patients of healthy appearance evidence of nervous lesion existed in no less than 34 per cent. Among the old patients treated 4 years previously and in apparently excellent health 24 per cent. exhibited evidence of meningeal lesions as did also 14 per cent. of the suspected cases. As a general rule the positive colloidal benzoïn reaction seems to appear before the meningeal reactions it accompanies these reactions and is the more definite as the reactions are the more intense, and it tends to persist for some time after the reactions have disappeared. W 1

VAN DEK BRANDEN (F) Contribution à l'étude de la transmission héréditaire du *Trypanosoma gambiense* chez l'homme. [The Question of Hereditary Transmission of *T. gambiense* in Man.]—*Ann Soc Bdege de Méd Trop* 1934 June 30 Vol. 14 No 2. pp. 199-201

After briefly summarizing the scanty literature relating to this subject, the author mentions an instance in which hereditary transmission did not occur although all the conditions appeared to be very favourable.

A woman from Bumba was admitted to the hospital at Leopoldville in an advanced state of pregnancy. The peripheral blood contained numerous trypanosomes and the spinal fluid showed great excess of lymphocytes and of protein. She was delivered of a normal child two days after admission. Examinations of the infant's blood made on several occasions failed to reveal the presence of trypanosomes. W 1

ELLIS (M) A Report on the Effect of Trypanamide on Sleeping Sickness Cases.—*Trans Roy Soc Trop Med & Hyg* 1934, Aug 4. Vol. 28 No 2 pp 207-208.

The author has examined the effect of a course of trypanamide on the peripheral infection in a large number of cases of sleeping sickness in Northern Nigeria.

The work was carried on in the Kiriakamma district of the Hadeija Emirate Northern Nigeria it was undertaken in conjunction with Government mass survey and treatment. The positive cases (glands or blood) found during this survey were treated with a course of trypanamide consisting for adults of 13 injections at 5-day intervals, the first dose being 1 gm. and the subsequent dose 2 gm. each. On the morning of the last injection all the cases under treatment were re-examined in exactly the same way as in the original survey. The results can be summarized as follows —

Findings at the initial survey —	717
Gland juice positive	112
Blood positive	—
Total	829
Findings after 12 injections (23 gm.) of trypanamide —	
(a) Cases with glandular enlargement —	
Puncturable	239
Too small for puncture	212
Total	451
Cases with no glandular enlargement	378
(b) Positive findings of trypanosomes —	
Gland juice	2
Blood	13
Total	15 = 1.81 per cent.

It is recorded that of these 15 positive cases 14 were originally diagnosed by gland juice examination and one by blood examination. After the course of treatment 7 of these 15 cases exhibited glands large enough for puncture whilst in 8 the glands were too small for puncture.

The conclusions are as follows —

- 1 In this series of cases 1.81 per cent were resistant to trypanamide
- 2 In a majority of cases trypanamide causes a subsidence of the swelling of the posterior cervical glands
- 3 The disappearance or the persistence of the glandular swelling is no criterion of cure by trypanamide
- 4 Trypanamide is very lethal to trypanosomes in gland juice only two out of 717 cases still showing them after treatment

W Y

BONNET (M) Sur l'efficacité de la trypanamide chez les trypanosomés en 2e période [The Efficacy of Trypanamide in the 2nd Stage of Sleeping Sickness].—*Bull Soc Path Exot* 1934 July 11 Vol 27 No 7 pp 659-663

This note is a criticism of a recent paper by LORÉ and MARTY who express the opinion that those cases of sleeping sickness which have been treated with trypanamide when in the first stage of the disease are found to be resistant to this drug when they have passed into the second stage [this *Bulletin* Vol 31 p 202].

Doubtless in a region where trypanosomiasis has been treated in as intensive a manner as in the Cameroons a certain degree of resistance of the virus to the trypanocidal action of drugs will be observable after some years but it will be an arsenic-resistance and consequently a resistance to atoxyl and other arsenicals as well as to trypanamide. It is however difficult to test the point in the second stage cases because trypanamide alone is active and is used, in such patients.

Moreover Bonnet argues that the observations published by LORÉ and MARTY do not provide proof that the cases were actually trypanamide resistant. The two groups of cases are not comparable



Group A consists of a residue of old cases sent to Ayos because previous treatment had failed, whereas Group B consisted of freshly discovered cases which had not previously had trypanamide or any other form of arsenical treatment. This fact seems sufficient in Bonnet's opinion to explain the great mortality observed in the first group. Then there is nothing to prove that the patients of Group A were first stage cases when they were first discovered. Furthermore, many of the Group A patients did not receive trypanamide for a long time after their discovery. Of the 10 cases 8 were diagnosed between 1923 and 1926 and it is known that in the Cameroons trypanamide came into general use only in May 1927. Before this date they were treated with atoxyl or novarsenobenzoate and they had progressed into the second stage.

In short the only thing certain about the patients of Group A is that they had been given trypanamide before they were lumbar punctured. It is absolutely impossible to state whether they were in the 1st or 2nd stage when trypanamide was given, and consequently it is impossible to assume an acquired resistance to trypanamide.

Bonnet then proceeds to give illustrations from his own experience and from that of others which, in his opinion, prove that it is not a resistance to trypanamide acquired as the result of using this drug in the first stage, which explains the therapeutic failures obtained in certain cases. He re-examined the protocols of 156 sleeping sickness patients who died at Ayos in 1932. Of these 94 were old cases corresponding to Group A of LORÉ and MARTY and 62 were second stage patients who had never previously been treated (Group B). The fact that 40 per cent. of these fatal cases belonged to Group B showed that the therapeutic failure was not due to trypanamide resistance.

Bonnet does not entirely agree with LORÉ and MARTY when they write that trypanamide should never be used in first stage cases, as some of these which cannot be successfully treated by atoxyl or novarsenobenzoate yield to trypanamide nevertheless in the majority of cases trypanamide should be reserved for the nervous period. W Y

1. MILLOUS (M.) & MAURY (M.) Sur le traitement de la trypanosomiase au Cameroun par la trypanamide. [The Treatment of Trypanosomiasis in Cameroons by Trypanamide.]—*Bull. Soc. Path. Exot.* 1934 July 11 Vol. 27 No. 7 p. 663
- ii. MARTY (M.) Sur le traitement par la trypanamide des trypanosomés en 2e période. [The Treatment of Second Stage Trypanosomiasis by Trypanamide.]—*Ibid.* pp. 663-664

i. In commenting on the paper of LORÉ and MARTY [this Bulletin Vol. 31 p. 202] Milloüs and Maury state that arsenic resistance appears to be a general phenomenon due to a too cautious use of insufficient doses of trivalent or pentavalent arsenicals owing to the fear of producing ocular accidents. They quote the reviewer as stating that salvarsan-resistance or atoxyl-resistance implies trypanamide resistance but apart from this they consider the statements of LORÉ and MARTY are open to other objections. There seems no evidence that Group A cases were in the first stage at the first time of treatment with trypanamide. In reality they were a collection of patients who were given trypanamide before they were punctured, which is, of course, quite a different thing.

ii. Marty replies to the above criticisms. He does not admit that he and LORÉ were in error when they classified their Group A patients

as being first stage cases. The original treatment they were given—1 dose of atoxyl and 12 doses of trypanamide—was at that time the standard treatment for sterilizing the infection and not for nervous cases. The clinical records contain nothing suggesting that the patients had passed into the second stage of the disease. He adheres to the conclusion of LORÉ and himself that it was the administration of trypanamide before the appearance of meningeal lesions which was responsible for the special resistance exhibited later. W Y

LIEURADE (L.) Lurotropine intraveineuse associée aux arsenicaux dans le traitement de quelques cas de trypanosomiase en 2e et 3e périodes [Urotropine Intravenously associated with Arsenicals in the Treatment of 2nd and 3rd Stage Sleeping Sickness.]—*Bull Soc Path Exot* 1934 May 9 Vol 27 No 5 pp 439-443

Details are given concerning 12 advanced cases of sleeping sickness treated by urotropine and trypanamide.

The urotropine was given intravenously in doses of 2 to 3 cgm. per kilo at weekly intervals about 3 hours before the arsenical. Albuminuria and an increase of protein in the cerebrospinal fluid was almost always observed on the following days but as a rule, disappeared before the next dose was due. The results obtained were satisfactory in 6 cases but unsatisfactory in the remainder. The author remarks [and with justice] that it might be argued that the good results were due to the trypanamide alone. He, however, is of opinion that the association of urotropine with trypanamide had accelerated and accentuated the beneficial results. W Y

RAINGEARD Traitement par l'hyposulfite de soude des troubles oculaires dus aux trypanocides [Sodium Hyposulphite in the Treatment of Ocular Troubles due to Trypanocides.]—*Rev Méd et Hyg Trop* 1934 May-June Vol 26 No 3 pp 143-153

An interesting and possibly important paper in which the author records the beneficial results he has obtained by the use of sodium hyposulphite in cases of trypanosomiasis treated with atoxyl or trypanamide who developed ocular troubles.

Details of the treatment of 26 such cases are given and the results are summarized in the table here reproduced.

It thus appears that in this series of 26 cases there were no less than 77 per cent. of successes and in the 12 blind cases treatment was successful in no less than 9 cases. The successful results were not limited to recent cases but were obtained also among those who had been blind or semiblind since 1928 to 1930.

Discussing the best dosage the author points out that his results were most favourable in the group of cases which were given 15 injections on alternate days each of 10 cc. of a 20 per cent solution intravenously. It is emphasized that all these cases, with a single exception were given trypanamide treatment only after the course of hyposulphite and consequently there is no doubt that it was the latter drug which caused the ocular improvement. The author points out that he did not examine the eyes with the ophthalmoscope as his work was carried out in the bush but he emphasizes the essential fact that these people who had not been able to see for periods varying from 2 to

Series	Name	Age	First appearance of accidents		Treatment used		Sight very poor	Almost blind.	Blind.	Improvement.	Great improvement.	Recovery	Seems.	Failure.
			Old men	New 1933	Am-xy	Tryp								
I	Ethodi	55		+		+			+		+	+	+	
	Noumbi	36	+32		+			+			+	+	+	
	Linsabe	33	+30		+		+				+	+	+	
	Totois	35	+30		+			+		+		+	+	
II	Mangoumbo	26	+20		+				+					+
	Matende	33	+31			+			+			+	+	
	Kanga	34	+29		+		+			+		+	+	
	Mipoodi	38	+29		+				+	+		+	+	
	Doumba	32	+31		+				+		+	+	+	
	Badondo	40	+28		+				+			+	+	+
	Mwala	35	+28		+				+	+		+	+	+
	Bombo	30	+28		+			+						+
	Boudzanga	36	+32		+				+	+		+	+	
III	Awe	35	+32			+		+				+	+	
	Dumeka	34	+31			+		+				+	+	
	Lele	35	+32			+			+			+	+	
	Mangamba	38		+		+	+				+	+	+	
	Alama	28	+31			+		+	+			+	+	
	Bangwa	32		+	+			+						+
	N'Danga	36		+	+			+						+
IV	Souangala	32		+	+		+		+			+	+	
	Mangoumba	35		+	+							+	+	
	Damane	38		+	+		+			+		+	+	
	N Kobo	25		+	+		+					+	+	+
	Nanha	32		+		+	+				+	+	+	
	Manebe	32		+		+	+				+	+	+	
	26		16	10	17	9	8	6	12	5	4	11	20	6
Percentage of cured							75-84 per cent.							
uncured							23-27							

even 5 years recovered within a few weeks a degree of vision which enabled them to get about and attend to their needs. (As the author himself freely admits this work should be repeated on a sufficiently large scale)

IV Y

LASSABLIÈRE (P) & PEYCELON (A.) Action de l'iodo-bismuthate de quinine sur le *Trypanosoma gambiense* [Action of Quinine Iodo-Bismuthate on *T. gambiense*.]—*Rev Méd et Hyg Trop* 1934 May-June. Vol 28 No 3 pp 129-137

A considerable number of guineapigs infected with a strain of *T. gambiense* were treated with quinine iodo-bismuthate

A soluble and an insoluble form of the compound were used the former was injected intramuscularly and also subcutaneously the latter only subcutaneously. The results which are given in detail are poor a prolongation of life being the utmost obtained. The earlier the animals were treated after infection the better the results and the author believes that it is best to give numerous small doses at short intervals rather than fewer large doses at longer intervals.

The author concludes with the statement that the substance must be regarded as a valuable adjuvant in the treatment of trypanosomiasis although its therapeutic action is not comparable to that of the arsenicals. [From the data presented this conclusion appears to the reviewer distinctly optimistic.] H Y

KEEVILL (A J) Subsequent Histories of Six Cases of *Trypanosoma rhodesiense* Infection treated with "Bayer 205" or "Fournieu 309"—*Trans Roy Soc Trop Med & Hyg* 1934 June 30 Vol 28 No 1 pp 101-102

This paper gives the subsequent histories of six cases of sleeping sickness treated only with Bayer 205 and reported upon by the author in 1928 [this *Bulletin* Vol 25 p 795]

In the first report it is pointed out that six patients with trypanosomes in the spinal fluid had as the result of treatment with Bayer 205 or Fournieu 309 only all remained in normal health for at least two years. The patients have been followed up carefully and their histories are shown in a Table no further treatment had been given to any. It is seen that three of the patients (Cases 80 85 and 88) have remained in normal health more than 8 years since infection. Of the three who died one (Case 91) survived two years and three months one (Case 97) 5 years and one (Case 72) 8 years after infection. The causes of death are not known although the history suggests that Case 91 died of pneumonia. The long survival periods—5 and 8 years—make it highly improbable that the cause of death of either of the others was sleeping sickness. The longest survival period encountered by the author was in the case of a patient who had continuous treatment for 4 years and 8 months and who undoubtedly died of sleeping sickness.

Three similar cases occurred among Keevill's 1926 patients with known survival periods of 4 6 and 8 years and with in each case a return to normal of the spinal fluid.

Keevill emphasizes the fact that these cases are recorded as a matter of interest only and that it is now widely recognized by all with experience that in cases in which trypanosomes are found in the spinal fluid reliance on Bayer 205 alone is quite unjustified and that all such should be treated subsequently with trypanamide.

H Y

SICÉ (A) & MERCIER (H) Contribution à la posologie du moranyl dans le traitement de la trypanosomiase humaine à *Tr gambiense* [The Dosage of Moranyl in the Treatment of Gambiense Sleeping Sickness].—*Marseille-Méd* 1934 Feb 25 Vol 71 No 6 pp 301-303

This article is concerned with the question of how moranyl can be most usefully employed in human trypanosomiasis due to *T gambiense*.

The authors state that certain investigators especially the English give the drug intravenously to the exclusion of all other remedies each injection consists of 1 gm and the dose is repeated 10 times at weekly intervals. Other workers particularly the Germans prefer to give 3 or 4 large doses at 2-day intervals.

The authors' experience was obtained at the Pasteur Institute of Brazzaville where two different lines of treatment were followed. The first group of patients, who had not before received any treatment were given moranyl alone. In the second group of patients the drug was used to control certain blood relapses which occurred in patients undergoing long courses of treatment with orsanine or trypanamide.

The results obtained with the first group of patients showed that moranyl given orally or intravenously in 8 weekly doses of 1 gm. had a sterilising effect equal to that of orsanine but it had the great disadvantage of producing an albuminuria which was sometimes serious.

VAUCEL has used moranyl in cases of sleeping sickness in the meningeal stage, and also for blood relapses in cases treated with arsenicals [this Bulletin Vol. 28 p 905]. Some meningeal cases improve greatly under arsenical treatment but suffer from blood relapses and VAUCEL found that moranyl is useful in certain of these cases but in those cases which show evidence of persistence of the meningeal symptoms moranyl was useless.

The authors record in detail two cases of nervous trypanosomiasis in which moranyl was combined with trypanamide. The moranyl was given orally on an empty stomach on waking in the morning, in a dose of 0.5 gm. An intravenous injection of 1.0 gm. of trypanamide was given later in the morning. This treatment was given on 7 occasions at 3-day intervals. The results were favourable so far as the observations extend and only slight and transient albuminuria was occasionally seen. H. J.

VON JANCsó (N.) & VON JANCsó (H.) Mikrobiologische Grundlagen der chemotherapeutischen Wirkung I Mitteilung Wirkungsmechanismus des Germanins (Bayer 205) bei Trypanosomen [Mode of Action of Germanin in Trypanosomiasis].—*Zent. f. Bakt. I Abt. Orig.* 1934 Sept. 3. Vol. 132. No 5/8 pp 257-292. With 12 figs. [52 refs.]

This long and interesting paper is concerned with the mechanism of the therapeutic action of Bayer 205 in trypanosomiasis.

The authors point out that previous attempts to demonstrate *in vitro* a trypanocidal activity of "Bayer 205" at all comparable with its amazing activity *in vivo* have failed, probably as the reviewer has pointed out, because a technique has yet to be developed whereby the pathogenic trypanosomes could be maintained *in vitro* in a state of unlowered vitality for a sufficiently long period for the action of "Bayer 205" to become manifest. After referring to the previous attempts to develop a satisfactory technique for keeping trypanosomes alive *in vitro* von Jancsó describes his own which is essentially a modification of that described by the reviewer and his colleagues [this Bulletin Vol. 27 p 237].

As a rule sheep serum was used. The blood was defibrinated and then centrifuged. The serum, after being kept for a day in the ice-chest and diluted with an equal volume of Ringer solution, was filtered through a Seitz E.K. filter. The filtration was not merely for the purpose of sterilising the serum, but because it was found that it actually improved the serum as a nutrient medium. The filtrate was then deactivated at 60°C. for 40 minutes. Flasks made of Vitrex-glass were used in the processes, and were closed with first quality cotton wool. They were sterilised at 130°C. for several hours.

A sterile solution of 0.02 per cent. solution of glucose in physiological saline was next prepared and 10 cc. of the serum-glucose Ringer solution was added to each 100 cc. of the glucose solution so as to form the nutrient medium, which consequently contained 5 cc. of serum per 110 cc. The medium was then divided among small flasks so that each contained 50 cc. and the flasks were closed with cotton wool plugs.

The trypanosomes were obtained from the heart blood of rats mice or guinea-pigs with moderately heavy infections and coagulation was prevented by heparin (Schering Kahlbaum) 1 per cent. solution. The authors attach importance to this. After thorough mixing of the blood and heparin sufficient drops were added to the 50 cc. of medium to give a concentration of trypanosomes of between 200 and 1 000 per cmm. The flasks were then incubated at 37°C -38°C. For the enumeration of the trypanosomes the Bürke counting apparatus was employed as the Thomas Zeiss was found to be too small.

The authors state that with this technique multiplication of the trypanosomes could be observed for at least 6-10 hours and sometimes for much longer according to the strain used, and that the parasites remained alive in good condition for from 50 to 70 hours.

With the aid of this technique the authors were able to demonstrate *in vitro* a trypanocidal activity of germanin when its concentration was only 1 in 80 000 and that a concentration of 1 in 60 000 sufficed to destroy all the parasites. The trypanocidal effect was however manifest only after a prolonged latent period amounting to as much as 24 hours. During this latent period the trypanosomes showed no signs of any toxic effect and multiplied just as rapidly as the controls. Even in high concentrations germanin exhibits no immediate toxic action on trypanosomes.

In this respect the action of germanin is strikingly different from that of such drugs as the arsenoxides which have an immediate effect. Apparently germanin acts not by directly destroying vital functions but by the production of atrophy through interference with the nutrition of the trypanosomes.

The authors next turned their attention to the mechanism of the curative action of germanin *in vivo*. By means of splenectomy and blocking the reticulo-endothelial system with electrocolloidal copper, they threw out of action the natural trypanocidal protective mechanism of the host thus enabling the direct action of the drug to be studied in the living animal. It was found that the curative action depended upon the direct trypanocidal action of the chemically unchanged germanin molecule but that the therapeutic process was rather more complicated than a simple internal disinfection.

Germanin possesses the important and peculiar property of rendering the slightly poisoned trypanosomes fit for phagocytosis by the reticulo-endothelial cells i.e. it exercises an opsonic effect. The disappearance of the parasites from the blood stream during the cure is due to a removal of the slightly damaged trypanosomes by the phagocytes in the blood sinuses of the liver spleen and bone-marrow. This opsonic action thus greatly enhances the effect of the drug in the living animal and explains its greater action *in vivo* than *in vitro*. Nevertheless the drug can produce a cure without the aid of its opsonic power because it is also curative in splenectomized and blocked animals. In such animals its activity is however distinctly less than in normal animals and in some cases the chemotherapeutic index in normal animals was found to be 1/270 whilst in blocked animals it was only 1/135. Another observation in harmony with the above is the

time required to produce sterilization of the blood in the normal and in the blocked animal. In the former this is about 15 to 24 hours, but in the blocked animal in which the reticulo-endothelial system is put out of action and consequently the opsonic effect of the drug is not seen the time required for sterilization of the blood is increased to 25-44 hours which is approximately the same as that required for the destruction of the parasites *in vitro* by germanin.

In the blocked animals the same degenerative changes can be seen in the trypanosomes as in the *in vitro* observations. Characteristic among these is inhibition of division. Giant forms with many nuclei, blepharoplasts and flagella appear. Sometimes as many as 60 per cent. of the parasites may be found to be in a state of division. In striking contrast the normal animal shows when treated with germanin but few abnormal forms because as soon as the parasite commences to be damaged by the drug it is removed from the circulation by the phagocytes.

A somewhat similar opsonic effect is seen in the treatment of recurrent fever infections with solganal A & B. H. I.

SIXGER (Ernst) KOTRBA (Jan) & FRISCHL (Viktor). Zur Frage der Kombinations-therapie [On the Question of Combined Therapy] —*Ztschr. f. Hyg. u. Infektionskr.* 1934 Aug. 16. Vol. 116. No. 3 pp. 241-247 [14 refs.]

This short and rather technical paper deals briefly with the general question of combined therapy and in particular with the question whether anything is to be gained by combining salvarsan with various heavy metals.

Ever since 1905 much attention has been devoted to the possibility of increasing the specific activity of drugs by combination. This may take one of several forms—instead of using a single drug several belonging to different chemical groups can be administered—or compounds can be synthesized which contain two active groups instead of one—or an active non-metallic compound can be combined with an active metallic salt.

With the object of throwing some light on the mechanism of action of combined therapy the authors have considered the combination of salvarsan with inactive metallic salts, e.g., copper-salvarsan and silver-salvarsan—and as representative of the combination consisting of two active compounds, they employed the complex compound formed from solsalvarsan and solganal. When solutions of these are mixed together the mixture exhibits a deep red colour in contrast to the orange-yellow colour of the original solutions. The therapeutic activity of each of these compounds and of the mixture was then tested on mice infected with *Recurrentis* and *Nagana* respectively. It was found that the mixture exerted a definitely more powerful effect than either of the components given separately.

The authors refer to the fact that in their earlier work they had devised a colorimetric method whereby they could readily estimate quantitatively arsenic and other metals at the same time—for this purpose they used a spectrographic method. The metallic contents of copper-salvarsan, silver-salvarsan and solsalvarsan-solganal are shown in the following table—

Preparation.	Arsenic	Metal	Arsenic Metal.
Coppersalvarsan	25.5	13.5 Cu	1 0.5
Silversalvarsan	19.5	12.5 Ag	1 0.6
Solusalvarsan-Solganal	10.0	18.3 Au	1 1.8

The results obtained with infected mice are shown in the next table. In each case half the tolerated dose was given intramuscularly and the investigations were continued so long as fairly numerous parasites (10 per field) could be seen in the blood.

Mouse's blood after	Blood corpuscles in ccm	Arsenic and metal in γ					
		Plasma		Blood corpuscles		Parasites	
		Arsenic	Metal	Arsenic	Metal	Arsenic	Metal
Recurrents	1/2,000 gm.	coppersalvarsan per 20 gm mouse.					
30 mins.	1.35	0	0	0	0	0	0
1 hour	1.3	0	0	0	0	0.5	0
Nagana	1/2,000 gm.	coppersalvarsan per 20 gm mouse.					
30 mins.	0.5	0	0	0	0	1.0	0
Recurrents	1/1,200 gm.	silversalvarsan per 20 gm mouse.					
30 mins.	0.7	3	3	0	1.2	0	0
1 hour	0.6	4	0	0	0	0.5	0
3 hours	0.5	3	0	0	0	0	0
5	0.6	4	0	0	0	0	0
Nagana	1/1,200 gm.	solusalvarsan-solganal per 20 gm mouse.					
30 mins.	0.3	20	60	3.5	2.8	0.6	0
1 hour	0.4	20	80	6.0	12.0	0.6	0.6
Recurrents	1/1,200 gm.	solusalvarsan-solganal per 20 gm mouse.					
30 mins.	1.2	31	62	5.0	4.0	0.6	0.2
1 hour	1.1	19	57	5.0	10.0	0.6	0.6

These experiments show that the various salvarsan compounds exhibit a great difference in regard to their distribution in the organism. Comparison of the above tables shows that neither in the body of the host nor in the parasite is the combination taken up as such, but that immediately after injection they are split up into their component parts, the destiny of which in the organism is different. It seems therefore clear that in the case of coppersalvarsan and silversalvarsan the combined copper and silver is split off from the salvarsan immediately after injection, and consequently has no action on the parasite. This observation demonstrates the fallacy of the various hypotheses elaborated to explain the action of such substances e.g. the view that the antisyphilitic action of silver is enhanced in silversalvarsan because this compound in virtue of the specific affinity of salvarsan for the spirochaetes anchors as it were the silver to the parasites. The authors write that as a matter of fact after an injection of silver salvarsan the silver goes its own way in the organism and whether it has a special affinity for chancre tissue is a question for investigation, but it is rather improbable. Silversalvarsan can act as a combination drug, but only if the silver component exerts an influence on the



syphilitic infection and this has yet to be proved. copperarsalvarsan cannot play a part in combined therapy because copper has no spirochaetocidal action.

The authors conclude by expressing the opinion that it seems as if combined therapy will be found to have far less significance in chemotherapy than in pharmacology.

The following summary is given —

1. Copperarsalvarsan and silversalvarsan are split into their component parts after injection into the animal body of the two components only the benzol derivative exerts a specific action on the parasite.

2. In contrast a complex combination of solusalvarsan and solganal is described, which is also split in the body of the host into its component parts, but in this case both are taken up by the parasites. The poorer therapeutic effect of the complex combination observed is probably to be regarded as an interference phenomenon.

3. Spectrographic analysis established that these are different kinds of combination therapy.

W Y

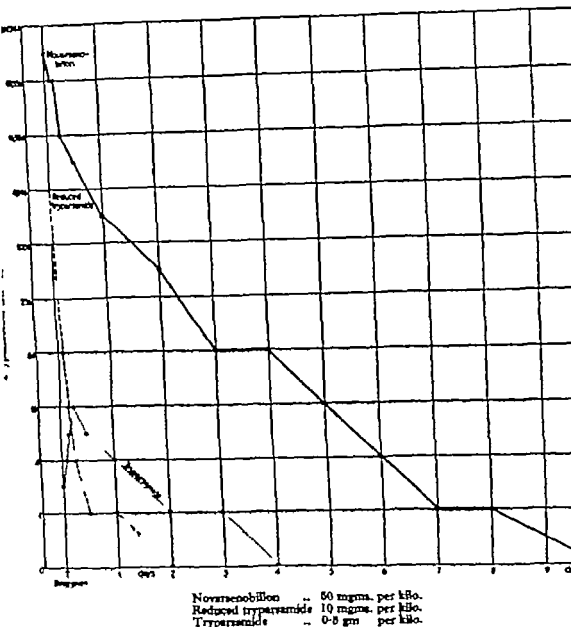
MORGARTHOYD (Frederick) RUSSELL (Helen) & LORKE (Warrington)  
Studies in Chemotherapy. XL.—The Trypanocidal Titre of the Serum of Rabbits after the Intravenous Injection of Various Compounds of Arsenic.—*Ann Trop Med & Parasit* 1934 July 12. Vol. 28. No. 2 pp 227-242. With 4 graphs.

Many workers have studied the problem of the length of time a drug remains in the blood after intravenous injection, but as far as the arsenicals are concerned, with not much success. The work has consisted in the quantitative estimation of arsenic in the blood, organs and excreta at stated intervals but this method does not tell us whether the arsenic is in the blood in the form in which it was injected, or is broken down in the body e.g., whether salvarsan and trypanamide circulate in the blood as such or are changed before they exert their specific effects, nor in what form they are eliminated.

In continuation of their previous researches the authors object was to ascertain the trypanocidal power of the serum of rabbits after the intravenous injection of novarsenobillon, reduced trypanamide thio glycollate and trypanamide—typical examples of arsenobenzol compounds, aromatic trivalent and aromatic pentavalent arsenical compounds. The method essentially was the determination of the trypanocidal titre of the rabbits serum by incubation at 37°C of trypanosomes in nutrient medium containing various concentrations of the serum. For details of the technique the paper must be read. The results are described in the authors' summary.

"1 Attention is drawn to the fact that there is practically no information regarding the length of time an arsenical compound remains in the blood after intravenous injection. Such information as we do possess depends upon chemical estimations of arsenic and, for reasons which are discussed, is quite inadequate for the solution of many important questions.

"2 With the object of throwing further light on the subject a technique was devised which has enabled us to follow the variations in the trypanocidal titre of the serum after intravenous injection of rabbits with different doses of each of the three types of aromatic



Graph comparing the trypanocidal titre of the serum of rabbits after moderate doses of novarsenobillon, reduced trypanamide and trypanamide respectively  
 [Reproduced from the *Annals of Tropical Medicine and Parasitology*]

arsenical compounds viz. arsenobenzol trivalent arsenical and pentavalent arsenical compounds

3 The effect of injection of the arsenobenzol and trivalent arsenical compounds is to confer immediately upon the serum an enormously high trypanocidal titre. This titre, which is proportional to the dose given immediately falls—quickly at first and more slowly later—until it ultimately returns to zero. The only difference observed in the effect of the two compounds is that the fall in titre in the case of the trivalent compound is much more rapid than in that of the arsenobenzol compound.

4 The immediate effect of injection of the pentavalent compound is to confer but a slight trypanocidal titre upon the serum. Instead of falling however as happens with the other two drugs the titre steadily rises and does not attain to its maximum until approximately 6 hours

syphilitic infection and this has yet to be proved. copersalvarsan cannot play a part in combined therapy because copper has no spirochaetocidal action.

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W. I.

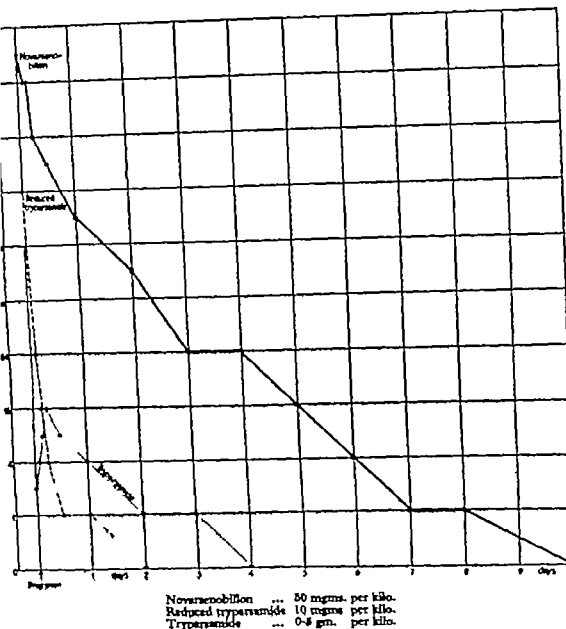
MUEGGEROTD (Frederick) RUSSELL (Helen) & YORKE (Warrington)  
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Graph comparing the trypanocidal titre of the serum of rabbits after moderate doses of novarsenobillon reduced trypanamide and trypanamide respectively

[Reproduced from the *Annals of Tropical Medicine and Parasitology*]

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4 The immediate effect of injection of the pentavalent compound is to confer but a slight trypanocidal titre upon the serum. Instead of falling however as happens with the other two drugs the titre steadily rises and does not attain to its maximum until approximately 6 hours

after the reaction. The same holds, however, true for compounds with the carboxylic group obtained with the monochloride and trichloride compounds.

"3. Analysis of the observations made in this work suggest that the monochloride and trichloride material compounds owe their properties almost entirely to the fact that these highly symmetrical substances contain no chlorine in the form of a free ion, but are made over as themselves answer to the fact that it is actually retained in the form and possibly also in the nature, and is consequently trichloride compound."

Elsewhere let come —

"We have already drawn attention to the remarkable speed with which the trichloride compounds escape from the blind and consequently we can explain the fact that the trichloride compounds, being in a position of trichloride never goes below very much lower than the monochloride about 128 on the scale, but as far as the compound is retained in its structure, it is eliminated from the form of a free ion. Whether the trichloride compounds occur elsewhere than in the form of a free ion in the trichloride compounds, we do not know. Neither do we know whether the trichloride, which is taken up by the trichloride compounds and removed from the drug, is an internal compound to the form of a free ion, or whether it is retained in these compounds and is ultimately taken down in some simple and probably inactive form."

J. G. B.

BRIDGES, C. H. & GRIMMER, R. Polyphosphates of Experimental Typhoid-like Infections by Chemotherapeutic Agents—*Il. Path. & Expt. 1934. Jour. Vol. 38, N. 1, p. 782.*

This paper is concerned with the mode of action of drugs which are known to exert a prophylactic action against typhoid-like infections.

The authors point out that the typhoid-like drugs which exhibit pronounced typhoid-like action are: Salvarsan 2.6 and certain benzothiazine quinoline derivatives (N. 2.45-49) and 4.5.6.7.8.9.10.11.12.13.14.15.16.17.18.19.20.21.22.23.24.25.26.27.28.29.30.31.32.33.34.35.36.37.38.39.40.41.42.43.44.45.46.47.48.49.50.51.52.53.54.55.56.57.58.59.60.61.62.63.64.65.66.67.68.69.70.71.72.73.74.75.76.77.78.79.80.81.82.83.84.85.86.87.88.89.90.91.92.93.94.95.96.97.98.99.100.101.102.103.104.105.106.107.108.109.110.111.112.113.114.115.116.117.118.119.120.121.122.123.124.125.126.127.128.129.130.131.132.133.134.135.136.137.138.139.140.141.142.143.144.145.146.147.148.149.150.151.152.153.154.155.156.157.158.159.160.161.162.163.164.165.166.167.168.169.170.171.172.173.174.175.176.177.178.179.180.181.182.183.184.185.186.187.188.189.190.191.192.193.194.195.196.197.198.199.200.201.202.203.204.205.206.207.208.209.210.211.212.213.214.215.216.217.218.219.220.221.222.223.224.225.226.227.228.229.230.231.232.233.234.235.236.237.238.239.240.241.242.243.244.245.246.247.248.249.250.251.252.253.254.255.256.257.258.259.260.261.262.263.264.265.266.267.268.269.270.271.272.273.274.275.276.277.278.279.280.281.282.283.284.285.286.287.288.289.290.291.292.293.294.295.296.297.298.299.300.301.302.303.304.305.306.307.308.309.310.311.312.313.314.315.316.317.318.319.320.321.322.323.324.325.326.327.328.329.330.331.332.333.334.335.336.337.338.339.340.341.342.343.344.345.346.347.348.349.350.351.352.353.354.355.356.357.358.359.360.361.362.363.364.365.366.367.368.369.370.371.372.373.374.375.376.377.378.379.380.381.382.383.384.385.386.387.388.389.390.391.392.393.394.395.396.397.398.399.400.401.402.403.404.405.406.407.408.409.410.411.412.413.414.415.416.417.418.419.420.421.422.423.424.425.426.427.428.429.430.431.432.433.434.435.436.437.438.439.440.441.442.443.444.445.446.447.448.449.450.451.452.453.454.455.456.457.458.459.460.461.462.463.464.465.466.467.468.469.470.471.472.473.474.475.476.477.478.479.480.481.482.483.484.485.486.487.488.489.490.491.492.493.494.495.496.497.498.499.500.501.502.503.504.505.506.507.508.509.510.511.512.513.514.515.516.517.518.519.520.521.522.523.524.525.526.527.528.529.530.531.532.533.534.535.536.537.538.539.540.541.542.543.544.545.546.547.548.549.550.551.552.553.554.555.556.557.558.559.560.561.562.563.564.565.566.567.568.569.570.571.572.573.574.575.576.577.578.579.580.581.582.583.584.585.586.587.588.589.590.591.592.593.594.595.596.597.598.599.600.601.602.603.604.605.606.607.608.609.610.611.612.613.614.615.616.617.618.619.620.621.622.623.624.625.626.627.628.629.630.631.632.633.634.635.636.637.638.639.640.641.642.643.644.645.646.647.648.649.650.651.652.653.654.655.656.657.658.659.660.661.662.663.664.665.666.667.668.669.670.671.672.673.674.675.676.677.678.679.680.681.682.683.684.685.686.687.688.689.690.691.692.693.694.695.696.697.698.699.700.701.702.703.704.705.706.707.708.709.710.711.712.713.714.715.716.717.718.719.720.721.722.723.724.725.726.727.728.729.730.731.732.733.734.735.736.737.738.739.740.741.742.743.744.745.746.747.748.749.750.751.752.753.754.755.756.757.758.759.760.761.762.763.764.765.766.767.768.769.770.771.772.773.774.775.776.777.778.779.780.781.782.783.784.785.786.787.788.789.790.791.792.793.794.795.796.797.798.799.800.801.802.803.804.805.806.807.808.809.810.811.812.813.814.815.816.817.818.819.820.821.822.823.824.825.826.827.828.829.830.831.832.833.834.835.836.837.838.839.840.841.842.843.844.845.846.847.848.849.850.851.852.853.854.855.856.857.858.859.860.861.862.863.864.865.866.867.868.869.870.871.872.873.874.875.876.877.878.879.880.881.882.883.884.885.886.887.888.889.890.891.892.893.894.895.896.897.898.899.900.901.902.903.904.905.906.907.908.909.910.911.912.913.914.915.916.917.918.919.920.921.922.923.924.925.926.927.928.929.930.931.932.933.934.935.936.937.938.939.940.941.942.943.944.945.946.947.948.949.950.951.952.953.954.955.956.957.958.959.960.961.962.963.964.965.966.967.968.969.970.971.972.973.974.975.976.977.978.979.980.981.982.983.984.985.986.987.988.989.990.991.992.993.994.995.996.997.998.999.1000.1001.1002.1003.1004.1005.1006.1007.1008.1009.1010.1011.1012.1013.1014.1015.1016.1017.1018.1019.1020.1021.1022.1023.1024.1025.1026.1027.1028.1029.1030.1031.1032.1033.1034.1035.1036.1037.1038.1039.1040.1041.1042.1043.1044.1045.1046.1047.1048.1049.1050.1051.1052.1053.1054.1055.1056.1057.1058.1059.1060.1061.1062.1063.1064.1065.1066.1067.1068.1069.1070.1071.1072.1073.1074.1075.1076.1077.1078.1079.1080.1081.1082.1083.1084.1085.1086.1087.1088.1089.1090.1091.1092.1093.1094.1095.1096.1097.1098.1099.1100.1101.1102.1103.1104.1105.1106.1107.1108.1109.1110.1111.1112.1113.1114.1115.1116.1117.1118.1119.1120.1121.1122.1123.1124.1125.1126.1127.1128.1129.1130.1131.1132.1133.1134.1135.1136.1137.1138.1139.1140.1141.1142.1143.1144.1145.1146.1147.1148.1149.1150.1151.1152.1153.1154.1155.1156.1157.1158.1159.1160.1161.1162.1163.1164.1165.1166.1167.1168.1169.1170.1171.1172.1173.1174.1175.1176.1177.1178.1179.1180.1181.1182.1183.1184.1185.1186.1187.1188.1189.1190.1191.1192.1193.1194.1195.1196.1197.1198.1199.1200.1201.1202.1203.1204.1205.1206.1207.1208.1209.1210.1211.1212.1213.1214.1215.1216.1217.1218.1219.1220.1221.1222.122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3.2224.2225.2226.2227.2228.2229.2230.2231.2232.2233.2234.2235.2236.2237.2238.2239.2240.2241.2242.2243.2244.2245.2246.2247.2248.2249.2250.2251.2252.2253.2254.2255.2256.2257.2258.2259.2260.2261.2262.2263.2264.2265.2266.2267.2268.2269.2270.2271.2272.2273.2274.2275.2276.2277.2278.2279.2280.2281.2282.2283.2284.2285.2286.2287.2288.2289.2290.2291.2292.2293.2294.2295.2296.2297.2298.2299.2300.2301.2302.2303.2304.2305.2306.2307.2308.2309.2310.2311.2312.2313.2314.2315.2316.2317.2318.2319.2320.2321.2322.2323.2324.2325.2326.2327.2328.2329.2330.2331.2332.2333.2334.2335.2336.2337.2338.2339.2340.2341.2342.2343.2344.2345.2346.2347.2348.2349.2350.2351.2352.2353.2354.2355.2356.2357.2358.2359.2360.2361.2362.2363.2364.2365.2366.2367.2368.2369.2370.2371.2372.2373.2374.2375.2376.2377.2378.2379.2380.2381.2382.2383.2384.2385.2386.2387.2388.2389.2390.2391.2392.2393.2394.2395.2396.2397.2398.2399.2400.2401.2402.2403.2404.2405.2406.2407.2408.2409.2410.2411.2412.2413.2414.2415.2416.2417.2418.2419.2420.2421.2422.2423.2424.2425.2426.2427.2428.2429.2430.2431.2432.2433.2434.2435.2436.2437.2438.2439.2440.2441.2442.2443.2444.2445.2446.2447.2448.2449.2450.2451.2452.2453.2454.2455.2456.2457.2458.2459.2460.2461.2462.2463.2464.2465.2466.2467.2468.2469.2470.2471.2472.2473.2474.2475.2476.2477.2478.2479.2480.2481.2482.2483.2484.2485.2486.2487.2488.2489.2490.2491.2492.2493.2494.2495.2496.2497.2498.2499.2500.2501.2502.2503.2504.2505.2506.2507.2508.2509.2510.2511.2512.2513.2514.2515.2516.2517.2518.2519.2520.2521.2522.2523.2524.2525.2526.2527.2528.2529.2530.2531.2532.2



BROWNING (C H) CAPPELL (D F) & GULBRANSEN (R.) Experimental Infection with *Trypanosoma congolense* in Mice the Effect of Splenectomy—*Jl Path. & Bact* 1934 July Vol 39 No 1 pp 65-74 [19 refs.]

As a preliminary to studying the chemotherapy of *T. congolense* infections the authors have passed a strain of the parasite repeatedly through mice with a view to accommodating it so far as possible to this host and they have also examined the effect of splenectomy and blockade.

Extended observations over several hundred passages in mice showed that the parasites were incapable of developing the high virulence for that species which is characteristic of *T. brucei*. Many of the mice of the first 50 passages failed to become infected. From the 83rd passage onward infection always occurred, but in only about a fourth of the animals was there a progressive increase of the parasites and the infection took an acute course. In the remainder the infection took a relapsing, or less frequently a chronic course. The incubation period was but slightly shorter in the later passages than in the earlier ones.

The animals which resisted the first large inoculations were shown to be abnormally resistant as tested by their behaviour on reinoculation but after repeated re-inoculations they finally became infected. Spontaneous cure was very rarely seen.

Neither splenectomy nor combined splenectomy and blockade with iron sugar produced any definite alteration in the course or severity of the infection of *T. congolense* in mice. IV Y

CORSON (J F) The Infectivity of *Trypanosoma rhodesiense* in Relapses after Treatment with "Bayer 205."—*Ann Trop Med & Parasit* 1934 July 12 Vol 28 No 2. pp 225-226

The experiment described in this paper was undertaken with the object of throwing light on the question whether in sleeping sickness the blood during relapses after "Bayer 205" can infect tsetse flies.

In order to eliminate doubt about relapse or re-infection in the case of natives it would be necessary to detain them in a fly free place until a blood relapse occurred. Owing to the temporary absence of facilities for doing this, the author thought it worth while to make an experiment with laboratory animals.

A rat was bitten by a tsetse fly infected with *T. rhodesiense* on February 18th, and trypanosomes appeared in its blood on the 5th day onwards. On 5th March the blood was inoculated into 3 rats all of which became infected. Fourteen days later when trypanosomes were numerous in the blood, each of these 3 rats was given a subcutaneous injection of 0.02 gm. of Bayer 205 "per kilo. of body weight. The trypanosomes disappeared from the peripheral blood in each case from March 21st to 24th, reappearing on March 25th for a few days and again disappearing for various periods. On March 28th other rats were sub-inoculated from these 3 animals and all became infected. Laboratory-bred *G. morsitans* and *G. palpalis* were fed on the first 3 rats on March 27th 28th and 29th, and afterwards on a clean rabbit. On April 17th the flies were transferred to a clean guinea pig which became infected.

These experiments show that *T. rhodesiense* in rats, during a relapse after treatment with Bayer 205 was transmissible both by direct inoculation and by cyclically infected tsetse flies. II Y

DUKE (H. Lyndhurst) On the Transmissibility by *Glossina* of *Trypanosoma brucei*, *T. rhodesiense* and *T. gambiense* with Special Reference to Old Laboratory Strains.—*Parasitology* 1934 June Vol 26 No 2. pp 153-162 [14 refs]

This paper records the result of an investigation of the transmissibility of certain strains of trypanosomes of the polymorphic group. It deals particularly with strains which have been maintained for a long period in the laboratory away from any contact with tsetse.

In his historical introduction Duke points out that BOUVER and ROUBAUD (1910) found that they could not transmit by *Glossina* strains of *T. brucei*, *T. cruzi* and *T. gambiense* which had been obtained from the Pasteur Institute in Paris. KLEINE and FISCHER (1913) in East Africa were unable to transmit certain strains of *T. gambiense* by *Glossina*. REICHENOW (1921) reported that certain strains of *T. gambiense* in man himself were not transmissible and during recent years much work has been done on this subject by Duke himself.

The strains examined in the present work were as follows:—

- No 1. *T. gambiense* strain V. First isolated from man early in 1926 and found to possess an unusual degree of transmissibility by *G. palpalis*.
- No 2. *T. gambiense* strain Adero. Isolated from a native of the Uganda Protectorate in January 1933.
- Nos 3 and 4. *T. rhodesiense* Liverpool strain. This was sent to Duke by the Reviewer. It was isolated from man in 1923 and the arsenic-fast variant, No. 4, was prepared in Liverpool.
- No 5. *T. brucei* strain Hamburg alt. This is the strain used by Schilling and Schreck (1930) in their work on the stability of acquired characters in trypanosomes; experiments performed in 1912-14 and published in 1930. The remarkable feature of Schilling's work with this strain appears to be the ease with which it was passed through tsetse. The Reviewer has already commented on this curious fact [this *Bulletin* Vol. 29 pp 894-5].
- No 6. *T. gambiense* strain Brown. Isolated at Hamburg in February 1920 from a patient from Fernando Po.
- No 7. *T. gambiense* strain McA. Supplied by Professor Thomson and isolated from a European in November 1921.
- No 8. *T. brucei* strain Hornby mild. Isolated in October 1930 from an ox by Mr Hornby at Mtwapa.
- No 9. *T. brucei* strain Hornby virulent. Isolated from a heifer in April 1927.
- No 10. *T. gambiense* strain Br. Supplied by Professor Thomson and isolated from a European in June 1930.

Duke summarizes the result of his work as follows:—

1. The following strains produced no infection in any of the laboratory-bred *Glossina* used in their examination: the total number of flies dissected is given for each strain:—

<i>T. gambiense</i> strain V. Uganda isolated in 1926	548
<i>T. gambiense</i> strain Adero. Uganda isolated in Jan 1933	1642
<i>T. rhodesiense</i> Liverpool isolated in Jan 1933	760
<i>T. rhodesiense</i> Liverpool arsenic-fast variant	1168
<i>T. brucei</i> Hamburg alt. from Berlin isolated over 30 years ago	2452

Some of the flies used in testing each of these strains were kept at 95-97°F during their infecting feeds.



"2. *T. gambiense* strain Braun, isolated in February 1920, gave two gut only infections in 1137 flies. *T. gambiense* strain McA, isolated in 1921 produced one very light infection, of the intestinal tract only in 1410 flies employed. This infected fly died on the 27th day after its infecting feed.

"*T. brucei* strain Hornby mild isolated at the end of 1890 gave three infections of the intestinal tract only in 1443 flies used. Some of the flies employed on these three strains were kept during their infecting feeds at 85-87°F but the infected flies came from boxes kept at room temperature throughout.

It will be seen that all the strains hitherto summarized are, as far as these tests are concerned, non-transmissible by *Glossina*, and the majority are no longer capable of infecting even the intestine of the fly.

"3. *T. brucei* strain Hornby virulent, isolated in April, 1927 from a heifer and found by Corson in 1931 to be readily transmissible by *G. morsitans* or *G. pallidipes* (or both) 4½ years after its first isolation (Corson, 1932). A month or so later this strain was found at Entebbe to be still feebly transmissible by *G. palpalis* and somewhat more readily by *G. morsitans* although much less so than in Corson's experiments.

"4. Strain Br considered by Prof. J. G. Thomson to be a *T. gambiense* showing some resemblances to *T. rhodesiense* when examined at Entebbe some three years after its isolation from a European in West Africa, proved to be still infective to both *G. palpalis* and *G. morsitans* though only very feebly transmissible. 4272 laboratory-bred flies were used in the examination of this strain. 74 of these developed infection of the intestine, and only one a gland infection—a *G. palpalis* dying on the 40th day after its infecting feed. Flagellates were numerous in the glands of this fly.

5. The behaviour of the Hornby virulent strain of *T. brucei* and of strain Br suggests that completion of the cycle in the fly may be delayed beyond the 25-30 days usually sufficient for East African strains, and it is possible that this delay may be a feature characteristic of strains whose transmissibility by tsetse is undergoing reduction. On the other hand, the solitary infective fly obtained with strain Br had a heavy gland infection which had in all probability been present at least for several days before the death of this insect.

6. A strain freshly isolated from a native who was infected on or near the northern shores of Lake Victoria failed to infect any of 1642 *G. palpalis* used in its examination, although a number of these flies were kept at 85-87°F during their infecting feeds.

7. The results of the investigations described in this paper lend some support to the opinion already formed as the result of numerous experiments with the polymorphic group of trypanosomes, namely that *T. brucei* (and, as far as can be seen *T. rhodesiense*) is less prone than *T. gambiense* to lose touch with *Glossina*.

It may be that the stability of this character in *T. brucei* is an expression of a more perfect adjustment to environment than is possessed by *T. gambiense* the latter trypanosome which is essentially dependent on man having not yet attained biological equilibrium in this its principal mammalian host.

W. J.

DUKE (H. L.) Studies on the Factors that may Influence the Transmission of the Polymorphic Trypanosomes by Tsetse.—*Ann Trop Med & Parasit* 1934 July 12, Vol. 28, No. 2, p. 244

This note draws attention to an omission in a previous paper by the author [this *Bulletin* Vol. 31 p. 565]. In the paper in question the description of the maintenance of Strain VXXIII opens with

the statement In the main series this strain underwent 10 consecutive cyclical passages. Actually the Table only shows 8 passages. In the present note the Table is completed, showing that the strain was cyclically transmitted through two more monkeys. The extra evidence confirms in the author's opinion the reduction in transmissibility suggested by the behaviour of the trypanosomes in the two previous monkeys and is therefore important to the thesis of this particular study. H Y

DUKE (H Lyndhurst) METTAM (R W M) & WALLACE (J M.)  
Observations on the Direct Passage from Vertebrate to Vertebrate  
of Recently Isolated Strains of *Trypanosoma brucei* and *Trypano-*  
*soma rhodesiense*—*Trans Roy Soc Trop Med & Hyg* 1934  
June 30 Vol 28 No 1 pp 77-84 [29 refs]

This paper contains observations on the direct passage from vertebrate to vertebrate of recently isolated pathogenic trypanosomes. It is divided into three sections each dealing with a different mode of transmission.

i Transmission of *T. brucei* to healthy cats as a result of digestion of carcasses of infected rats.—BRUCE (1897) was the first to show that an animal might contract trypanosomiasis as a result of devouring blood or flesh of a nagana carcass and this observation was soon confirmed by numerous other workers. Duke's experiments consisted in feeding two kittens with the carcasses of rats the blood of which swarmed with *T. brucei*. Both kittens became infected and parasites were first discovered in their blood in 11 and 12 days respectively.

ii Direct transmission by *Stomoxys* and *Glossina*.—A brief summary is given of previous work on this subject. Duke himself found that *T. rhodesiense* was readily transferred from an infected to a healthy monkey by the process of interrupted feeding. 7 to 10 wild *Stomoxys* were used in the experiment.

iii The passage of *T. rhodesiense* through the placenta.—Five guineapigs with *T. rhodesiense* in their peripheral blood gave birth to young which were found to be infected. The young of another guineapig born 3 days after the date of the infection of the mother (by fly bite) did not become infected, although they were suckled by the infected parent until her death. Three guineapigs infected with *T. gambiense* for 40 days before parturition produced healthy young.

Experiments designed with the object of determining whether fleas and lice can act as mechanical vectors of *T. brucei* produced negative results. H Y

CORSON (J F) The Cerebro-Spinal Fluid of Some Small Antelopes Infected with *Trypanosoma rhodesiense*—*Ann Trop Med & Parasit* 1934 July 12. Vol 28 No 2. pp 243-244

In this note the author records the results of the examination of the cerebrospinal fluid of 8 adult dik-diks and one young duiker experimentally infected with *T. rhodesiense*. The cerebrospinal fluid was obtained by suboccipital puncture either immediately after death from the disease or more frequently after death from chloroform.

when the animal was dying. These interesting observations are summarized in the following table —

Animal	Infected on	Infected by	Died on	Duration of disease	Trypanosomes in blood at death	Cerebro-spinal fluid	
						Living tryps.	Cells
1 Dik-dik	23 9.33	Tsetse bite	6 3.34	164 days	few	135	8,000
2 "	2.10.33	" "	19 10.33	17 "	numerous	0	3
3 "	21 10.33	" glands	3 3.34	133 "	few	21	8,000
4 "	26 10.33	" "	25 12.33	55 "	numerous	4	400
5 "	23 11.33	" bite	5 2.34	74 "	not exam.	0	many
6 "	27 11.33	" "	31 12.33	34 "	numerous	29	many
7 "	22 12.33	" "	22 3.34	90 "	done	22	676
8 "	21 1.34	Inoculated from No 6	24 3.34	62 "	present	6	173
9 Dukker	27 1.34	Tsetse bite	6. 3.34	33	few	5	292

V.B.—Dik-dik 5 died the night before the suboccipital puncture was made.

These animals were caught in a tsetse-free locality and were kept in captivity in a state of good health some months before being infected. Dik-diks and dukker are known to live in tsetse-infested regions and they are found to frequent farms about dusk. Carson remarks that it is hard to understand how they could survive in sleeping sickness areas unless a combination of relative slight exposure to tsetse bites and habituation to mild strains of *T. brucei* gives them an acquired and selected resistance. It would be interesting to examine the blood of these animals in tsetse-infested regions. W 1

REICHENOW (Edmund) Die Züchtung der pathogenen Trypanosomen. [Culture of Pathogenic Trypanosomes.]—*Arch f Schiff- u Trop Hyg* 1934 July Vol. 38. No 7 pp. 292-302. With 6 figs. [12 refs.]

This paper records methods by which *T. gambiense*, *T. congolense* and *T. cruzi* were successfully cultured.

The technique employed was essentially the same as that described in 1929 by the author's pupil, RAZGHA [this *Bulletin* Vol. 27 p. 244]. The medium consists of citrated human blood and Ringer solution. A series of tapered tubes (centrifuge tubes) containing 1 cc. of Ringer solution, made with 0.6 per cent. sodium chloride, is sterilized, and then to each is added 1 cc. of citrated blood. The medium thus consists of 25 per cent. blood, 25 per cent. sodium citrate solution and 50 per cent. Ringer solution. It is not necessary to deactivate the blood, but it is advantageous to keep the medium 2 or 3 days in the ice chest before use. The optimum temperature for culture is 24°C and subinoculations should be made every 14 days, although in some cases every 4 weeks suffices.

It is recalled that RAZGHA obtained successful cultures only with recently isolated strains of *T. gambiense*. In his first experiments with *T. gambiense* Reichenow employed the strain "Gambiense G" which he formerly had maintained in culture for 111 days. He succeeded in culturing this strain again 1½ years after it was isolated

from man. The cultures were good and were maintained until the 18th passage when they died out. About the same time cultures were made from another strain of *T. gambiense* which was freshly isolated from man. These were also successful and were maintained until the 7th passage when they died out. In an endeavour to explain the reason why the cultures died, the author endeavoured to start new cultures from the same strains which in the meantime had been maintained in animals. These later attempts were practically failures and it thus became evident that they had lost their cultural capacity. This is not so strange in the case of *Gambiense G* which by this time had been isolated from man for 2½ years but the second strain

*Gambiense Scho* was only 6 months old. Reichenow however observes that the patient had been infected for at least 9 months before the strain was isolated and he remarks that it has been repeatedly pointed out by DUKE and others that prolonged sojourn of a strain in one vertebrate host may interfere with its capacity to develop in the invertebrate host. The author considers that there is a parallelism between a strain's capacity to be cultured and its power to infect *Glossina*. The cultural forms of *T. gambiense* are described—these are similar to the forms which are seen in the gut of the tsetse fly.

Experiments were next conducted with a 9-year-old strain of *T. congolense*. At first goat's blood was used in the culture medium and the immediate results were excellent but the first subculture practically failed only a few tubes exhibiting feeble growths. When, however, human blood was used instead of goat's blood the cultures were equally good and subcultures were successful. The culture has now been maintained to the 10th passage over a period of 4 months. Reichenow points out that it is strange that human blood is a good culture medium for *T. congolense* in view of the fact that it has a definite therapeutic action in rats infected with this parasite. Again the culture forms were similar to the developmental forms found in the gut of *Glossina*.

*T. cruzi* was found to grow better in the blood Ringer medium than in NN Agar medium but it was necessary to add a little glucose to the Ringer solution.

H. Y.

PACKCHANIAN (Ardzroony). Experimental *Trypanosoma brucei* Infection and Immunity in Various Species of *Peromyscus* (American Deer Mice).—*Amer J Hyg* 1934 July Vol 20 No 1 pp 135-147 [18 refs.]

This paper records the pathogenicity of *T. brucei* for a number of species, subspecies and hybrids of American rodents belonging to the genus *Peromyscus*.

The trypanosome used was the strain of nagana sent to England by Bruce in 1896 and thence to McGill, where it has been maintained ever since in guinea-pigs. At the time of the experiments it killed guinea-pigs in 16 to 22 days and rats and mice within a week.

*Peromyscus c. californicus* *P. c. insignis* *P. c. eremicus* *P. c. anthonyi* and *P. p. polionotus* all contracted an acute infection and died within 10 days. *P. maniculatus* and its various subspecies exhibited a high resistance to the disease and contracted a subacute infection with

crises and relapses the duration of the disease being over 80 days. A number of hybrids developed subacute or chronic infections.

W Y

FIXE (J) The Influence of Avitaminosis on the Course of Trypanosome Infection.—*Jl Hygiene* 1934 June. Vol. 34 No 2. pp. 154-156

In the experiments recorded here the course of a *T. brucei* infection in rats exhausted of their Vitamin A reserves was compared with that of a similar infection in rats provided with Vitamin A, but otherwise receiving the same diet.

The results of these experiments which are summarized in a table show that in both groups trypanosomes appeared in the blood 3 days after inoculation the average survival for the rats receiving Vitamin A was 9 days and for those deprived of Vitamin A 8.8 days.

The conclusion reached is that there is no significant difference between the course of *T. brucei* infection in the rat exhausted of Vitamin A and that in the rat adequately supplied with this Vitamin. [It seems to the reviewer that it would be dangerous to generalize from this work that lack of Vitamin A has no influence on trypanosomal infections. It is unfortunate that the author chose such an acute infection. The control animals died so quickly that those deprived of Vitamin A could hardly be expected to die more quickly. It would be interesting to repeat this work with a more chronic infection.]

W Y

UNIVERSIDAD BUENOS AIRES MISIÓN DE ESTUDIOS DE PATOLOGÍA REGIONAL ARGENTINA JUJUY 1934 Publicación No 16 pp 3-10 With 3 figs. (1 map) pp 11-20 With 5 figs. Investigaciones sobre la enfermedad de Chagas. I. Primer caso agudo de la enfermedad de Chagas comprobado en la provincia de Santiago del Estero [RAYMONDI (Silvio) & FREJÓO (Enrique J. Canal)] [The First Acute Case of Chagas's Disease recorded in the Province of Santiago del Estero.] II. Comprobación de formas agudas de la enfermedad de Chagas en Añatuya (Santiago del Estero) [MAZZA (Salvador) & GUERRINI (F. Z.)] [Acute Forms of Chagas's Disease in Añatuya (Santiago del Estero).]

I The patient was a boy of 8 years of age, who presented the typical symptoms of this infection in a mild, though acute, form. In his home *Triatoma infestans* was found in large numbers. A map of the Province and district accompanies the article, but is so reduced that with few exceptions the names are illegible even with a lens.

II Accounts of further cases of this disease in the same Province. The author calls attention to the relative large proportion of patients who die of "syncope"—the heavy tribute which the inhabitants of the district pay to infection by *Schizotrypanum cruzi*. During the three years 1931-33 out of 233 deaths 22 or 10.6 per cent. died from "cardiac syncope" the actual figures being, total 79 72, and 82 respectively syncope 5 9 and 8 or 6 and 12 and 9 per cent.

H H S

UNIVERSIDAD BUENOS AIRES MISIÓN DE ESTUDIOS DE PATOLOGÍA REGIONAL ARGENTINA JUJUY 1934 Publicación No 17 pp 3-11 With 3 figs. pp 12-16 With 4 figs. pp 17-23 With 1 fig pp 23-28 With 4 figs.—Investigaciones sobre la enfermedad de Chagas. I Casos agudos benignos de enfermedad de Chagas comprobados en la provincia de Jujuy [MAZZA (Salvador)] [Mild Acute Cases of Chagas's Disease in the Province of Jujuy] II Hallazgo del gato como portador natural del *Schizotrypanum cruzi* en la provincia de Jujuy [MAZZA (Salvador)] [The Cat as a Natural Host of *Trypanosoma cruzi* in the Province of Jujuy] III Comprobación de otra forma aguda de la enfermedad de Chagas en la provincia de Jujuy [MAZZA (Salvador) & ALMARAZ (Pablo)] [Another Benign Acute Case of Chagas's Disease in Jujuy] IV Difusión de la infección natural por *Schizotrypanum cruzi* en perros de la provincia de Jujuy [MAZZA (Salvador)] [Spread of *T. cruzi* by Dogs in Jujuy]

I & III The first and third of these papers deal with acute cases of infection by *T. cruzi* but of a comparatively mild character. All those quoted were associated also with malarial infection usually *P. vivax* or *P. falciparum*. Cases are liable to be overlooked because when examination of the blood has revealed malaria parasites the diagnosis of paludism is made and investigation of the blood is not pursued further. There is even more excuse for missing the trypanosome infection if the quartan parasite is found for this type of malaria in this district is often associated with oedema of the face and splenomegaly. [Perhaps further study may show that these patients suffer from the dual infection of malaria and trypanosomiasis and that the quartan parasite alone does not so often exhibit its presence by these symptoms.]

II Previous investigators have examined cats in the dwellings inhabited by patients suffering from *T. cruzi* infection but with negative results as regards the animals harbouring the parasite. The author however found a 2 months-old kitten infected and microphotographs show well the presence of the trypanosome cyst in the thigh muscles they were not found elsewhere in the body.

IV Further proof that dogs, in particular puppies, are carriers of *T. cruzi*.

H H S

CHAGAS (Evandro) Atténuation de la virulence du *Trypanosoma cruzi* par son passage dans l'organisme humain. [Attenuation of the Virulence of *T. cruzi* by Passage through Man.]—C R Soc. Biol. 1934 Vol. 118 No 26 p 1153

An observation is recorded which, in the author's opinion indicates that the virulence of *T. cruzi* is attenuated by passage through man.

The strain was obtained from a patient suffering from the chronic cardiac form of the disease. From this patient a guinea-pig was infected and its blood was then injected into a patient suffering from hopeless cancer. The Machado-Guerreiro reaction (fixation-reaction) was positive on the 10th day and inoculation of the blood into a normal guinea-pig on the 8th day produced infection. Trypanosomes were found in the peripheral blood only on the 37th day. After 2½ months the Machado-Guerreiro reaction being still strongly positive and the blood infective for guinea-pigs, a second cancerous patient

was subinoculated from the first. The result was negative. Apparently the first patient had parasites in his blood because it infected guineapigs, but they were so attenuated that they were unable to produce infection in man. IV Y

DUNN (Lawrence H) Attempts to transmit *Trypanosoma cruzi* Chagas with Ticks of the Genus *Ornithodoros*.—*Amer J Trop Med* 1934 May Vol. 14 No 3 pp 283-289

The author has examined experimentally the capacity of *Ornithodoros talaje* and *O. venezuelensis* to transmit *T. cruzi*. Four lots of the former ticks were fed on infected guineapigs and later on 15 healthy guineapigs all remained negative. Injection of macerated ticks likewise failed to infect. Several batches of immature and adult *O. venezuelensis* were fed on an infected guineapig and later on healthy animals, but failed to infect some of the ticks were then macerated and injected into 7 guineapigs, all of which became infected.

From this work it is concluded that neither *O. talaje* nor *O. venezuelensis* commonly transmits *T. cruzi* but that in the latter species of tick *T. cruzi* may develop and persist for more than six months. IV Y

DUNN (Lawrence H) Notes on the Reduviid Bug, *Eratyrus cuspidatus* Stal., naturally infected with *Trypanosoma cruzi* Chagas found in Panama.—*Amer J Trop Med* 1934 May Vol. 14 No. 3 pp 291-292.

A third species of haematophagous bug of the family Reduviidae has been found in Panama with a natural infection of *T. cruzi*. The bug in question was examined by BARBER at the United States National Museum who identified it as *Eratyrus cuspidatus* Stal. This species has been found previously only in Columbia and Venezuela. IV Y

RISQUEZ (Jesús Rafael) Tripanosomosis de los reduviideos de Venezuela. [Infection of Reduviid Bugs by Trypanosomes in Venezuela].—*Ger Med de Caracas* 1934 Apr 15 Vol. 41 No 7 pp 97-100 [20 refs.]

To the author were sent hemiptera from 24 localities in Venezuela from 20 they arrived in a fit state for examination. Forms of *T. cruzi* have now been found in 8 species of *Triatoma*, viz *T. dimidiata* *T. guineolata* *T. infestans* *T. protracta* *T. rubrofasciata* *T. sanguinipes*, *T. sordida* *T. vitticeps* also in *Rhodnius prolixus* and in *Eratyrus cuspidatus*. In two other species of *Triatoma* [not named] parasites similar to *T. cruzi* have been described and these will very likely prove to be carriers also. H H S

MAZZA (Salvador) Los gigantocitos quísticos en los animales experimentalmente infectados con *Trypanosoma cruzi* ["Gigantocytes" in Experimental Infections with *T. cruzi*].—*Arch. Ital. Sci Med Colon* 1934 June 1 Vol 15 No 6, pp 403-410 With 3 figs. [17 refs.] English summary (3 lines)

In 1929 MAGARINOS TORRES and PERNA DE AZEVEDO reported finding in the myocardium of the armadillo aggregations of developmental forms of *T. cruzi* within large cells [this Bulletin Vol. 27

p 247] These cells they regarded as the perivascular histiocytes of small arteries. They have now shown that the same may be seen in the myocardium and the thyroid of dogs experimentally inoculated with the faeces of the *Triatoma* vector or with the blood of human cases of American trypanosomiasis  
H H S

NASH (T. A. M.) The Efficacy of Bush Clearing as a Method of Tsetse Control.—*West African Med J* 1934 Apr Vol. 7 No 4 pp 137-139

Up to date bush clearing remains the only certain method of freeing an area from tsetse fly and consequently it is a subject of great importance. In this paper the author discusses the various types of clearings now employed.

These are of two kinds aggressive and defensive —

(1) *Aggressive Clearings*—These are directed towards clearing areas by reclaiming a piece of land and rendering it untenable to fly. The tsetse survey made at the end of the dry season often shows that flies which have been menacing a piece of country during the rains have come from a small dry-season concentration area. The removal of this fly sanctuary would greatly reduce the number of tsetse for a considerable distance. The author points out however that before steps are taken in this direction it is important to survey the district thoroughly lest there be alternative sanctuaries available to the fly. Failing better methods of tsetse extermination aggressive clearing should be our ultimate objective but at present all available resources must be reserved for the more urgent defensive clearings.

(2) *Defensive Clearings*—These aim at safeguarding the population during the course of their normal work, or whilst travelling along the main routes. In other words they aim at reducing the man-fly contact to negligible proportions. Often it is only necessary to clean a strip of vegetation along a river for half a mile in length by 10 yards in width in order to reduce enormously the man-fly contact. It is of course essential before embarking on a program of clearing to identify the local tsetse, as the width of clearing depends mainly upon the species and to a lesser extent upon local conditions.

The author considers each of the three common species separately —

(a) *Glossina palpalis*—If a fly infested stream or river passes through cultivation, all heavy forest and thicket must be removed over that part of the stream's course which passes through cultivation over a distance of a quarter of a mile after the river has entered the surrounding bush. Tall mango trees in the village near the river should be viewed with great distrust and carefully inspected for tsetse during the early dry season, and if fly are found these trees should be cut down or pollarded. It is of course essential that the clearings should be constantly cleaned. When a fly-infested river crosses a road, the vegetation should be cleared for a distance of a quarter of a mile on each side of the ford. It is difficult to lay down hard and fast rules in the case of *G. palpalis* but as normally the insect is dependent on heavy shade small clearings are very efficacious.

(b) *Glossina tachinoides*—This species is much easier to deal with. Often all that is necessary is to cut down the thin fringe of riverine vegetation which clothes the bank of the local stream. This fringe may be only 10 yards in width and composed of quite small trees.



*G. tachinoides* never flies far from home, and, consequently it is unnecessary to extend the clearings of the river banks beyond the limit of cultivation. When *G. tachinoides* infests the main route all trees should be cut down for a depth of 100 yards on each side of the road, and all small thickets up to a distance of 300 yards.

(c) *G. submorsitans*.—No attempt should be made to clear against this species unless the matter is very urgent. It is far better to remove the population if possible. *G. submorsitans* will cross the best of clearings, even if it is a mile in width.

The author next discusses the subject of clearing technique and summarizes his points as follows —

- " (1) The species of tsetse must first be identified.
- " (2) The clearing must be made early in the dry season.
- " (3) European ring head axes should be used.
- " (4) The slash should be loosely pulled over the stump which should first have been packed with grass.
- " (5) The clearing must be protected from fire until late in the dry season, when it should be burnt with a strong following wind.
- " (6) The clearings must be cleaned annually at the end of the rains and river banks and river beds kept free of all regrowth."

W J

MORRIS (K. R. S.) The Bionomics and Importances of *Glossina longipalpis* Wied., In the Gold Coast.—*Bull. Entom. Res.* 1934. Sept. Vol. 25 Pt 3 pp 309-335 With 11 figs. & 2 maps in text [15 refs.]

It appears that *Glossina longipalpis* is an important vector of the trypanosomes which attack man and animals in West Africa. Little or nothing is known of its biology which is the subject of the present paper.

In the Gold Coast and probably in other areas, the distribution of the insect is limited to "transition forest" and it avoids both the wet equatorial forests and the arid savannah. The author's detailed studies of the insect have been made in a small isolated patch of suitable forest close to Takoradi. In this area he found that the commonest food of the insect is the blood of small antelopes, and that when they were driven out the fly became extremely rare. Indeed, it is evident that the flies which sought human blood are not a fair sample of the wild population, for only a small proportion of the females are pregnant at any time of the year. The author devoted much of his time to a study of climate, and he endeavoured to relate the numbers of flies caught to light temperature humidity and rainfall. Within the limited range of conditions which prevailed at Takoradi, it was clear that temperature had a greater effect than the other factors. The author employs correlation coefficients and finds high and significant positive correlation with temperature and less high but significant correlation with evaporation and sunshine. He observes, moreover, that there is a higher correlation between fly numbers and the temperature of the same week than between fly numbers and the temperature of the previous week. From this one may perhaps conclude that the effect of temperature is rather on the activity of the insects

The evidence that *longipalpis* is a vector of human trypanosomiasis appears to be slight.—Ed

themselves than on the size of the *Glossina* population. The author realizes the limitations of his method, and points out that the influence of temperature may be predominant only in the rather uniform climate in which his studies were made. Indeed he is of opinion that in the wider problem of the geographical distribution of the insect humidity is at least equally important. He finds also that investigating the effect of climatic factors upon the fly is complex not only because the number of factors is great but also because the flies' activities exhibit a daily rhythm.

It was found that flies in nature were infected with *Trypanosoma gambiense congolense* and *cruax* and it appears that the fly may become more important in relation to human trypanosomiasis as the agricultural development of the Gold Coast proceeds. It seems that the villager continually shifts his area of cultivation burning forest and leaving it to regenerate into lower secondary growth which is more suited to this insect. The view is expressed that the native should be encouraged to cultivate a compact area and to keep land in cultivation. This implies the use of manure and of rotation of crops. It seems that if cultivation can be centred round villages and maintained continuously in certain areas the contact between fly and man will be reduced and the menace of trypanosomiasis lessened.

P. A. Buxton

LEWIS (D. J.) The Behaviour of the Larvae of Tsetse-Flies before Pupation.—*Bull. Entom. Res.* 1934 July Vol 25 Pt 2 pp 195-199 With 1 plate [18 refs.]

By comparison with the extremely active larva of the house-fly or the bluebottle that of a tsetse-fly which is adapted to an intra uterine life is on extrusion a slow-moving creature which crawls and burrows by means of peristaltic movements and longitudinal contractions possibly aided in some degree by its soft and tiny antenno-maxillary appendages. It is believed (by SWYNNERTON) that the pregnant female tsetse drops her offspring in haphazard fashion and is not guided by selective instinct to a patch of suitable ground in which the larva may burrow. Yet the latter in order to be certain of escaping the attacks of predators and parasites and securing protection from the fatal results of exposure to the sun must needs be extruded on to soil in which it can burrow rapidly and to a sufficient depth. If less fortunate on extrusion it must crawl until it finds suitable soil in which to burrow.

The observations here described were made at Gadan, in Northern Nigeria, and the species experimented with were *Glossina morsitans* form *submorsitans* and *G. tachinoides*. When trays respectively filled with wood ash, and with sifted sand of different coarseness were placed beneath breeding cages containing tsetse-flies so that the larvae produced fell on to the contents of the trays through coarse wire gauze it was found that burrowing efficiency has little or no relation to the weight of the larva. In the case of both species more larvae burrowed in coarse than in fine sand, and more in sand than in wood ash. Fine sand with pebbles was readily burrowed into.

A summary is given of statements by previous investigators concerning the burrowing powers of the larvae of various species of *Glossina*, and the nature of the soil in breeding places.

E. E. Austen

- PERLA (DAVID) The Protective Action of Copper and Iron against *Trypanosoma lewisi* Infection in Albino Rats.—*Amer J Hyg* 1934 Mar Vol 19 No. 2 pp. 514-520 [13 refs.]

The daily addition of 0.1 mgm. of copper (in the requisite amount of copper sulphate) or 0.1 mgm. of iron (in iron ammonium citrate) or both, to the food of rats for 10 days prior to their intraperitoneal inoculation with blood from a *Trypanosoma lewisi* infected rat will raise the resistance to such an extent that in 50 per cent. of the animals the infection is completely aborted. Lead, when tested in the same way had no beneficial effect. Young rats brought up on a diet entirely free from copper or iron were not favourable subjects for the development of this trypanosome C M Newys

- SCHWETZ (J) L'influence de la splénectomie sur l'évolution de *Trypanosoma lewisi* [Influence of Splenectomy on the Development of *T lewisi*].—*Bull. Soc. Path. Exot* 1934 Jan. 10. Vol. 27 No. 1 pp. 62-70

Experimenting with a number of rats the author has found that splenectomy has little if any influence on the course of a *Trypanosoma lewisi* infection. It was not found possible to infect splenectomized mice with this trypanosome. C. M. W.

- GALLIARD (H.) Les formes de multiplication de *Trypanosoma duttoni* Thiroux, au cours d'infections mortelles chez la souris. [Multiplication Forms of *T duttoni* in Fatal Infections in Mice.]—*Ann. Parasit. Humaine et Comparée* 1934 July 1 Vol. 12 No. 4 pp. 273-277 With 2 figs. [13 refs.]

The author has noted that the inoculation of mice already infected with a strain of *Trypanosoma gambiense* of low virulence with the natural mouse trypanosome, *T duttoni*, may lead to an intense and fatal infection of the latter during which large numbers of reproducing trypanosomes, like those of *T lewisi* in the rat, appear in the blood. Normally *T duttoni* produces a mild infection in mice which always recover. Conversely the inoculation of mice already infected with *T duttoni* with the strain of *T gambiense* leads to an increased virulence of the latter producing death in 35 to 38 days. Mice infected with the strain of *T gambiense* alone survived many months. C M W

- LAGABRIERE (P) & PETECLOX (A.). Exaltation de la virulence du *Trypanosoma gambiense* [Exaltation of the Virulence of *T gambiense*].—*Rev. Med. et Hyg. Trop* 1934 May-June. Vol. 28 No. 3 pp. 133-139.

It is recorded that a strain of *T gambiense* maintained in guinea-pigs increased in virulence so as to kill them in 9 to 12 days instead of in 3 or 4 weeks as previously W 1

- REIMER (L.) & SMYTHE (C. V.) Glucose Metabolism of the *Trypanosoma equiperdum* In Vitro.—*Proc. Soc. Experim. Biol. & Med.* 1934 June. Vol. 31 No. 9 pp. 1086-1088.

Experiments were undertaken to estimate the amount of glucose and oxygen consumed by trypanosomes *in vitro* and to ascertain the products formed aerobically and anaerobically. The paper is of a technical nature and should be consulted in the original by those interested. W 1

SCHILLING (Claus) with H SCHRECK H. NEUMANN & H KUVERT  
Versuche zur Schutzimpfung gegen Tsetsekrankheit. I Teil.  
[Experiments on Protective Inoculation against Tsetse Diseases].—  
*Ztschr f Immunitäts- u Experim Therap* 1934 Aug 15 Vol 83.  
No 1/2. pp 71-84 With 6 figs.

This paper which apparently was submitted for publication in September 1933 appears to be very similar to those published after this date in several other journals—English French and German [this *Bulletin* Vol 31 p 213 and p 598]. Once more we are given detailed accounts of the foals Zeus Lotchen and Erna and these are followed by a theoretical discussion. II Y

SCHILLING (S. Claus) assisted by H SCHRECK H NEUMANN & H KUVERT  
Immunisation against Trypanosomiasis.—*East African Med J* 1934  
June Vol 11 No 3 pp 83-89

This paper is substantially the same as one previously published by these authors [this *Bulletin* Vol 31 p 213 p 598] II Y

NATTAN LARRIER (L.) Longévité des cultures de *Trypanosoma rubinowitchi*.  
[Longevity of Cultures of *T. rubinowitchi*].—*C R Soc Biol*  
1934 Vol 116 No. 25 pp 922-924

The author describes how a culture of *Trypanosoma rubinowitchi* of the hamster on N.N.N. medium prepared with rats blood was still alive after being kept at 22°C. for 403 days. C M H

KOMIYA (Shoji) & FUJIRAYASHI (Michio) Beitrag zur Roosenberg's Reaktion.  
[Ueber das Trypanolymphephänomen].—*Fukuoka Acta Med* (Fukuoka  
*Ikudaiigaku-Zasshi*) 1934 Oct. Vol. 27 No 10 [In Japanese  
pp 2363-2370 German summary p 134]

MORODEX (JUAN) Enfermedad del sueño. Resumen de las publicaciones  
aparecidas en los últimos cinco años Prólogo del Prof Gustavo Pittalaga.  
—82 pp [360 refs.]

PARIS EQUILAS (H) Contribución al estudio de los síndromes neurológicos en  
la tripanosomiasis humana.—*Medicina Paises Calidos* Madrid 1934  
Aug Vol 7 No 8. pp. 362-369

STREUDT (E) Wie bewährt sich Bayer 203 als Heilmittel gegen die Schlaf-  
krankheit? Nachtrag zu dem gleichnamigen Artikel in Nr 51 S.2009  
Jahrg 1933 da Wocher.—*Munch Med Woch* 1934 Aug 10 Vol. 81  
No 32 pp 1235-1236

TORREALBA (J F) Algo mas sobre tripanosomiasis ensayos de xenodiagnostico  
—*Gas Med de Caracas* 1934 Feb 15 Vol 41 No 3 pp 33-37

UNIVERSIDAD BUENOS AIRES MISIÓN DE ESTUDIOS DE PATOLOGÍA REGIONAL  
ARGENTINA JUJUY 1934 Publicación No 15 pp 1-24 With 15 figs  
[21 refs.] Investigaciones sobre la enfermedad de Chagas. I Sobre  
pómulas de histiocitos en el Hígado de perro inoculado con *Schizotry-  
panum cruzi* Chagas, de origen humano [MAZZA (Salvador) & JORO (M.E.)]

UNIVERSIDAD BUENOS AIRES MISIÓN DE ESTUDIOS DE PATOLOGÍA REGIONAL  
ARGENTINA JUJUY 1934 Publicación No 16 pp 25-64 With  
1 chart & 23 figs. Investigaciones sobre la enfermedad de Chagas II  
Otro caso de forma aguda de enfermedad de Chagas observado en el  
pinto santafecino [MAZZA (Salvador) & ROMANA (Cecilio)]

## SPRUE.

MACKIE (Thomas T). *Non-tropical Sprue*.—Reprinted from *Med. Clinics North America*. 1933. Vol. 17 pp. 165-184. With 2 figs. [61 refs.]

This article though entitled Non-tropical Sprue, starts by giving an excellent and well-balanced account of the condition as it occurs in tropical countries and is one of the best short summaries of our present state of knowledge the reviewer has read for a long time. Due credit is given to all those who have made a name in this field of research—their views are stated fairly and criticized without bias.

In the latter half of the article the author details a case presenting all the characteristic features of sprue, the patient, a woman of 43 years, having lived practically all her life in New Jersey and never having visited a country where sprue is endemic. There is no need here to describe in detail the symptoms—the case was obviously one of severe grade and all the usual modes of treatment were adopted. It affords another example of the value of intensive liver therapy administered parenterally and at the same time shows that intravenously it may induce a rapid fall in blood values.

The article ends with a very good bibliography the only omission of note being reference to the larger work, the book by Professor THAYSEN on this subject (see this *Bulletin* Vol. 30 p 57). Smaller papers by the same author are mentioned. This book perhaps has not come to Dr Mackie's notice for in his list of cases of non-tropical sprue, which he regards as comprehensive, there are some not given which are mentioned in Professor THAYSEN's work, e.g., some of the cases recorded in Norway Denmark, Germany and Switzerland. Dr Mackie and his collaborator Miss HENRIQUES, have done good service in putting this vexed subject so clearly and succinctly before us.

H H S

THEOFIN (Einar). *A Contribution to the Knowledge of Native Sprue in Sweden*.—*Acta Med. Scandinavica* 1933 Vol. 80 No. 4-6. pp 389-402. With 2 figs.

The case detailed in this article is the third indigenous in Sweden, possibly the fourth but there was a little doubt concerning one recorded by ENGEL in 1931.

The present patient was a woman of 36 years who had exhibited certain sprue-like symptoms on and off for 10 years. The clinical condition need not be detailed, for it was very typical—langour, debility dry wrinkled skin, loss of weight, some anaemia, low blood pressure, low blood calcium copious, frothy grey stools—the tongue was not affected till later. Results of physical and laboratory examinations are stated [enumeration of tests by mere names is to be deprecated—this very little information is conveyed by the statements urine Schlesinger negative faeces Schlesinger highly positive, Weber negative, Schmidt positive].

Interest lies in the facts that blood transfusion was needed, and that diet and the administration of calcium were practically ineffectual till tabloids of parathyroid were also given. The patient left hospital much improved—she had gained 2.2 kgm. in weight, the stools were solid, but still contained more than the normal amount of fat. A

month later a relapse began and she was again admitted to hospital where she remained for nearly 8 weeks, she was treated by hydrochloric acid calcium and vigantol and a diet rich in protein and carbohydrate and with as little fat as possible. Improvement was less marked than on the first occasion and when seen two months later the stools were still light in colour occasionally loose and there had been some stomatitis, but there had been a slight increase in weight and the general condition was rather good. No parathyroid was given on the second admission to hospital and the diet rich in carbohydrate is against the most modern treatment. [The references given are all Scandinavian no mention is made of the work of FAIRLEY and others in Great Britain.] H H S

**MILNER (Reginald)** Sprue commencing at 11½ Years of Age.—*Proc Roy Soc Med* 1933 Dec. Vol. 27 No 2. pp 113-115 (Sect. for Study of Dis. in Children pp 1-3) Also in *Trans Roy Soc Trop Med & Hyg* 1934 Jan. 31 Vol. 27 No 4 pp 413-416

The most noteworthy feature of the case here recorded is the age of the patient. Generally speaking sprue is a disease of adults though instances of adolescents are recorded they are very uncommon and, so far as the reviewer is aware none have been reported so young as this, 11½ years. Apart from this the case—the history clinical condition response to treatment—is a typical one. The child lived from the age of 5 to 11 years in Ceylon developed gastro-intestinal symptoms six months after returning to England and stomatitis six months later. There were wasting fatty copious pale stools and anaemia (r.b.c. 1 400 000 Hb 36 per cent., C.I. 1.3) of megalocytic type (8-8.5  $\mu$ ). Treatment with high protein low fat and low carbohydrate diet and liver extract led, as usual to marked improvement.

H H S

**LOW (G. Carmichael) & FAIRLEY (N. Hamilton)** Fatal Perforation of the Caecum in a Case of Sprue.—*Brit. Med J* 1934 Oct. 13 pp 678-679 With 1 chart.

Perforation of a sprue lesion in the large intestine must be of rare occurrence. All the previous records in the literature to which the authors refer were of perforations of ulcers in the small intestine.

The patient a woman of 58 years had lived for a quarter of a century in India and during the first 2 years of her residence there had suffered from malaria and dysentery. Sprue symptoms first made their appearance in the last year of her stay in India these symptoms were typical together with considerable anaemia of the megalocytic type—r.b.c. 1 700 000 per cmm Hb 50 per cent C.I. 1.4 average corpuscle diameter 8.6  $\mu$ . Serum calcium was down to 8.7 mgm per 100 cc. On a treatment with high protein, low fat and carbohydrate she made considerable progress. In 6½ weeks the r.b.c. were 3 585 000 per cmm Hb 50 per cent C.I. 0.7. Two days later signs of perforation and peritonitis appeared suddenly and at operation the site of the perforation was found "posteriorly at the junction of a mobile caecum and ascending colon some two-and-a-half inches above the base of the appendix." The patient died. H H S

MACKIE (F P) & FAIRLEY (N Hamilton) Gross and Microscopic Anatomy of the Intestinal Canal from Two Cases of Sprue. [Laboratory Meeting Demonstration].—*Trans Roy Soc Trop Med & Hyg* 1934 Jan. 31 Vol. 27 No 4 p 340.

The two specimens of intestine from sprue patients shown at the Clinical Laboratory meeting of the Royal Society of Tropical Medicine and Hygiene in November 1933 are of more than ordinary interest. In the first place the autopsy was performed so soon after death that post-mortem changes can be excluded. In the second place the hitherto recognized idea that an essential part of the morbid anatomy of this disease is a thinning of the bowel "to such an extent as to be almost diaphanous" is shown not to hold good for all cases and since examination rarely (if ever before) has been made so early after death, we are led to wonder whether this is not in great degree, perhaps entirely a post-mortem change, for in neither of those exhibited on this occasion was any thinning found, or any other macroscopic morbid change except congestion of the margins of the valvulae conniventes. Moreover microscopical examination also revealed no change of importance.

H H S

RHOADS (C P) & CASTLE (W B) The Pathology of the Bone Marrow in Sprue Anemia.—*Amer Jl Path.* 1933 Vol. 9 No 54 Supp pp 813-826 With 6 figs. on 3 plates. [13 refs.]

Describes the marrow changes occurring in sprue and suggests an explanation of the variations in results previously recorded.

The somewhat divergent results of examinations of bone marrow in sprue as recorded by MACKIE & FAIRLEY KRJUKOFF ASHFORD and others, are ascribable to two chief causes first some specimens were taken in life, others after death second, the specimens studied were not always from comparable sites. The sternal marrow may reveal changes when that of the long bones shows none.

This article is based almost entirely on specimens of marrow from the sternum (in three from the femur also) Twenty two patients were studied sixteen were untreated cases, five treated, and in three the examinations were made after death. In some the samples were taken both before and after a remission and in others during the height of reticulocyte response to liver therapy The results are presented fully in tabular form this table should be studied in detail. A few remarks may here be made on illustrative cases.

1 A Porto Rican woman of 47 years, with typical sprue of one year's duration. The bone marrow was moderately cellular and treatment with liver extract even in large doses led neither to reticulocyte rise nor to improvement in the blood. Both, however were satisfactorily accomplished when Iron (Ferri et ammon cit) was given

2. A man of 60 years with sprue symptoms for ten years. Before the specimen of marrow was taken he was given Ferri et ammon. cit. 6 gm. daily for 10 days without effect. Liver extract *per os* was followed by a slight rise in reticulocytes but the normal was not attained till after parenteral administration

3 A Porto Rican woman of 60 years sprue symptoms for a year. The marrow showed diffuse megaloblastic hyperplasia, similar to that of pernicious anaemia. Restoration to normal resulted from intra muscular injection of liver extract

In two instances sternal puncture was performed at different stages and the histological pictures compared. One case is presented in detail together with photomicrographs to illustrate the differences which are very considerable. The effect of the liver treatment was to bring about a maturation of megaloblasts to normoblasts and produce a bone marrow approaching the normal and resembling the transition observed in pernicious anaemia in course of treatment

The post-mortem specimens resembled those found in patients dying of pernicious anaemia. large marrow cells contained erythrocytes the cells varied much in size and shape some being very large and irregular with basophilic cytoplasm and containing many red corpuscles. Since this phagocytosis of erythrocytes was observed in post-mortem specimens only the authors conclude that it is a post-mortem change.

They find that the alterations accompanying the anaemia of sprue are similar to those of pernicious anaemia that the anaemia of relapse results from the inability of the megaloblasts to form mature red corpuscles. The same fundamental change was observed in all the untreated cases—increase in number and size of megaloblasts decrease in the fat in number of megakaryocytes and cells of the granulocytic series. These changes found in sternal marrow may not be present in that of the long bones. During relapse the essential changes are proliferation of megaloblasts and reduction even suppression of maturation to the normoblast stage restoration occurring when clinical remission takes place. [An article important for all engaged in pathological research on sprue. The photographs are well reproduced but uncoloured they do not convey much information except when the differences are marked as in Figs 4 and 5 depicting the marrow taken at different times from the same patient.] H H S

BLANC (F) & BORDES (L. A.) A propos du traitement de la sprue  
[The Treatment of Sprue.]—*Marseille-Méd* 1934 Feb 25  
Vol 71 No 6 pp 297-301

The authors views are that granting that the pathogeny of sprue is not yet fully clear we can at least explain the various symptoms of sprue as arising from a primary functional disturbance—a defect in the functions of the intestinal mucosa.

Their treatment consists in giving such form of nourishment as can be absorbed by a defective mucous membrane namely the different sugars hexoses and pentoses glucose laevulose arabinose in the form of fruit cooked or raw in addition raw meat (beef mutton and horseflesh whose absorption is facilitated by pepsin powder). Further they give daily a shot-gun endocrine prescription containing pepsin pancreatin thyroid extract insulin and adrenalin. Though they have not met with calcium deficiency nevertheless we give calcium salts. Some patients they state take raw calves liver with difficulty. No cases are detailed and no comment is needed.

H H S



READES (C. P.) & MILLER (D. H.) Intensive Liver Extract Therapy of Sprue.—*Jl Amer Med Assoc* 1934 Aug 11 Vol. 103 No 6 pp 387-391 With 4 charts. [14 refs.]

Examination of the various forms of dietetic treatment which have from time to time been recommended for and found successful in sprue has convinced the authors that the single factor common to all is a relatively high content of water-soluble vitamins. From this it is argued first that a lack of this vitamin exists in certain cases of the disease and, second, that this lack is "perhaps causal." [Neither of these points is anyone who has studied this disease likely to dispute.] The authors also state that "sprue may result from surgical intervention with the absorbing surface of the bowel." It is true that certain sprue-like symptoms may result from interference with absorption but one would like more confirmation that surgical sprue exists.

Four cases are related briefly patients who had not reacted effectively to ordinary modes of treatment, but improved greatly after intensive liver treatment administered parenterally—intramuscular injections of extract Lilly or the Parke Davis & Co's preparation for intravenous use. [No reference is made to the large amount of research on sprue carried out by English workers in recent years.]

H H S

RIEDER (Wilhelm) Erfahrungen bei der Behandlung einer Sprue-Tetanie mit A.T. 10 [Treatment of Sprue Tetany with A.T. 10].—*Muench Med Woch* 1934 Oct. 19 Vol 81 No 42. pp 1610-1611 With 1 fig

A.T. 10 is a preparation by Holts, and was recommended by the author last year as the treatment for post-operative tetany [Its composition is not stated.] He has now tried it in a case of sprue of long standing with excellent result after failure of other measures.

The patient had been under treatment of one kind or another almost uninterruptedly since 1919 and finally in 1932 came under the care of Professor GRIESBACH in Hamburg. With pancreon and parathormone he improved for a time, and the same results succeeded the administration of parathyroid. In January 1934 he complained of lassitude incapacity for work, and cramps in the hands and feet with tetany as observed by the author to whose care the patient had been transferred, and stools of a fatty sprue-like character numbered 15-20 a day. Blood pressure was low 100/65 calcium 4.8 mgm. per cent. (it had been as low as 3.5 in 1932). A.T. 10 was given [dose not stated here, but in later treatment it was given in doses of 2.5-3 cc average] and in a fortnight the blood calcium rose to 9.7 mgm. and in 4 weeks the stools were reduced to 5 a day. At the end of March, after another week's treatment with A.T. 10 the calcium was 10.5 mgm per cent. but the number of stools did not diminish further. From the middle of April the drug was continued but in combination with raw apples, 8-10 daily and the stools were reduced to one or at most two daily. Since then [the paper is not dated but the graph continues to June when presumably he left hospital to resume work] he has remained well, "feels himself equal to any demand that his occupation [not mentioned] makes upon him and states that he is the happiest man in the world."

H H S

THAYSEN (Th E Hess) To Tilfælde af idioopathisk Steatorré Med særligt Henblik paa Diagnosen og Forekomsten af Symptomer paa Endocrinopathi og Avitaminose [Two Cases of Idiopathic Steatorrhoea. Were the Symptoms due to Endocrine Disease or to an Avitaminosis?]-*Hospitalstidende* 1934 Sept 25 Vol 77 No 39 pp 1033-1052 With 8 figs (2 coloured on plate)

Several papers have been published in Denmark on idiopathic steatorrhoea, and all have appeared in the period 1924-32. Evidently it is not very rare and it is the more important for being readily overlooked and given some misleading label. The histories of Hess Thaysen's two patients (a man of 32 and a woman of 24) have this among many other things in common that they spent years in receiving hospital treatment as varied as the mistaken diagnoses. In the man's case some of these diagnoses were gastric achylia, severe simple anaemia haemolytic anaemia chronic diarrhoea pleuritis tuberculous enteritis renal tuberculosis tuberculous epididymitis tuberculous adenitis heart disease pulmonary tuberculosis hypoadrenalism megacolon Addison's disease and pluri-glandular insufficiency. The list of previous diagnoses in the woman's case was almost equally long and varied and it included infantilism. It may be noted that in both cases Addison's disease was diagnosed on the strength of pigmentation. Since early childhood the second patient had been subject to periodic attacks of diarrhoea, with bulky, thin, foul, whitish or grey stools. Her build was definitely infantile and she had a distended abdomen though she was in other respects lean. Simple anaemia glossitis a low blood-sugar curve increased basal metabolism osteoporosis and latent tetany were observed in her case. After discussing the alternative diagnoses of endocrine disease and vitamin deficiency and pointing out how many of the patients' symptoms could be correlated with one or other of these conditions the author comes back to the problem of diagnosis. During one or more of their many stays in hospital these patients must have passed the stools characteristic of steatorrhoea. It was presumably overlooked because of the quasi-universal hospital practice of consigning to nurses the duty of inspecting and passing judgment on stools [See this Bulletin Vol 30 p 57]

C Lillingston

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DÖNNER (L) HIRSCHFELD (H) & GERALD (M) Zur Pathogenese und Klinik der nichttropischen Sprue (Fettresorptionskrankheit)-*Klin Woch* 1934 Jan. 27 Vol 10 No 4 pp 138-141 With 1 fig

STIJLDER (E P) Over Tropische spruw -*Nederl Tijdschr v Geneesk* 1934 Sept. 23 Vol 78 No 38 pp 4276-4285 With 6 figs (3 on 1 plate)

VAN DEN BERG (A A. Hijmans) Een op spruw gelijkend ziektebeeld -*Nederl Tijdschr v Geneesk* 1934 June 9 Vol 78 No 28 pp 2359-2364

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## YAWS AND SYPHILIS

TURNER (Thomas B.) SAUNDERS (George M.) & JOHNSTON (H. M.) Jr  
 Report of the Jamaica Yaws Commission for 1932.—28 pp With  
 68 figs. on 14 plates & 12 charts. 1934 Kingston Govt.  
 Printing Office.

At the request of the Government of Jamaica, the International Health Division of the Rockefeller Foundation agreed to undertake, on a co-operative basis, an investigation of yaws in the hope of devising more effective means of control. Thereupon the Jamaica Yaws Commission was organized and began to function in January 1932.

The present report is the result of the first year's work, and includes some general considerations upon the area selected for study the method of survey to be carried out and some preliminary clinical observations based upon the first 1,500 cases admitted to the clinic. It may be stated at once that there is little essentially new to record but the observations of the commission are useful as confirmatory evidence upon certain points. The 1,500 cases studied comprised —

	Per cent.
Yaws	917 or 61.1
Probably syphilis	18 " 1.0
No history positive serology	113 " 7.5
No history equivocal serology	30 " 2.0
No history negative serology	425 " 28.3 [not 58.3]

91 per cent. of infections were acquired before the age of 15

The primary yaw only differs slightly from the generalized yaw in appearance but tends to be larger. Many primary lesions are probably so insignificant as to escape notice. Enlargement of regional lymphatic glands is constant. *Sp. pertenax* was demonstrated in the regional lymph nodes in two instances [it is not stated whether these were the only attempts made or not — it would have been of value if similar examinations had been carried out in a large series]. It would appear that dissemination of the organism by way of the lymphatics occurs before and possibly as a necessary prelude to the bloodstream dissemination which takes place eventually [evidence on this point is sorely needed, the above statement would appear to rest on the findings in a single case]. " Despite the wide dissemination of virus which must occur recognizable pathological changes are not often induced in any tissue save the skin and the bones. Among the 1,500 patients were eight presenting various [but undescribed] neurological lesions and with one exception a history of past yaws. The spinal fluid was definitely positive in 2, equivocal in 4 and negative in 2. The report states " The available evidence indicates that yaws probably gives rise to neurological disease in rare instances although it is desirable to have observations on a larger number of patients before making a final appraisal of the question. [It is certainly to be hoped that opportunity will arise of obtaining proof one way or the other and that probabilities will be discarded.] The evidence so far obtained in regard to cardiovascular lesions is of the same order

A finding which must have considerable interest is stated thus —

Three patients presented lesions of the testis or epididymis which can be ascribed to yaws.

Case 18—Aged 9 years duration of infection 18 months one previous treatment. Numerous skin lesions of the late type Left testis twice size of right, lower half occupied by hard nodule

Case 563—Aged 5 years duration of infection 1 month multiple dark-field positive framboesiform lesions and multiple bone lesions Left testis enlarged firm irregular painless.

Case 1176—Aged 2 years duration of infection 1 month primary and generalized skin lesions dark field positive. Multiple bone lesions right testis enlarged to twice its normal size firm irregular painless. In the epididymis were several small nodules strikingly like those which occur in the rabbit's epididymis in experimental yaws.

[From these notes it is doubtful what is meant by the phrase above given which can be ascribed to yaws Will they be *proved* to be definitely due to yaws and not merely left as cases of testicular enlargements in yaws subjects?] No instance of intis or keratitis has been seen No lesion of the liver attributable to yaws was observed. All the well-known framboesial affections of the skin have been noted including plantar and palmar affections Involvement of mucous membranes alone in yaws is exceedingly rare Papules lying wholly upon the mucous membrane surface suggest direct inoculation No true lesions of mucous membranes were seen

The common well known bone and joint lesions were met with as in yaws elsewhere in from 15-20 per cent Several attempts to demonstrate the spirochaete in material obtained from bone lesions failed The frequency of bone lesions demonstrable by X ray was tibia 39 fibula 16 ulna 18 radius 14 humerus 13 femur 5 carpal and metacarpal 14 tarsal and metatarsal 3 skull 2 nose 3 patella 1 Total cases 65 [Information is wanted upon the pathological changes in bone the histological picture and the distribution of the organisms.] Seven patients presented characteristic juxta-articular nodules All gave positive W.R. No history of yaws in three and a differential diagnosis could not be made Two cases of goundou were seen—one a girl aged 12 with yaws of 9 years duration and multiple bone and late skin lesions the other a man of 67 with yaws of about 60 years duration positive W.R. but no other lesions. Gangosa not infrequent but only one case admitted to the clinic It was noted that among our entire group of patients with generalized skin lesions there has not been one in which the rash when viewed as a whole would be confused by a qualified observer with that of syphilis

Some of the results in attempts to evaluate treatment are as follows The serological reaction in over 50 per cent of cases treated by six injections of some one of the well-tried drugs is positive when tested 6-9 months after treatment Lesions heal most readily after treatment with neo-arsphenamine but this arsenical is followed with just as bad a serological relapse rate as any other With halarsol results are uncertain—further investigation is necessary With bismuth preparations persisting infections are commoner than with the arsenical Neo-bismuth preparations offer better results Carbarsone deserves further trial

No pathological work nor animal experimental research has yet been carried out [The histo-pathological changes in yaws certainly need study afresh]

Finally the authors of the Report say Whatever was the relation of yaws and syphilis one century or four centuries ago it can be said

that at the present time the two diseases are not identical. Advantage should be taken of the opportunity to study the two diseases concurrently."

[May we hope this Commission will do so. All those interested in the problem await "a sign from heaven" some acid test in differential diagnosis.]

H S STANNUS.

PURCELL (F W) Aetiology of Yaws.—*West African Med J*. 1933 Oct. Vol 7 No 2. pp 96-97

In this article the author relates his observations upon some 5 000 cases of yaws treated in 1928, among a single isolated tribe—the Konkomba—of the Eastern Dagomba District of the Northern Territories of the Gold Coast. They are offered as a contribution to the aetiology of the yaws-syphilis problem.

The Konkomba are an aloof people who do not marry into other tribes nor have other relations with them. No venereally contracted diseases, including gonorrhoea, occur among these people. Syphilis, acquired or congenital, as ordinarily diagnosed clinically, is never seen. On the other hand a large proportion become infected with yaws, generally in childhood, among the uncleanly more especially. Reinfection, it is stated, may occur. The primary lesion in children is usually found on areas of skin exposed to contamination with the ground or exposed to injury by the finger-nails—the anus, the prepuce, the corners of the mouth and eye, etc.

The author is unable to entertain the idea that "yaws is epidemic non-venereal syphilis transmitted innocently among primitive people"

H S S

BURKE (H. L.) Some Notes on the Aetiology Symptomatology and Treatment of Yaws in North-Eastern Adamawa Province, Nigeria.—*West African Med J* 1933 Oct. Vol. 7 No 2. pp 94-96.

A study of 580 cases of yaws from the north-eastern portion of Adamawa Province of Nigeria and the adjacent area of British Cameroons, at the Lassa Hospital of the Church of the Brethren Mission.

It is noted that the Moslem population (Fulani) had no word for yaws while the pagan tribes had no word for syphilis, yaws being very rare among the Fulani and syphilis equally exceptional among the pagan peoples. [Illustrating again the well known fact that yaws tends to be a disease of the less civilized who live in the bush while syphilis tends to occur among the more civilized living in communities.] "With a little experience the difference between yaws and syphilis is quite apparent."

Cases of primary yaws (36) seldom seek treatment. The majority of the sick (347) were in the stage of generalized eruption. The tertiary cases (101) most commonly presented lesions of the palms of the hands and soles of the feet which had appeared 12-15 years after infection. Tibial periostitis "prepatellar bursitis," nodules of the sternum, "deformations of the skull" and gangosa are mentioned but there is no reference to the occurrence of juxta-articular nodules or goundou.

H S S

WILSON (Paul W) Atypical Yaws.—*Amer J Trop Med* 1934  
Jan Vol 14 No 1 pp 1-25 With 19 figs

A description of what are considered by the author to be atypical lesions met with during a study of 424 consecutive cases of yaws in Panama. A comparison is made between these cases and those of a series of 1 423 cases reported from Haiti. [See this *Bulletin* Vol 27 p 708]

Notes of twenty cases are given and the following conclusions drawn —

1 The yaws cases seen in Panama show a marked tendency to local and regional limitation of late pathology [lesions]

2 Compared with yaws in Haiti this regional limitation in the Panama series is double that found among the Haitian cases

3 The route of transmission of infection from the primary yaw to other parts of the skin surface cannot be definitely traced in many instances but considerable evidence indicates an impetigo-like spread is a mechanical transfer of infectious material over the body surface

4 Undoubtedly transfer of the infection within the body is accomplished through the lymphatic system or general circulation in a small percentage of cases.

5 With but two exceptions all periosteal cases in the Panama group were caused by direct extension of the infection from overlying ulcers

6 The strain of *T. pertenue* found in Panama is a much less virulent strain than that encountered in Haiti.

7 Dry yaws eruption either of the ringworm or non-progressive papular type probably accounts for the long quiescent periods so frequently seen in cases of late yaws.

8 Dry yaws on the skin around joint protuberances probably indicates the portal of infection which later manifests itself as a juxta articular node

9 It is believed that very rarely yaws may be the *accidental* etiological factor in aneurysm and cerebral thrombosis or cerebral hemorrhage of young adults.

H S S

HEWER (T F) Some Observations on Yaws and Syphilis in the Southern Sudan.—*Trans Roy Soc Trop Med & Hyg* 1934  
May 9 Vol. 27 No 6 pp 593-608 With 4 figs on 1 plate

The author had hoped to be able to make a comparative study of parallel series of cases of yaws and syphilis. His paper deals with observations made upon 250 cases of yaws and syphilis studied clinically and 1 000 others seen casually. He found himself unable to do more than place some proportion of his cases in one or other category of probably yaws or probably syphilis.

Many of the observations are very interesting though their value is uncertain as is always the case when they are correlated with histories depending on native information. As an example a history of a primary on the genitals can have little value without knowing definitely whether the primary was indeed a primary and then whether it was a primary syphilitic chancre or a primary yaw.

The reference to lesions on the mucous membranes are particularly interesting. Among 256 cases there are 62 with some lesion of the mucous membrane of the mouth or throat of which 35 gave a history of sore throat and 21 of hoarseness in the early secondary stage. 29 had mucous patches just inside the lips 7 inside the cheeks. Of the 62 in

14 there was a history of a primary lesion on the genitals, 35 of an extra genital lesion 13 were doubtful. Some of these had typical frambœsia and crab yaws many had genital condylomata and often no other manifestation. The author does not specifically aver that mucous patches occur in yaws but the inference is made and he offers as an explanation of this possibility the fact that the whole population chews tobacco and infants are given plugs of tobacco already chewed by their mothers.

No visceral lesions were discovered save a single case of aortic regurgitation attributable to syphilis.

In 246 cases the cerebrospinal fluid was examined, the standard of normality adopted being 3 cells and under an upper limit of 30 mgm. total protein and negative Pandy test. The cases were divided into probably yaws, probably syphilis and doubtful, and these again into three groups according to the duration of the disease. The yaws cases numbered 44 and among these definite abnormalities were found "in five. It is worth noting however that the cell counts were 3½ 7 3½ 8½ figures which many syphilologists would pass as normal, the ranges in total protein 55 30 25 20 and 50 mgm. per cent. The Pandy reaction was only done in two cases and in both it was positive. The author says, in none of these cases was the change a gross one." In view of their numbers and lack of any series of controls and the fact that such changes are in no sense specific it seems questionable how they should be interpreted. It is a pity no W.R. were done on these fluids. No case of involvement of the nervous system was diagnosed clinically.

The facts given in regard to congenital transmission based on native evidence are too few and too uncertain to have much value.

H S S

LE SCOUTEREC. Syphilis avec réactions méningées et pian chez les indigènes du Camérout. [Syphilis with Meningeal Reactions and Yaws in Cameroon Natives.]—*Arch Inst Prophylactique* 1934 Apr-June. Vol 6 No 2. pp 188-190 English summary pp 189-190

The results of examination of the cerebrospinal fluid from cases of syphilis and yaws among natives of French Cameroon

Of 3045 fluids from syphilitics 1412 or 46.37 per cent. were absolutely normal 1633 or 53.63 showed a more or less pathological deviation from normal using (1) Vernes-perethynol test, (2) hyperleucocytosis, (3) hyperalbuminosis as criteria. 7.6 per cent. showed (1)+(2)+(3) 22.9 per cent. (2)+(3) 23.7 per cent. (2) only 45.8 per cent. (3) only

The blood of 74 natives suffering from florid yaws with the exception of two showed *acro-flocculation* with Vernes-pyethynol test. The C.S.F. of these 74 cases was normal except in 2 cases both of which showed positive flocculation (1) associated with (2)+(3) there were 9 in which (2) alone and 11 in which (3) alone was encountered

Some of these fluids might be considered within the limits of normal by other observers and though these yaws cases showed no sign of syphilis and denied syphilis the author very rightly says he would not like to assert that these changes in the C.S.F. of yaws cases are due to yaws

H S S

MONTEL (M. L. R.) MASSARI (P.) & LE VAN PHUNG Un cas de pian osseux tertiaire [Case of Tertiary Yaws Bone Changes].—*Bull Soc Méd-Chirurg Indochine* 1934 May Vol 12 No 5 pp 477-482 With 4 figs

A description of tertiary bony lesions with radiographic findings in a 15 year old Annamese boy

The clinical picture calls for no special mention but the lesions shown by X-ray examination are worthy of note. They resembled those previously described by other authors and appear to have specific characteristics—multiple and localized thickenings of the bones more especially the long bones both epiphysis and diaphysis the periosteum and bone both being involved, with obliteration of the medullary canal but preservation of the trabecular arrangement of the bony tissue. In these zones of thickening numerous rounded areas of rarefaction varying in size are seen always surrounded by a zone of more marked condensation. These areas of rarefaction sometimes involve the border of a bone and give rise to an appearance as if a piece of the bone had been bitten out. Between the areas of thickening a certain amount of decalcification may be seen.

In syphilis the lesions are less irregular less numerous and the medullary canal persists though with some degree of narrowing. In yaws the lesions in some ways rather resemble those seen in fibro-cystic disease of bone.

H S S

FITZGERALD (G. H.) & GUPTA (Prafulla Kumar Das) The Treatment of Yaws.—*Trans Roy Soc Trop Med & Hyg* 1934 Jan 31 Vol. 27 No 4 pp 371-384 [15 refs.]

An attempt to evaluate various methods of treatment in yaws. Local conditions in Assam demanded a method which was cheap painless and free from danger and which could be administered by the needle.

The best results were obtained, the authors consider with 2 or 3 injections of neosalvarsan (0.01 gm per kg body weight) combined with 8 injections of bismuth (1.5 gm bismuth metal). Serological cure was obtained in half the cases and freedom from clinical relapse in all but 5 per cent. This course involved 8 weekly attendances and was possible in the area under observation but one which might not be possible in other yaws districts.

Neosalvarsan or one of its substitutes alone failed. 80 per cent of cases treated by 1 to 3 injections were either clinically or serologically positive two years after treatment.

A number of bismuth preparations were tried out that which appeared to have greatest advantages was Casbis. Given alone like other bismuth salts it was of little value in effecting persistently good results but in combination with the arsenical as above mentioned it was the most useful.

Halarsol has practically no value alone combined with bismuth it is more effective. Notes of trials with other drugs are given but in no case were useful results obtained.

H S S



OCHIKO (A) & KERKAMP (Y) Le traitement de quelques affections et notamment du pian par les injections intraveineuses de sulfate de cuivre. [Treatment of Yaws by Intravenous Injections of Copper Sulphate.]—*Ann Soc Belge de Méd Trop* 1933 Dec. 31 Vol. 13 No 4 pp 397-404 With 8 figs.

A short paper upon the uses of intravenous copper sulphate therapy in yaws and some other conditions, including impetigo erysipelas and leprosy

Secondary yaws cases to a total of 209 were selected for trial. The course of treatment consisted in the daily intravenous injection of a 6 per mille aqueous solution of copper sulphate ( $\text{Cu SO}_4 \cdot 5 \text{H}_2\text{O}$ ) in 10 cc. doses for adults and half that amount for children of 10 years of age.

Blanchissement was obtained in from 10 to 25 days. A further 5 injections were given as "a treatment of consolidation. No relapse occurred in 193 of these cases which remained under observation for from 2 to 5 months.

These results the authors hold are comparable with those obtained with arsenic and bismuth. The one disadvantage is that the method entails daily treatment. The advantages are the ease of preparation, absence of unpleasant reactions and very low costs. Relief of pain is obtained early. [No serological reactions were carried out and with an observation period of only 2 to 5 months it is obviously uncertain how this form of treatment should be evaluated in regard to cure of the infection.] H S S

BAIS (W J) Ueber Behandlung der Framboena tropica mittels Bisuprol. [Treatment of Yaws by Bisuprol.]—*Arch f Schiffs- u Trop Hyg* 1934 Mar Vol. 38. No. 3 pp 118-124

The author finds bisuprol to be an efficient preparation of bismuth in the treatment of yaws.

Yaws is widespread among the child population around Medan in Sumatra. In the earlier trials (1931) this drug in emulsified form was given in 2 cc. doses every three days for adults. The following year it was found that single doses of 10 cc. of a 6 per cent. emulsion (=600 mgm. colloidal bismuth) half each side intragluteally were as efficacious and were an advantage in the case of a population whose attendance for treatment was irregular. The effect of this depot method of treatment probably lasts over 4 weeks. The results in secondary and tertiary cases were rapidly obtained while primary lesions were more resistant. With the larger doses pain was more marked but not sufficient to prevent their use. A few children developed stomatitis and one a fairly severe dermatitis otherwise no unpleasant results were witnessed.

A certain number of patients were kept under observation by giving subsequent injections of saline, and it was in these that the excellent immediate results were noted. They were clinical results only. The ultimate results are unknown and no serological tests were carried out.

H S S

GALIMIER (Georges) La gangosa et les rhino-pharyngites mutilantes des tropiques. [Gangosa and Rhinopharyngitis Mutilans of the Tropics.]—87 pp [127 refs.] 1934 Paris Jouvo & Cie, Éditeurs, 15 Rue Racine.

A Paris thesis embodying observations made upon a single case of gangosa in Indo-China together with a study of some of the literature

on this condition. In a number of short chapters the history definition, distribution pathogeny symptomatology diagnosis etc are dealt with. Without bringing to light any new facts this brochure will form a handy volume of reference.

The author believes gangosa to be a disease *sui generis* of unknown causation and differentiates between this condition and those similar conditions due to yaws syphilis and leishmaniasis which he would include under the term rhino-pharyngitis mutilans. H S S

TANI (T) & OGIUTI (K.) Weiteres ueber die Meerschweinchen frambösie [Yaws in Guinea pigs.]—*Zent f Bakt I Abt Orig* 1934 Apr 5 Vol 131 No 3/4 pp 146-148

A method of differentiating between the spirochaetes of yaws and syphilis by animal inoculation

KAKISHITA showed that when an inoculum containing the Manila strain spirochaete of yaws was injected into the testicle of the guinea pig a metastasis appeared on the prepuce and that infection into the preputium itself resulted in the production of a characteristic lesion which persisted for as long as 230 days. The authors have now repeated these experiments using a strain of yaws spirochaete from a Malay woman after three passages through rabbits. The spirochaete of yaws shows an affinity for the prepuce in contradistinction to the spirochaete of syphilis. H S S

TURNER (Thomas B) & CHESNEY (Alan M.) Experimental Yaws. II Comparison of the Infection with Experimental Syphilis.—*Bull Johns Hopkins Hosp* 1934 Mar Vol 54 No 3 pp 174-185

In this second communication [see this *Bulletin* Vol. 29 p 723] the authors report the results to date of their experimental yaws infections in rabbits comparing them with experimental syphilis infections in the same animals. The strains of *S. pertenue* and *S. pallida* all having been obtained from Haiti as the purpose of the investigation was to obtain and experiment with strains of spirochaetes from cases of yaws and from cases of syphilis encountered in the same locality.

The surviving strain of *S. pertenue* is designated Y 9 and has been passed through 15 generations of rabbits. The strain of *S. pallida* is designated strain K and has been passed through 20 generations of rabbits.

In comparing the two infections in rabbits attention was focussed on (1) incubation period, (2) initial lesion after (a) intratesticular and (b) intracutaneous inoculation (3) metastatic lesions (4) seasonal variation.

Results went to show that no differences were noted in the experimental infection in rabbits inoculated with eight different strains of yaws virus. The disease picture produced by the yaws virus presented striking and for the most part constant differences from that produced by the Haiti strain of syphilis. The Haiti strain of syphilis gave rise to an experimental disease in rabbits which was similar in every way to that produced by several strains of syphilis virus isolated in the temperate zone. These results lend support to the view that yaws and syphilis are different diseases. H S S

FIVOLI (Filippo) *La sifilide indigena in Tripolitania (aspetti e profilassi)* [Indigenous Syphilis in Tripolitania.]—*Giorn Ital di Malat Esot e Trop* 1934 June 30 Vol 7 No 6 pp 148-50 153-8 159-62, 165 With 6 figs

A general account of syphilis as it occurs among the inhabitants of Tripolitania, the means adopted for its control and the results obtained.

In the Italian colonies of N Africa syphilis is one of the principal causes of morbidity. It is more widely diffused towards the south and the interior than in the coastal regions and among the Arabs and coloured peoples than among the Jewish population and the graver forms of the disease are associated with the higher incidence largely due to lack of resistance.

The disease as met with by Fivoli resembles that already described by others in similar populations. Among town dwellers it is contracted sexually but it is otherwise in the nomad peoples among whom ordinary hygienic measures and cleanliness are lacking, dermal parasitism is general and over-crowding the rule. Two special factors have also to be noted—prostitution and homosexual practices both among men and women. Patients seldom present themselves with primary lesions, the primary sore when seen (and in the male only) does not differ from that seen in Europe. That marked primary lesions with secondary infections would be seen under the conditions of filth which exist might be expected, but their absence is explained by the practice of circumcision.

Well marked differentiation into secondary and tertiary periods in the evolution of the disease is seldom witnessed. Earlier roseolar and papular eruptions may go unnoticed so that papulo-squamous lesions are most commonly seen often undergoing pustular and ulcerative changes. Ecthyma and impetiginous lesions are common, and vitiligo is not uncommonly observed and of course not easily missed in darker skinned people. Associated lesions of the mucous membrane of the mouth and of the skin about the anus are general, the exciting factor for the former being, it is suggested, the use of hot condiments and excessive smoking. Gland enlargement is general but of no diagnostic value. Tertiary lesions often appear to overlap secondary lesions and frequently cannot be distinguished. Secondary lesions often appear to be transformed into tertiary lesions after they have existed some time.

The greatest havoc is wrought upon bones, joints and muscles and with equal frequency the eye may be attacked—iridocyclitis. Very rarely are the viscera affected and still more rarely the nervous system.

The greater part of the cases coming under observation have already reached the tertiary stage and present ulcerative nodular and sclerogummatous lesions of the skin, often very extensive and sometimes phagadenic, together with gummatous lesions of palate and nose.

Abortion, premature birth and high infant mortality are considered to be due to syphilis. The commonest lesions in the congenital disease are snuffles, rhagades, keratitis, choroiditis, hydrocephalus, many dystrophies, infantile rickets, hare-lip, cleft palate and above all polydactylism, so common among these peoples [1]. Many lesions of the inherited disease cannot be distinguished from those of the acquired disease. [Such a statement as it stands should I think be received with reserve, many cases which might be considered as cases of inherited syphilis may in reality be cases of infantile infections. It is a question

constantly turning up in the consideration of native syphilis and remains unsettled.

In regard to the dystrophies mentioned above we see here reflected the ideas of the continental school. The reviewer would point out that many years ago writing upon congenital abnormalities in African natives (*Biometrika* 1914) it was shown how common they were especially polydactylism, and this in a people among whom there was comparatively little syphilis.]

The anti venereal measures adopted consisted in the regulation of prostitution and the provision of methods of inspection and treatment centres. This side of the question need not be further commented upon here.

H S S

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BORNJAMIN (R.) Een proef met solganal B bij salvarsan-resistente framboesia tropica.—*Geneesk Tijdschr v Nederl Indië* 1934 Jan. 16 Vol. 74 No. 2. pp 116-120

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## MISCELLANEOUS.

LAMBERT (S. M.) The Depopulation of Pacific Races.—*Bernice P. Bishop Museum Special Publication 23* 42 pp. With 11 figs. 1934 Honolulu Hawaii. Published by the Museum. [Summary appears also in *Bulletin of Hygiene*]

The paper discusses the effect of Europeans on native populations in Melanesia and Polynesia and gives an account of the present state of these peoples.

The problem which Dr. Lambert has set himself to consider is fascinating in its complexity. The investigator must bear continually in mind that there are great differences in race, customs and outlook in different parts of Oceania. Furthermore malaria is prevalent to the west of 170°E but absent from Fiji and Polynesia, which lie to the east of that limit. Apart from this, the effects of European penetration have been extremely diverse, some of them greatly to our credit, others disgraceful. The trader, the missionary and the official had little enough in common but they were equally effective in destroying much of the endemic social life but their effect varied with different archipelagos according to the European Power which possessed itself of the islands and the missionary society within whose zone of activity they chanced to fall. As the forces at work have been numerous and conflicting, it is not surprising that their effect has been dissimilar. Some islands, for instance the Samoan group, were never gravely depopulated; from others the people vanished fifty years ago and in others again they are now disappearing. The field worker especially in Melanesia, will frequently observe great differences even between islands which are close to one another and in which the people, climate and diseases appear to be similar.

Dr. Lambert's work gives a good general account of the problem, and shows that the state of most of the populations is more prosperous than many Europeans believe. Without going exhaustively into the matter, he introduces the reader to some early travellers and their estimate of populations; then passing to modern times, he sets out such statistics as may be available. In this way he reviews most of the island groups of Melanesia and Polynesia.

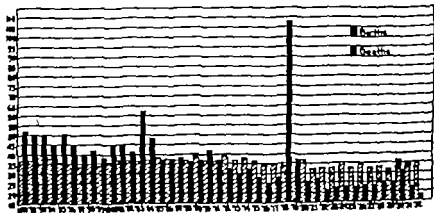


Fig. 1—Native Fijian birth and death rates.

[Reproduced from *Bernice P. Bishop Museum Special Publication 23*]

His treatment of Fiji may be considered here. It seems that births and deaths have been recorded in a trustworthy manner since 1891. The population at that time was 105,800 and it was declining (it was estimated at 300 000 in 1870). About 1905 the population which had fallen to 87 000 became stationary but since 1911 there has been a steady rise interrupted by the influenza in 1918. During the whole period since 1891 the births have been nearly stationary at about 35 per 1 000 but the deaths have fallen from 50 to 18 (fig 1). The author's view is that this is due almost entirely to effective public health measures and he mentions particularly campaigns against yaws, dysentery and hookworm. He rightly gives prominence to the work of the Native Medical Practitioners and to the importance of the Central Medical School at Suva, Fiji, which gives a solid practical course to suitable young men not only from Fiji but from other archipelagos. Within recent years infant welfare centres have been established in several parts of Fiji and some at least of the reduction in mortality in the first five years of life is credited to them (fig 2). The problem of Fiji is particularly complex for the native race must not only adjust itself to Europeans but also to Indians of whom large numbers have come in as indentured labour since 1881 but it seems clear that the adjustment has been made and that the Fijian race is surviving.

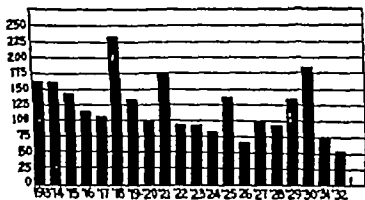


Fig 2.—Fiji mortality of children 1 to 5 years of age.

[Reproduced from *Bernice P. Bishop Museum Special Publication 23*]

Dr Lambert's view may be summarized thus. There is no doubt that the depopulation was in some way caused by the white man. As to the causes we have little precise knowledge but it is clear that introduced diseases were an important element. At the present moment the populations of most islands are stationary or rising. This may be due to a general adaptation to new life and introduced diseases but it has clearly followed the introduction of preventive medicine the direct effects of which are observable in a number of instances [the careful reader may discover for himself that the races which are still dying out are all administered under one flag and that they receive less medical and sanitary help than the rest of Oceania].

As to the future and the grave menace of over population of small islands not a word is said.

P. A. Buxton

LÉVESQUE (Camille) La pathologie de los campesinos haitianos. [Disease among the Rural Population of Haiti.]—*Bol. Oficina Sanitaria Panamericana*. 1934 Sept. Vol. 13 No. 9 pp. 821-834. With 8 figs. [22 refs.] English summary

Plague typhus and relapsing fever appear to be unknown but almost every other disease of the tropics is found in Haiti. Enteric fever is common, dysentery also both the bacillary and amoebic varieties. The former (Flexner and Shiga) is epidemic and, each year is said to attack about 25 per cent of the people; the latter is more common in the northern districts affecting from 10-20 per cent of the inhabitants. *Balantidium coli* is also met with. Geophagy is frequent among the children. In 1925 among 4,439 persons examined in 3 districts 30 per cent. had hookworm, 43 per cent. *Ascaris*, and 58 *Trichuris*. Goitre is common in the mountainous regions and pinta in the plains. Tuberculosis is very fatal and in the hospitals accounts for 30 per cent of the deaths. Malaria is rife: of 4,439 examined by the Rockefeller Mission staff 67 per cent had parasites in their blood and of 11,000 emigrating to Cuba to work in the fields of the United Fruit Company 23.5 per cent. were infected. Subtertian predominates and the vectors are *A. albimanus* and *A. grahami*. The commonest of all diseases however is yaws: of 2,564 examined in the environs of Port au Prince 78 per cent were suffering and among 3,280 cases, 61.9 per cent were children under 10 years. The article contains an illustration of the crippling effects of this disease.

A National Public Health Service was established in 1919 and the peasant is becoming every day more conscious of the value of health, but much remains to be done. H. H. S.

PASCAL (J. M.) Essai médical sur le Mzab (Sahara algérien) [Mzab (Algerian Sahara) from the Medical Side.]—*Arch. Inst. Pasteur d'Algérie*. 1934 Mar. Vol. 12, No. 1 pp. 83-167. With 33 figs. (23 on 15 plates) [Refs. in footnotes.]

A complete account of this region of the Sahara from the medical side—its soil, climate, hydrography, inhabitants, native medicine and diseases. This annotation concerns chiefly the last.

The Mzab, lying on the northern edge of the Sahara, is a rectangle comprised between the 2nd and 5th degrees of east longitude and 31° 3' and 33° north latitude. Ghardaia, its capital, is 480 kilos, as the crow flies, to the south of Algiers. Here the author practised for seven years. The climate is saharan. There is a difference of 17 degrees between day and night and 50 degrees between summer and winter. Air humidity is very low. In the last ten years the average rainfall has been 62 mm. The inhabitants consist of 22,000 Mzabites, 16,000 Arabs and 1,500 Jews: the first are of Berber origin and are the traders of the district. The diseases met with are discussed in order of decreasing importance—

**Conjunctivitis.** These patients make up one-third of those seen at hospital and more than half in spring and autumn. A table shows that in 37 bacteriological examinations the diplobacillus of Morax was met with 17 times, the gonococcus 3 times and the bacillus of Weeks twice. Trachoma is almost universal. There are eye dispensaries in every

village of more than 500 inhabitants and they are visited by a doctor at least twice a month. Most of the work is done by infirmiers but they are insufficiently paid and patients attend very irregularly. Excellent work in preventing the sequelae of trachoma is done at the schools.

*Syphilis* Of 226 men who came to hospital (some for the treatment of their syphilis) 68 had clinical signs of the disease and of 134 who appeared to be free and whose serum was examined (Wassermann and Meinicke) 14 were infected a percentage in all of 37. Primary lesions were rarely seen but penial scars were less uncommon. Three cases of tabes were seen in Mzabites in the course of 3 years. Rickets characterized by late appearance of incisors late acquisition of walking and late closure of fontanelle is believed to be of syphilitic origin. It occurs in the Mzabites Arabs and Jews in similar proportions to that of syphilis in those races.

*Tuberculosis* is manifested at consultation chiefly in the bones and glands. The author studied 2 334 persons by the cuti reaction (Parrot & Foley). For children between 1 and 15 years it varied between 42.5 in negroes and 49.7 in Arabs for all ages it was 56.2 one of the highest indexes in the Sahara. The installation of a sanatorium is for reasons stated not practicable.

*Typhus* does not exist normally in the Mzab. It is suggested that inspection of arrivals from places where it has broken out should suffice for prophylaxis. Lousing centres are of limited utility because the natives do not care to entrust their families to foreign hands.

*Enteric fever* occurs sporadically and does not seem very harmful to the natives.

*Diphtheria* occurs sporadically *scarlet fever* only when introduced.

Dysentery rabies plague cholera are unknown.

*Tinea* One hundred scholars of each race were examined there were found 20 trichophytic infections and 37 favus only one case of favus was in Jewish children.

*Helminthiasis* 80 per cent of scholars harbour intestinal worms the Jews less than the others. A full table records the data for each race. *Ascaris* is by far the most frequent then come *Trichocephalus* *Oxyuris* and lastly *Hymenolepis*. Of this last he remarks that there are no rats in the Mzab and that *Hymenolepis* eggs have not been found in mouse droppings. The gardens are manured with human dejecta which also soil the water supply.

*Scorpion* stings are common. Every summer one or two children under 8 die from this cause. The author has ceased to employ local treatment, having seen some deep burns caused by permanganate.

Of bugs he writes—The bug is an imported article after its introduction the whole family seems to be suddenly attacked by a contagious disease with a rash—

The only mosquitoes found by the author are *Culex pipiens* and *Theobaldia longearcolata*. Others have recorded *A. aegypti* at Ghardaia. *Anopheles* have never been recorded.

*Leishmaniasis* Three cases of Oriental sore were seen in the spring of 1932 in children who had never left the Mzab.

*Malaria* occurs but always introduced from without. A G B



KIRK (J Balfour) *The Health Unit System as a Means of applying the Principles of Preventive Medicine in Rural Areas in the Tropics.*—*Trans Roy Soc Trop Med & Hyg* 1934 May 9 Vol. 27 No. 6. pp 587-592. [Summary appears also in *Bulletin of Hygiene*]

Dr Balfour Kirk in his introductory remarks, lays stress on the fact which is common knowledge, it is true but one of great significance in the Colonies, that the medical branch of the services, dealing mainly with curative treatment has come to be regarded as distinct from the sanitation branch dealing with hygiene and prevention, and further that the latter being largely administrative and intimately connected with rules and regulations, and with penalties for infringement has become associated with compulsion and all the world over compulsion implies resistance.

The author who can speak with authority as one who has had considerable tropical experience, then states his conception of a rural Health Unit which has justified itself in Mauritius at least. This unit comprises a Dispenser a Sanitary Inspector a Health Visitor and a Midwife and at the head a physician known as a Health Officer who also is given the statutory powers of the Health Authority of his area. The duties of each are detailed and it is seen that though there is the necessary cleavage between preventive and curative medicine proper this is not so conspicuous because it occurs in the lower grades, in the subordinate staff. On epidemiological grounds (for example the early knowledge of something wrong or the beginning of an outbreak) this method is ideal in enabling prompt action to be taken.

Such a scheme would be particularly suitable in many one might say most of the tropical Colonies where the District Medical Officer is in charge of the local hospital and also acts as Medical Officer of Health of his district. This system moreover has the advantage of being capable of almost indefinite expansion without losing its essential characteristics. To those who have practised in the tropics the resistance—passive often active sometimes—to any innovation is a matter of daily experience.

In an abstract one can do little more than point out the general trend of this valuable paper which should be read in its entirety and studied by all those practising in rural areas in the tropics. H H S

McKINLEY (Earl B) *The Development of Tropical Medicine in the United States.*—*Amer J Trop Med* 1934 July Vol 14 No 4 pp 299-307

Science ~ writes Dr Earl McKinley has already learned more and has placed in the record more proven knowledge than the social and economic status of most tropical countries will permit of application. At the root of this failure to apply knowledge is poverty for the methods of preventing disease must be of such low cost that the people can pay for them. He would have application of knowledge and search for new knowledge going on together for only through continued research is progress made. He gives some account of the preliminary survey of tropical diseases which a committee of the U.S. National Research Council is carrying on. An attempt is being made to define the problem of disease in the tropical belt i.e. where certain diseases are prevalent to what extent and with what distribution, and

enquiry is afoot as to what facilities are available for teaching and research. It is believed that when the problem has been defined both basic industries and private philanthropists will finance a public health program in the tropics. A G B

WERNER (H.) Zur Frage der Akklimatisation der weissen Rasse im tropischen Tieflande [The Question of Acclimatization of White Races in Tropical Lowlands.]—*Deut Med Woch* 1934 Mar 30 Vol 60 No 13 pp 478-481

An article devoted chiefly to the German colonization of Espirito Santo, Brasil and to North Queensland.

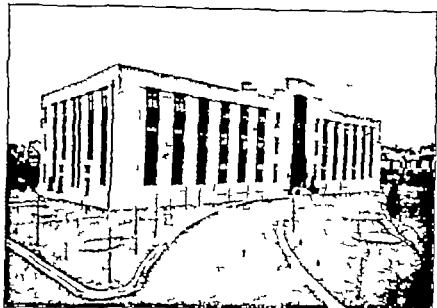
In the year 1847 38 Rhenish families settled in Espirito Santo followed in 1857 [not 1897] by 280 families in all about 1 000 persons. The birth rate is given by WAGEMANN as 50-60 and the death rate as 8-10 and the pure German population now numbers 17 000. The district settled lies between 17 and 22°S on the eastern slopes of a mountain range. The average temperature is 20-21°C. Other data of temperature and precipitation are wanting but figures are given for the neighbouring town of Campos on the coast. The region is described as marginal tropics (Randtropen) and it is questionable how far it should be separated hygienically as it is by the geographers from the real tropics (Innentropen). It is noted that settlement began on the highest ground and gradually worked towards the plains [see this *Bulletin* Vol 15 p 296-7].

After consideration at some length of N. Queensland experience the author expresses the opinion that given the absence of certain diseases such as malaria, yellow fever and hookworm provided that indigenous races are kept at a distance or kept free from infection and that muscular work is performed by the white settlers acclimatization of white races in tropical lowlands is possible and attainable. A G B

HENRY LESTER INSTITUTE OF MEDICAL RESEARCH—56 pp With 41 figs & 7 plans 1934 Shanghai

This attractive brochure gives an account of the inception and organization of the Henry Lester Institute Shanghai.

Henry Lester who died in May 1926 had by will directed that there should be founded such building or buildings as may be advisable for the establishment of an institute or institutes for the study of medical science surgery civil engineering architecture and other useful and scientific knowledge. It was decided that there should be two separate institutes one medical the other technical, and that the medical institute should take the form of a post graduate organization with emphasis on research. The scheme for the establishment of the Henry Lester Institute for Medical Research was approved in May 1928 and in the following year heads of departments were appointed to work in temporary quarters. In 1932 it was agreed that the Institute should consist of three main divisions—Clinical Research Physiological Sciences and Pathological Sciences and at the end of the year the new building was entered. A Department of Medical Statistics was also formed, its first function being the collection of reliable statistics of the incidence of disease in different parts of China.



*The Henry Lester Institute of Medical Research, Shanghai.*

The building is here described. It is built on three floors with a basement and follows the unit plan i.e. all rooms can be regarded as consisting of one or more units, the dimensions of which are  $12 \times 18$  feet double units are  $24 \times 18$  and so on, partitions being non-structural. Each floor is composed approximately of 40 units. The animal house is independent of the main building. The Director Dr H. G. EARLE, discusses the organization of medical research. Dr James MAXWELL contributes a short article on the Library which has already 138 current periodicals. Other articles are by Dr H. Gordon THOMPSON (Clinical Research and Experimental Surgery) Professor Bernard E. READ (Physiological Sciences) and Dr R. Cecil ROBERTSON (Pathological Sciences). The illustrations consist of plans and of views of the various rooms. The Lester Chinese Hospital which houses the Clinical Unit, is also illustrated.

No information is given of the funds at the disposal of the Institute they must be assumed to be ample. A list is given of the scientific, and clerical and technical staff.

A. G. B.

**SOUTH AFRICAN INSTITUTE FOR MEDICAL RESEARCH. Annual Report for the Year ended 31st December 1933 [LESTER (Spencer), Director]—91 pp. With 2 plates & 1 chart. Johannesburg P. O. Box 1038.**

A large laboratory like the South African Institute for Medical Research naturally deals with a great many subjects and comparatively few of these are essentially of tropical interest.

The concentrated plague serum prepared in the Institute was tested on rats and showed that none of the virtue of the serum had been lost in the manufacture. Value and concentration were exactly parallel, which is a very important finding. Plague vaccine was investigated from the point of view of preparation of an endo-anatoxin which may

possibly prove more efficacious than the ordinary vaccine. It would certainly be an important advance to have an effective vaccine which gave little or no inoculation reaction.

The Flexner type of dysentery which occurs locally and seasonally is ordinarily of a mild and transient type. Flexner-like bacilli were examined in considerable number. Their particular characteristics were that they gave the biochemical reactions of the group but were inagglutinable with standard Flexner sera. It is still to be determined how far they are really pathogenic.

Some work has been done on the standardization of T.A.B. vaccine where recently isolated cultures were used, being first plated and the smooth colonies selected. The white mouse was the test animal used and it is capable of being protected by the vaccine against multiple lethal doses of virulent strains. A method of vaccination which is becoming increasingly popular is the use of typhoid vaccine tablets taken orally with bile pills. Evidently the efficacy of this oral method is to be made the subject of statistical investigation.

Anatoxins have formed subjects of study and of use in one form or another for some considerable number of years. At the South African Institute the same principle of reduction of toxicity has been applied to snake venoms. The products are anavenoms and they are used with great success in the rapid preparation of concentrated antivenenes of high potency. A research of a comparative type of Indian and South African venoms and antivenenes with particular reference to their toxicities, the detoxication of Indian venoms and the cross action exerted by the respective concentrated antivenenes upon heterologous venoms should prove very interesting. It is time for example that an authoritative answer was given to the question whether the anti-venene prepared to the venom of one snake is of any avail against the venom of any other species of snake.

These are merely one or two of the subjects of interest in this annual report for 1933.

W F Harvey

PEOPLE'S COMMISSARIAT FOR PUBLIC HEALTH S.S.R.A. (Proceedings of the 3rd Congress on the Campaign against Malaria and Other Tropical Diseases in S.S.R. of Armenia held at Erivan 5-9 March 1931)—164 pp. (State Publ. S.S.R.A. Med. Section) Erivan 1933. [In Russian.] [4 roubles.]

This volume contains eighteen reports read at the above Congress. The majority (eleven) are on various aspects of malaria in the different districts of Armenia such as incidence, economic importance, effect upon the population, prophylaxis etc. and are of purely local interest. Amongst the remaining papers the following may be noted. According to MATEVOSSIAN (p. 82) during the last few years 20 cases of *Balantidium coli* infection have been recorded from Armenia, in some of which contact with pigs could be definitely established. TSATURIAN (p. 88) records 136 cases of acute and chronic amoebiasis during the period 1927-1930, the incidence being highest from the beginning of July to the end of September. EOLIAN (p. 113) draws attention to the wide distribution of *Echinococcus* in Armenia, which is associated with a high degree of infection in domestic animals (26 to 50 per cent in dogs, 58 per cent in cattle) and a low cultural level of the population living

in close contact with these animals. KARAPETIAN (p. 127) reports 18 cases of spume between 1923 when the occurrence of this disease in Armenia was first recognized, and 1930

C. A. HARRIS.

THOMSON (J. Gordon) & LAMBORN (W. A.) Mechanical Transmission of Trypanosomiasis, Leishmaniasis, and Yaws through the Agency of Non-biting Haematophagous Flies. (Preliminary Note on Experiments).—*Brit. Med. J.* 1934 Sept. 15 pp. 506-509. [11 refs.]

The object of this preliminary note is to emphasize the important part which may be played by non-biting haematophagous flies in mechanical dissemination of blood-inhabiting organisms—a fact which appears hitherto to have been largely overlooked.

Most authorities are agreed that direct methods of infection by Tabanidae Stomoxys and other biting flies play an important part in the active spread of trypanosomiasis. Comparatively little work has been done on the transmission of the tissue-inhabiting pathogenic protozoa by Diptera other than biting species. CASTELLANI (1907) fed *M. domestica* on scrapings from yaws which contained *Treponema pertenue* and afterwards by transferring them to scarified sores on monkeys produced an infection in one of the experimental monkeys. DARLING (1913) transmitted *T. cruzi* to animals by means of house flies which infested the open sores on mules in Panama. LAVERAN (1880) suggested that oriental sore in Biskra might be due to transference of infection by flies and WEXVOX (1926) stated that it was highly probable that the house fly which swarms round exposed oriental sores might sometimes carry the causative organism on its feet or proboscis to abrasions of the skin on another person—he likewise expressed the opinion that Leishmania bodies might pass rapidly through the gut of the fly and so be deposited with the dejecta.

In Nyasaland various species of muscids abound, and one in particular—*Musca spectanda*—has been shown by Lamborn to be almost entirely dependent on man throughout its whole life. The eggs are laid solely on human excreta, on which the larvae feed to maturity. The adult flies in the early morning settle on man, awaiting the opportunity to slake their thirst and deposit their eggs on his freshly excreted faeces. In one instance 35 female *M. spectanda* were captured in three-quarters of an hour from a linear scab half an inch long on the dorsum of the foot of a native.

It was these observations by Lamborn and the hypothesis put forward by him in 1932 concerning the part muscids may play in the spread, not only of trypanosomiasis, but also of cutaneous leishmaniasis, which led to the experimental work described in this paper. These experiments relate firstly to the mechanical transmission of *T. brucei* by *Musca spectanda* secondly to the passage of living Leptomonads of the cultural forms of *Leishmania donovani*, *L. infanzum*, and *L. tropica* through the intestines of *M. spectanda* and thirdly to the passage of living *Treponema pertenue* through the gut of *M. spectanda*.

The authors summarize their results as follows—

"1 Non-biting haematophagous muscids feed readily to repletion on blood, serum, serous exudate, ulcers sores, and also secretions from the nose, eyes, and mouth. After a meal a certain proportion

of these flies pass blood or serum in their numerous dejecta, which may contain large numbers of living trypanosomes leishmania or the *Treponema pertenue* of yaws

2. These haematophagous flies have their preferred hosts—for example *Musca spectanda* Wied which occurs in great abundance in Nyasaland, favours man. It lays its eggs exclusively in human faeces breeding very freely. It derives moisture from human faeces and could thus take up *L. donovani* from this source since the organism is known to occur sometimes in this medium. Large numbers attack persistently and with determination scratches cuts and sores of the skin of man in search of food, and also haunt the eyes nose and mouth in search of fluid.

3. *Trypanosoma brucei* in the blood of rats and dogs are readily ingested by *M. spectanda* and during a period varying between five minutes and six hours these flagellates can be passed alive in the numerous droplets of dejecta passed through the gut of the fly. Rats were experimentally infected by the intraperitoneal injection of these dejecta by placing a drop on a fresh cut on the ear and by placing the dejecta on a drop of blood exuding from the bite of a tabanid. *T. brucei* in the dejecta introduced into the eye nose and mouth did not produce infection. Certain flies after a feed extrude a drop of the ingested blood containing living trypanosomes from their proboscis five to ten minutes after a full meal.

4. Living leptomonads in cultures of *L. donovani*, *L. infantum* (dog strain) and *L. tropica* are freely ingested by *M. spectanda* and are passed viable in the droplets of excreta for several hours after a feed. There can be no doubt that these flies could ingest the round tissue forms of all the human forms of leishmaniasis and pass them in a viable state either through the gut or by regurgitation from the proboscis to sores or mucous membranes. It would seem certain that both kala azar and oriental sore could be actively transmitted through the agency of these flies.

5. *Treponema pertenue* of yaws passes rapidly in a viable form through the gut of *M. spectanda* and so could easily be deposited on cuts and abrasions.

W Yorke

CAZANOVE Analyse de deux documents manuscrits du Docteur Peyre Médecin-Chef de l'expédition de Saint Domingue. [Two Manuscripts by Dr Peyre, Chief Medical Officer of the San Domingo Expedition.]—*Rev Méd et Hyg Trop* 1934 Mar-Apr Vol 26 No 2 pp 65-91

An account of the mortal illness and autopsy of General Leclerc, Captain General of San Domingo who died of yellow fever there in 1802. His wife was Pauline Bonaparte. One gets a glimpse of the high fatality. Between February and November 1802 there died 1 500 officers 750 doctors 25 000 soldiers 8 000 marines 3 000 seamen 2,000 employees and 3 000 whites from France. Of this number only 5 000 perished by war yellow fever harvested the rest. Besides other documents and discussions the paper contains a memorandum on the health service of the Navy and Colonies by Dr PEYRE Inspector General.

A G B

MANAI (Andrea) Contributo allo studio delle associazioni morbose. Nota IIa. Su rapporti tra malaria e tubercolosi polmonare. [Association of Diseases. Relations between Malaria and Pulmonary Tuberculosis.]—*Riv di Malariologia* 1934 Vol. 13. No 4 pp 443-473 [16 refs] English summary

The notion is fairly widespread that malaria and tuberculosis are mutually antagonistic—that where malaria is epidemic tuberculosis is uncommon—that malaria confers immunity against tuberculosis and that the malarious subject rarely contracts tuberculosis—that malaria can be employed in the treatment of tuberculosis in that it slows down the tuberculous process and leads to fibrosis.

The author has lived and worked for many years in Sardinia where both diseases are widely spread, and he has been able to observe many persons who have presented, sometimes contemporaneously sometimes consecutively, the symptoms of both infections. His experience is at variance with the opinions expressed above. He finds that recent malaria seemed to act adversely on the course of an existent tuberculosis, and in patients with tuberculosis who seemed to be making satisfactory progress on subsequently contracting malaria the disease appeared distinctly to be aggravated, as if the malarial infection weakened or handicapped the body's defences. He infers, naturally, that malariotherapy is not suitable for phthisical patients. H H S

BOGGIAN (Bruno) Esiste veramente un antagonismo tra malaria e tubercolosi? [Are Malaria and Tuberculosis really Antagonistic?] *Riv di Patol e Clin di Tubercul* 1934 July 30 Vol. 8 No 8 pp 513-517 [14 refs.]

For many years, from about the middle of last century there has been a vague belief that paludism and tuberculosis were mutually antagonistic. The author's experience is totally at variance with this. He quotes in detail four clinical cases and according to his experience he finds that malaria appears to give rise to an anergic state as shown by the subsequent reaction to tuberculin von Pirquet's or Trambusti's method. This anergy though it may be but transient is definite. Again, he has repeatedly observed that a malarial attack has been followed by tuberculosis, sometimes pulmonary at others of the serous membranes. Lastly he has almost constantly seen that in a tuberculous patient the supervention of malaria has resulted in the lighting up and extension of the tuberculous process already existing.

H H S

YENTIKOMKHIAN (H. A.) Monolobulic Cirrhosis of the Liver in the Lebanon and Syria.—*Jl Amer Med Assoc* 1934 Sept. 1 Vol. 103 No 9 pp 660-661

In the author's experience hepatic disorders are common in Syria and the Lebanon, due to disease of the biliary tract, to hydatid and to amoebiasis, but apart from these is a group exhibiting hepatic enlargement with splenomegaly. It is with these last that the present article deals.

Many of the patients suffer from repeated febrile attacks with jaundice, transient enlargement of the liver epigastric tenderness, nausea and vomiting the attacks lasting perhaps for a few days only but sometimes for weeks. The author found it more among farmers

and the rural population than among city dwellers and mostly among those dwelling in villages near Tyre and Sidon

During a period of six years he has seen in the wards 70 cases of portal cirrhosis with ascites about two-thirds of the patients were under 40 years of age and 20 per cent were under 20 years males affected were rather more than twice as numerous as females Splenomegaly in most cases appears long before the ascites and palpation reveals a hard, irregular liver which is enlarged to the end, and a large spleen and hobnail liver are seen at autopsy [In temperate climates hobnailed liver with ascites is usually reduced in size] The causation is obscure The diet does not appear to be responsible It is largely vegetarian and cereal mutton is eaten beef chicken and fish only occasionally The men rarely and women never drink alcohol Malaria and dysentery are common as also are helminthic infestations in order of prevalence *Trichuris trichiura* *Taenia saginata* *Ascaris lumbricoides* and *Enterobius vermicularis* Ankylostomiasis and filariasis are rare and there is no schistosomiasis Syphilis is uncommon

The author is of the opinion from a prolonged study of these cases both from the clinical and pathological aspects that chronic malaria and amoebic dysentery especially when combined, are important aetiological factors.

H H S

GILLAN (Robert U) An Investigation Into Certain Cases of Oedema occurring among Kikuyu Children and Adults.—*East African Med J* 1934 June Vol 11 No 3 pp 88-93

A condition is described in small children and in women having some of the characters of coeliac disease and sprue A toxæmia of origin in the small intestine is suspected.

The author kept notes of 12 cases seen in 2-3 years 9 in children all breastfed and 3 in women There was generalized oedema pallor patchy desquamation of the skin and depigmentation of the hair the oedema was the chief feature and was sometimes so severe as to cause occlusion of the palpebral fissure there was no albuminuria The children were extremely irritable and resented exposure A history of 7-9 months illness was usual Diarrhoea was usually noted Blood counts indicated anaemia of varying intensity The stools were large pale greasy or soapy looking greyish and sour to the smell Five patients died in hospital and possibly others outside

The diagnosis is considered in relation to coeliac disease, sprue pink disease and beriberi. One stool was examined by a biochemist who reported a high percentage of saponified fat this is believed to be due to the diarrhoea and not to deficiency of biliary or pancreatic secretion Histological examination revealed a severe chronic enteritis Indications for further investigation are given

A G B

MAEGRAITH (Brian) McCLOSKEY (A J) Pineapple Juice in Oedema. [Correspondence]—*Brit Med J* 1934 Sept 8 & 22 pp 492-493

Dr Maegraith mentions the case of a patient a woman of 30 years suffering from oedema of cardiac origin who had been treated by digitalis mercurials etc. but without success. The oedema affected back and legs and there was also double pleural effusion. She was given the



juice from a tin of pineapple daily and in a fortnight the oedema of trunk and legs subsided, the urinary output increased from 18-20 oz. to 60-100 oz. in the 24 hours and in another week the pleural effusion cleared up. After leaving hospital she continued to eat one tin of pineapple a week and when she reported herself some months later she was still free from oedema.

Dr McClosky follows the above communication by stating that in the course of an outbreak of beriberi in the gaol of Kuala Lumpur in 1896-98 the Chinese patients with dropsy invariably asked for pineapple. He gave it as a placebo and the dropsy subsided, but unfortunately for the test they were given other diuretics also. He mentions that Chinese patients with wet beriberi in other State Hospitals also used to ask for pineapples. The treatment is worth further study.

H H S

MONCRIEFF (Alan) & WHITBY (L. E. H.) Cooley's Anaemia.—*Proc Roy Soc Med* 1934 Aug Vol. 27 No 10 p 1324 (Sect. for Study of Disease in Children p 56)  
— & — Cooley's Anaemia.—*Lancet* 1934 Sept 22. pp 648-649 With 1 chart.

The case here described would formerly have been classed as von Jaksch's anaemia, but the conditions present several differences from the latter as understood by English paediatricians. Attention was first drawn to it by T. B. COOLEY, an American physician, in 1927. The patient is nearly always of Mediterranean stock: the subject of the present article was a girl of 1½ years old born in the Middlesex Hospital of Greek parents. The findings were typical: erythrocytes in the neighbourhood of 3 million per cmm., Hb 38-40 per cent, leucocytosis about twice the normal. The biochemical investigations are detailed in the report to which those interested should refer. Radiographically all the bones showed generalized rarefaction: the skull bones thinning of the tables and increase in medulla. Post mortem the skull bones were very soft and the bony tissue of the femur very thin, with marrow a dense dark red. The spleen was a little enlarged as was also the liver. The condition has been named Cooley's anaemia from the physician who first described it: another name is "thalassaemia" on account of its predilection for the Mediterranean races.

H H S

MCRORERT (George R.) The Treatment of Bacterial Food Poisoning.—*Brit Med J* 1934 Aug 18 pp 304-305

The author has abandoned the use of purgatives in bacterial food poisoning so common in the tropics and now relies entirely on the absorptive action of kaolin, preferably a preparation of "colloidal" kaolin which serves to detoxicate the bowel while soothing and protecting its lining. In a severe case treatment by rest in bed with warm bottles, gum-saline or Rogers' hypertonic saline is supplemented by the oral administration of 2 drachms to the wineglassfull of kaolin, after which morphine may be injected without harm. One drachm of kaolin is advised every 15 minutes until the diarrhoea is controlled. In less severe cases frequent kaolin and large quantities of water are advised. The author regards the introduction of fine kaolin as one of the most important recent advances in practical everyday therapeutics.

I G B

PALMER (F J) Hot Weather Ear—a Clinical Entity—*Indian Med Gaz* 1934 Aug Vol. 69 No 8 pp 430-432

This is a condition seen in soldiers in Assam and elsewhere in India in which the ear becomes painful the meatus is more or less blocked by swelling and a ring of skin eventually separates. The treatment is described. The author suggests it is a ringworm infection with probably a bacillary one added. Most cases occur in the hot weather

I G B

NOOSTEN (H H) KIRSCHNER (L) & Vos (J J Th.) Rhinoscleroma op Bali. [Rhinoscleroma on Ball Island.]—*Geneesk Tijdschr v Nederl Indië* 1934 July 3 Vol 74 No 14 pp 835-852. With 1 fig 1 map & 51 figs on 4 plates

A focus of rhinoscleroma had been described upon the island of Samosir in the Toba lake Sumatra (this *Bulletin* Vol 30 p 49) and the view promulgated that this was a disease of primitive people. Now a new focus has been found by the authors upon the island of Bali.

The disease which is infectious has its seat in the respiratory tract and may occur anywhere from the nares to the hilum of the lung. It is an infiltrative condition slowly and continuously progressive without necrosis or ulceration and is terribly disfiguring. A causal organism, one of the capsule bacilli, is found and can be distinguished from the pneumobacillus and the ozaena bacillus by serum tests. Histologically the scleromatous tissue is found to be permeated with plasma cells but most characteristic of the condition are the so-called cells of MIKULICZ which are in all probability swollen and degenerated endothelial cells. As a culture medium for the bacillus Drigalski agar is better than ordinary agar for then the growth of cocci and of proteus bacilli is inhibited. Nine clinical cases are described as being typical, although there were others which were almost certainly also cases of rhinoscleroma. A differential diagnosis by histological bacteriological and serological means could be made of the affection from nasal polypi chronic inflammations of the nasal accessory sinuses and from pathological processes due to syphilis yaws and leprosy. The authors do not think that these cases are restricted to northern Sumatra and Bali and they expect that reports of their occurrence will in due course be forthcoming from Java and other places. Therapeutic measures range over autovaccines protein therapy artificial malarial infection and gold preparations but the most favoured method of treatment is by irradiation, although it may be followed by unpleasant complications.

W F Harvey

CASTELLANI (Aldo) Elephantiasis Nostras (Non-filarial Elephantiasis)—*Proc Roy Soc Med* 1934 Mar Vol 27 No 5 pp 519-523 (Sect of Trop Dis. & Parasit. pp 25-29)

The cases described were contracted in non-filarial countries—Great Britain Italy the Balkans and parts of the United States and their elephantiasis is held to be of bacterial origin.

For detection of bacteria the lymphatic glands must be examined and this must be done when lymphangitis and lymphadenitis are actually present. The organisms are of 4 groups gram-positive staphylococci probably of little aetiological import, gram positive streptococci

mostly of haemolytic type gram-negative *Micrococcus myticus* which are more likely to produce slowly developing abscess or sinus than elephantiasis and *M. melleus* whose subcultures may vary in their staining reaction. The sequence of pathological change is—acute bacterial lymphangitis and lymphadenitis usually starting from some small lesion, perhaps an epidermophytic crack, oedema at first fluid and then solid, and hyperplasia of skin and subcutaneous tissue. During acute lymphadenitis the enlarged and congested gland shows many thickened and perhaps thrombosed vessels, with the lymphoid tissue but little changed. Later there is fibrosis with atrophy of this tissue. The main changes in the dermis are—lessened bulk of individual epithelial cells with loss of prickles and corresponding approximation of nuclei, and many dilated lymph spaces, thickened arterioles, and fibrosis. Symptomatology and site are as for filarial elephantiasis and the condition is progressive. Diagnosis depends on place of residence and antigen-based tests. In the acute stages well-diluted salicylates are advised, 10 to 15 grains (0.6 to 1 gm.) thrice daily. In the chronic, weak vaccine doses 10 to 100 millions every 4th or 5th day. In the pachydermatous stage, a month in bed half yearly with bandaging and fibrolysin injections. Any operation should be preceded by a vaccine course.

In discussion MAXSON BARR classified the causation. MacCORMAC quoted HANDLEY's opinion that lymphatic obstruction will not alone cause elephantiasis but that the resultant fibrosis will obstruct neighbouring veins. PARKES WEBER alluded to the congenital group. HAMILTON FAIRLEY stressed the local nodes of filarial elephantiasis and the intradermal test as distinguishing the two forms of the disease.

Clayton Lane

MORALES-OTERO (P) & POMALES-LEBRÓN (A.) Antistreptolysin Content of Sera from Cases of Recurrent Tropical Lymphangitis.—*Proc Soc Experim Biol. & Med.* 1934 June. Vol. 31 No. 9 pp 1170-1172

A contribution from the School of Tropical Medicine, University of Porto Rico. The antistreptolysin values of the sera of 41 patients suffering from recurrent tropical lymphangitis and of 20 normal subjects are reported. The antistreptolysin titre is increased in the former series—here 3-figure values are usual, in the normal subjects they are rare. The serum of two acute lymphangitis cases varied in antistreptolysin titre before, during and after the attack. A G B

## REVIEWS AND NOTICES

KOLLE (W) [Director Inst Experim Therap & Chemiotherapeutical Res Inst Georg Speyer Haus etc.] & HETSCH (H) [Professor Inst Experim Therap Frankfurt] **Experimental Bacteriology in its Applications to the Diagnosis, Epidemiology, and Immunology of Infectious Diseases. Vol. 1.** [Edited by John EYRE F.R.S Edin F.Z.S M.D M.S D.P.H Director Bact Dept Guy's Hosp etc]—592 pp With 118 plates & 200 text figs. 1934 London George Allen & Unwin Ltd. 40 Museum Street, W C 1 [30s] [Review appears also in *Bulletin of Hygiene*]

This is the first volume of the translation of the well-known and standard German text book *Experimentelle Bakteriologie* by Kolle and Hetsch. The work has already reached a seventh German edition and has been translated into several languages. Originally based on lectures to University students it is refreshingly free from the faults of compression. Though it makes a somewhat large book it is easy to read continuously and with interest—a rather unusual feature in bacteriological text books. It is based more than most modern text-books on tradition and it is most sound and interesting when on the older and well beaten tracks of bacteriology. Any teacher or student of bacteriology would profit by reading Kolle and Hetsch if only because it gives an excellent idea of the best German teaching but it has an appeal to more specialized classes of readers. Both the student of clinical medicine and of public health may obtain an excellent general idea of what bacteriology has accomplished in those spheres and what is still more valuable—an idea of how the bacteriological outlook may illuminate other branches of medicine. Over and above the general treatment there are several chapters of special excellence. The account of cholera, typhoid, anthrax and many other diseases could hardly be bettered as single chapter accounts not merely as bacteriology but as general descriptions of those diseases.

To students of tropical medicine the book is particularly adapted not only for the wealth of information it provides on infective (including protozoal) disease but also because it illustrates so admirably a point of view absolutely necessary to the tropical practitioner that no line can be drawn between clinical and laboratory knowledge. The numerous illustrations many of them in colour which have been such an admirable feature of the German versions are beautifully reproduced. The translation of such a work is a formidable undertaking which on the whole has been carried out satisfactorily. The inevitable typhus for typhoid has been allowed to escape in one or two places. And in such chapters as that on gas-gangrene not enough trouble has been taken to link up English and German nomenclature. These are however but small faults in an otherwise admirable version. *C C Okell*

KNOWLES (R) **The Calcutta School of Tropical Medicine 1920-1933. An Essay-Review—Supplement to Ann Rep of the School for 1933** pp 168-xlvii 1934 Bengal Govt Press

Col. Knowles who was concerned with the Calcutta School in its prenatal days who officiated at its birth and has been intimately connected with it ever since is eminently fitted to describe its early

mostly of haemolytic type gram-negative *Micrococcus myceticus* which are more likely to produce slowly developing abscess or sinus than elephantiasis, and *M. melamyceticus* whose subcultures may vary in their staining reaction. The sequence of pathological change is—acute bacterial lymphangitis and lymphadenitis usually starting from some small lesion perhaps an epidermophytic crack, oedema at first fluid and then solid, and hyperplasia of skin and subcutaneous tissue. During acute lymphadenitis, the enlarged and congested gland shows many thickened and perhaps thrombosed vessels, with the lymphoid tissue but little changed. Later there is fibrosis with atrophy of this tissue. The main changes in the dermis are—lessened bulk of individual epithelial cells with loss of prickles and corresponding approximation of nuclei, and many dilated lymph spaces, thickened arterioles, and fibrosis. Symptomatology and site are as for filarial elephantiasis and the condition is progressive. Diagnosis depends on place of residence and antigen-based tests. In the acute stages well-diluted salicylates are advised, 10 to 15 grains (0.6 to 1 gm.) thrice daily. In the chronic, weak vaccine doses 10 to 100 millions every 4th or 5th day. In the pachydermatous stage a month in bed half-yearly with bandaging and fibrolysin injections. Any operation should be preceded by a vaccine course.

In discussion MANSON BAHR classified the causation. MACCORMAC quoted HANDLEY's opinion that lymphatic obstruction will not alone cause elephantiasis but that the resultant fibrosis will obstruct neighbouring veins. PARKES WEBER alluded to the congenital group. HAMILTON FAIRLEY stressed the focal nodes of filarial elephantiasis and the intradermal test as distinguishing the two forms of the disease.

Clayton Lane

MORALES-OTERO (P.) & POMALES-LEBRÓN (A.) Antistreptolysin Content of Sera from Cases of Recurrent Tropical Lymphangitis.—*Proc Soc Experim Biol & Med* 1934 June Vol. 31 No 9 pp 1170-1172.

A contribution from the School of Tropical Medicine, University of Porto Rico. The antistreptolysin values of the sera of 41 patients suffering from recurrent tropical lymphangitis and of 20 normal subjects are reported. The antistreptolysin titre is increased in the former series—here 3-figure values are usual, in the normal subjects they are rare. The serum of two acute lymphangitis cases varied in antistreptolysin titre before, during and after the attack. A G B

and in other parts of the world we are still unable to determine the actual curability of this disease. It is good to learn that of a number of remedies hailed with enthusiasm and abandoned with regret some remain which give promise of more permanent value.

The Calcutta workers themselves have helped to tone down the extravagant optimism of twenty years ago and to show that the building up of the lepers' resistance and the treatment of intercurrent disease has as least as much value as the use of any particular drug. Space does not permit a detailed reference to other subjects of major research namely epidemic dropsy, lathyrism, diabetes, spirochaetoses, the indigenous drugs and the drug addiction enquiries and diseases of the skin and respiratory system.

The fourth division of the Essay Review is taken up by departmental reports and the work undertaken by each in chronological order. There is necessarily a good deal of repetition and overlapping in this part of the review but it contains much interesting routine work and the record of minor researches which have been essayed but not brought to maturity.

MEGAW's description of tick typhus in India is an outstanding contribution to the Tropical Medicine Section and is one of the few major contributions to purely clinical medicine.

Col Knowles ends his 168 pages with a brief note regarding the future and one is glad to find that his superabundant optimism still holds and is an answer to those who experience that sinking feeling when contemplating the full Indianization which approaches so rapidly. Col Knowles with his gift (almost one might write 'urge') for self expression has carried out the analyses of the School's activities (together with that of 740 original papers) in the true Boswellian spirit. He deserves well of his School whilst the rest of us will be grateful for his description of the work of this already distinguished institution.

F P Mackie

HEGLER (C) & NAUCK (E G) *Tropenkrankheiten* [Tropical Diseases].—Reprinted from MOHR & STAEBELIN's *Handbuch der inneren Medizin*. Dritte Auflage. Erster Band. Infektionskrankheiten. pp 1098-1212. With 67 figs (14 coloured).

Within the limits of about a hundred pages Drs C Hegler and E G Nauck of Hamburg describe the following diseases: malaria, black water fever, relapsing fever, rat bite fever, sleeping sickness, kala azar, Chagas's disease, dengue, papataci fever, Japanese river fever and yellow fever. Of these diseases the only ones that are dealt with at all fully are malaria, blackwater fever and yellow fever but in the descriptions of the other subjects though they are necessarily very compressed very little of importance seems to have been omitted. The accounts given of the pathology and morbid anatomy of the various diseases are especially good, and the illustrations many of which have been borrowed from other books have been carefully selected and are very satisfactory. As there are already in existence several excellent German books on Tropical Medicine it is presumably for the sake of completeness that this section forms part of the first volume of the large work on Medicine founded by Drs Mohr and Staehelin: the authors show such a practical firsthand knowledge of their subject that one cannot help regretting the limitation of space imposed upon them.

H J Walton

ROCKEFELLER FOUNDATION Annual Report 1933 [MASON (Max) President]—pp xix+477 With 40 illustrations. New York 49 West 49th Street. [Review appears also in *Bulletin of Hygiene*.]

In a foreword to this report, the president states that "the Foundation is dedicated to the welfare of mankind, and it is certainly in this spirit that its many activities are carried on. Wherever there is need of it in both hemispheres of the world, substantial help is given to any undertaking which is working to promote improvement in Public Health or useful knowledge. During the year 1933 demonstrations of the practical application of various health measures were given in many countries and funds were provided for the establishment of public health laboratories, for resident and travelling fellowships, for training in midwifery nursing sanitary engineering and other cognate subjects. In China and in Java the Foundation representative is adviser to the Government in the former country he is also professor of hygiene and Head of the department of public health at the Peking Union Medical College. As the report says the Foundation is not committed to any one country or place. It can follow a problem wherever that problem develops, and thus gain experience in handling situations under a great variety of conditions."

Those parts of the report which deal with public health and medical science describe much research work both in the laboratory and the field.

An extensive survey was made in 1933 of the areas in Africa in which yellow fever occurs. This was facilitated by the discovery that *Macacus rhesus* and white mice are susceptible to the disease, and by the application of the "protection test" (i.e., the ability of the blood serum of a person who has recovered from yellow fever to protect mice from infection). It was found that yellow fever in a mild form may exist for years as an undetected disease. In French Equatorial Africa, where yellow fever had never been reported, over eighteen per cent. of the blood specimens collected in thirty-seven towns both on the coast and in the interior protected white mice against the virus. As in former years the Foundation has worked at the control of yellow fever in Brazil. In that country a system of routine microscopic examination of liver-tissue from persons who had died after brief febrile illnesses, was found to be very effective in the detection of unsuspected cases of yellow fever.

Much antimalarial work was done in many places. Extensive mosquito surveys were made in the Amazon valley the Philippines, Greece, Panama and elsewhere. A certain strain of a plasmodium from the canary (*P. cathemerium*) obtained from Rome, was maintained for ten months by bi-weekly passages, during which time it failed to produce any gametocytes, though another strain from the same source continued to produce the sexual forms of the parasite.

From the study of dogs infested with *Ancylostoma caninum*, it appears that the anaemia is not caused by any special toxin. It results from direct haemorrhage and responds well to treatment with iron. Seven cases of acute hookworm disease were observed at Porto Rico the disease seems to have been contracted by bathing in highly polluted seawater. The symptoms came on suddenly with dermatitis followed by much discomfort in the throat within two to four weeks, colic and diarrhoea appeared. The patients were unusually weak, pale, and lost weight rather rapidly. A description is given of a larval variety of

hookworm disease characterized by loss of strength and weight anaemia irregular fever high eosinophilia and leucocytosis. There are few or even no worms at all in the intestine and in the latter case absence of ova in the stools the diagnosis may be difficult. It is thought that in such cases only a few larvae have been able to reach the intestine the others remaining in the tissues of the body.

Research and routine work were done in many other tropical diseases besides those already mentioned.

The annual Report of the Rockefeller Foundation is always interesting and the interest is fully maintained in that for the year 1933. The work is evidently carried on with great enthusiasm and it owes much of its success to the admirable organization at the Centre.

H J Walton

PITTALUGA (Gustavo) *El tratamiento del paludismo* [The Treatment of Malaria.]—96 pp [9 pages of refs.] Colección de Monografías de Los Tratamientos Actuales 1934 Madrid [250 pesetas.]

This is the first of a projected series of monographs on modern treatment and if the others are as good as this the series will be a valuable one. In a handy little volume of 100 pages the most recent views on the treatment of malaria are presented. Professor Pittaluga deals with the subject under the following headings (1) The acute primary attack subtertian, benign tertian and quartan (2) Recrudescence and relapse (3) Chronic and latent infections (4) Anomalous forms mixed infections, haemoglobinuric fever quinine idiosyncrasy etc. He devotes a chapter to experimental malaria and a pharmacobiological study of new drugs. Having considered each of these in detail the author devotes a final chapter to a summary and recapitulation. The work concludes with a good selective bibliography of nearly 100 references of which more than one-third are British.

H H S

WENCKEBACH (K F) *Das Beriberi Herz Morphologie. Klinik. Pathogenese.* [The Beriberi Heart.]—(Pathologie und Klinik in Einzeldarstellungen Bd vi.) pp vi+106 With 38 figs 1934 Berlin & Vienna. Verlag von Julius Springer [Rm 12 Bound 13 50]

The observations recorded in this monograph were made by Professor Wenckebach a few years ago in the Dutch East Indies and Singapore. He was able to conduct post mortem examinations on a number of cases of beriberi, and taking the precaution of injecting a hardening fluid shortly after death he confirmed the presence of certain gross anatomical changes as characteristic of the disease. These changes were for the most part demonstrable during life by means of radiography. The whole of the right side of the heart including the conus arteriosus was always greatly enlarged while the left side remained distended as much as 3 litres of blood sometimes escaped from incisions made in the region of the right auricle. The extra pericardial pulmonary vessels on the other hand were not abnormally congested. Microscopic examination of the heart muscle after death revealed changes of the nature of intracellular oedema, sarcolysis hydropic degeneration and so on. These changes were by no means constant



hence it did not seem likely that primary changes in the efficiency of the heart muscle could explain the entire clinical picture of heart failure in beriberi.

The clinical signs in well developed cases were cardiac enlargement, murmurs, often inconstant and transitory a rapid bounding pulse, enlarged liver and congested veins, a normal or raised systolic blood pressure with a low diastolic pressure and swelling of the calves without visible oedema. The clinical picture suggested that abnormalities in the peripheral circulation might be responsible in part for the heart failure. This suggestion received support from the observed results of injections of adrenalin and pituitrin. In convalescent cases adrenalin produced a striking return of the signs and symptoms, causing an increase in the venous pressure and pulse rate and a lowering of the diastolic blood pressure. These effects were interpreted as being due to a dilatation of peripheral arterioles leading to a sudden flooding of the right side of the heart. Pituitrin on the other hand, had exactly the contrary effect, causing a fall in venous pressure and pulse rate and a raising of the diastolic blood pressure at the same time the subjective symptoms were greatly improved. These effects were ascribed to an increase in the tone of peripheral arterioles.

In his summing up the author puts forward the hypothesis that the primary cardiac lesion in beriberi is a loss of contractility of the heart muscle, possibly related to increased water retention within individual muscle fibres. Associated with this cardiac lesion is a loss of peripheral vascular tone which intensifies the signs and symptoms of cardiac insufficiency. The possible rôle of ductless gland disturbances in bringing about the cardio-vascular changes is considered worthy of further investigation.

S. J. Cowell

# TROPICAL DISEASES BULLETIN.

Vol. 32.]

1935

[No 2

## KALA AZAR

BULLETIN DE L'OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE 1934  
 Ang Vol. 28 No 8 pp 1369-1395 — La leishmaniose viscérale  
 dans les pays méditerranéens [pp 1369-1370] Le kala-azar en  
 Yougoslavie [TARTAGLIA (P) pp 1371-1381 With 2 maps.]  
 Sur la répartition géographique des leishmanioses en Algérie  
 d'après les documents de l'Institut Pasteur d'Alger [pp 1382-  
 1385 With 1 folding map] Les leishmanioses en Égypte  
 [KHALIL (M.) pp 1386-1392 With 1 map [22 refs]] La  
 leishmaniose viscérale en U.R.S.S [pp 1393-1394] Les leish-  
 manioses en Perse [COULOGNER p 1395] [Leishmaniasis in  
 Mediterranean Countries.]

At the First International Congress of Hygiene for the Mediterranean (1932) it was decided that information should be sought regarding the distribution of kala azar in the Mediterranean basin. Accordingly the International Health Office in Paris and the Health Committee of the League of Nations joined forces and sent a questionnaire to the various countries concerned. Replies have been received from several countries but except for the information regarding kala azar in Yugoslavia and oriental sore in Egypt little that is new is forthcoming.

As regards Yugoslavia the author says that 89 cases of kala azar have been diagnosed, two-thirds by the discovery of parasites. The cases are limited to the southern half of the Adriatic coast but it is pointed out that this distribution is merely the result of the limitation of the inquiry to this part of the country. Undoubtedly with further experience and investigation the area will be extended. The disease has evidently existed for a long time, in spite of the fact that the first case was not diagnosed till 1930. In character it resembles that of other endemic centres in the Mediterranean and occurs chiefly in children though adults are not exempt as shown by seven cases one of which was in a military surgeon 47 years of age. Canine kala azar has also been discovered, but no special association with the human disease has been noted. Sandflies are prevalent.

With reference to Algeria no new information is given and the same remark applies to Persia, the U.S.S.R and Egypt as far as kala azar is concerned. Under Egypt however some recently acquired knowledge of oriental sore in this country is given. An endemic centre consisting of five heavily infected villages has been discovered to the north

of Zagazig. In the five villages 1,384 of the 1,406 inhabitants were examined, with the result that 232 showed active sores and 341 scars of healed sores. Investigations to the south and east indicate that the endemic area is about 30 kilometres in diameter the number of cases diminishing as the distance from the village Kafr Ageeba increases. It is probable, however, that the endemic area will be found to extend to districts further north and west when these are examined. Cases of oriental sore in Egypt have occurred singly from time to time since its first detection by FERGUSON and RICHARDS in 1920 so that the discovery of this heavily infected centre is very striking.

C. M. Weyon.

CAMIKOPETROS (J.) Nouvelles données épidémiologiques et expérimentales sur les leishmanioses en Grèce. [*Leishmaniasis in Greece. Epidemiological and Experimental.*—*Bull. Soc. Path. Exot.* 1934 May 9 Vol. 27 No. 5. pp. 443-450 With 3 figs.]

The author discusses the distribution of human and canine kala azar in Greece and is able to point out that of 46 human cases seen during the course of 1933 and the beginning of 1934 in Athens 18 were from Athens itself, the others having come from various parts of the country showing that the disease is widespread.

As regards the canine disease the author has seen 31 cases from Athens or the villages of Attica. Cases of the human and canine diseases have also been discovered in the Peloponnesus, Kalamata and the islands of Soetria and Syra. At the end of the paper the author states that he has produced a generalized infection in a *spermophilus* by the intrahepatic inoculation of leishmania obtained from a case of oriental sore originating in Athens and that this animal is susceptible to infection with the leucocytic haemogregarine (*Hepatosoon canis*) of the dog. He promises to give further details of these experiments in a future publication.

C. M. W.

CAMIKOPETROS (J.) Sur la faune des phlébotomes de la Grèce. Leur distribution dans les foyers de kala-azar. [*Phlebotomi of Greece in Relation to K.A. Foci.*—*Bull. Soc. Path. Exot.* 1934 May 9 Vol. 27 No. 5 pp. 450-455]

From collections of sandflies made from various parts of Greece the following five species have been found—*papatasi major* *tobbi* *sergenti*, *parroti*. The three first named species have been found in different parts of Greece in the houses and kennels. It is noted that it is not exceptional to capture *major* and *tobbi* in houses in the morning or some time before sunset contrary to the claim that these are exclusively nocturnal in habit.

C. M. W.

McCLURE (Robert B.) Some Public Health Measures applied to Kala Azar—*Chinese Med. J.* 1934 July Vol. 48 No. 7 pp. 659-662.

The author describes a system for the treatment of groups of kala azar cases in their own villages by technicians who are specially trained for this work. The treatment given is not free but on the basis of reduced fees for numbers treated at one time. It seems to the

author that this is a real public health measure for the treatment of the small number of cases which come to hospital from a triangular area measuring 90 by 100 by 60 miles does little if anything to check the spread of the disease. For details of the method and its cost reference must be made to the paper itself. C M W

RUIZ (Pedro Máximo) A proposito de tres casos de kala-azar infantil [Three Cases of Infantile K.A.]—*Medicina Paisas Calidos* Madrid 1934 Sept Vol. 7 No 9 pp 429-432

The three cases referred to are of interest in that the nature of the disease was not suspected till leishmania were discovered in the blood films. It is evident that when spleen puncture is not possible the examination of blood films either thick or thin may be carried out for diagnostic purposes. C M W

GILKS (John L.) [Discovery of a Case of Kala Azar from the Elgeyo Reserve.] [Correspondence.]—*East African Med J* 1934 June Vol. 11 No 3 pp 101-102

A note on a case of kala azar in Kenya appeared in the *East African Journal* (see this *Bulletin* Vol 31 p 660) where it was described as the first autochthonous case to be diagnosed in Kenya by discovery of leishmania by spleen puncture. The writer of the letter calls attention to the fact that two cases diagnosed by liver puncture had previously been reported.

Both were autochthonous cases the one in a European administrative officer who had been stationed on the northern frontier of the colony and the other in a Somali woman from the same district. The European officer was on his first tour in Kenya and apart from service in France during the war had never been out of England till he left for service in Kenya. The two cases were noted on p 86 of the Annual Medical Report for the year ending 31st December 1921 Colony and Protectorate of Kenya. C M W

SMITH (R O A) & LAI (Churanji) Peri-Anal Ulceration complicating Kala-Azar—*Indian Med Gaz* 1934 Sept Vol. 69 No 9 p 509

The patient was a Hindu male aged 25 years with a history of kala azar of 5 months duration. Shortly after his admission to hospital an ulcer at the side of the anus developed. It extended fairly rapidly round the anus and involved the gluteal folds on each side in spite of the fact that neostibosan treatment for the kala azar had been commenced. As no other cause for the ulceration than the leishmania infection could be found the neostibosan treatment was intensified, a full dose of 0.9 gm. being given every day. Within 48 hours there was improvement, pain being no longer complained of. By the time the temperature had become normal the ulcer was practically healed. Ten days later a bubo developed in the right groin. This was opened and discharged pus containing *Staphylococcus aureus*. The bubo healed rapidly. The only cause suggested for this unusual ulceration was debility due possibly to venereal disease.

A case of cancrum oris in a kala azar child had appeared to be due to scurvy for a combined treatment with krysolgan, a gold compound and plenty of vitamin C led to healing of the ulceration. the child

making a complete recovery. In a footnote it is pointed out that the routine treatment adopted by Dr NAPIER for cancrum oris is injections of kryolgan commencing with a dose of 0.0001 gm. together with some benign mouth wash. C M W

GIRAUD (P) & VIGNE (P) Lésions cutanées chez un enfant atteint de kala azar [Skin Lesions in a Child with K.A.]—*Bull. Soc. Path. Exot.* 1934 July 11 Vol. 27 No 7 pp 655-656.

The case reported was that of a 2½ year old child in Marseilles which was suffering from kala azar and had numerous small indolent ulcers distributed about the limbs, body and head. Though leishmania were found by spleen puncture none could be detected in scrapings from the sores. That these were due to the leishmania infection appeared probable, since with successful treatment of the general condition they healed in fifteen days. C M W

BRAHMACHARI (P N) Annular Type of Dermal Leishmanoid.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1934 Aug 4 Vol. 28. No 2 pp 205-206 With 2 plates

The case described is that of a patient who had kala azar in 1928, for which he was treated with urea stilbamine and apparently cured. Six months later skin lesions began to appear. These extended till at the time of writing there were very extensive lesions on various parts of the body. The peculiar feature of the lesions was their annular character. Section of the edge of one of the lesions showed thinning of the epidermis, absence of the papillary layer and replacement of the fibrous tissue by granulation tissue in which leishmania-laden cells occur. Two photographs show the lesions on the front of the body, arms and foot. C M W

GIRAUD (Paul) & POURSIRES (Y) Les altérations histologiques du rate et du foie dans le kala azar autochtone. (Étude de 12 cas personnels) [Histological Changes in Spleen and Liver in K.A. Twelve Cases.]—*Arch. Méd. Gén. et Colon.* 1934 Vol 3 No. 1 pp 21-40 With 5 figs

The detailed study of the spleen and liver from 12 cases of infantile kala azar has shown that as regards the histopathology several types can be recognized but that these may be regarded as stages in one pathological process. Though one part of the spleen may be more affected than another there appears to be in any one case a close parallel between the changes which have occurred in this organ and those found in the liver so much so that it is legitimate to speak of a hepatosplenitis of kala azar. Those interested in the subject of histopathology must consult the article in the original. C M W

BOUJLOLO (Luigi) Studi sulle leishmaniosi. Sulla anatomia patologica della leishmaniosi viscerale nell'uomo [Histopathology of K.A.]—*Arch. Ital. Sci. Med. Colon.* 1934 Aug 1 & Sept. 1 Vol 15 Nos. 8 & 9 pp 666-636 641-697 [3 pages of refs.] English summary (4 lines)

As a result of an autopsy on a case of infantile kala azar and the detailed study of the material obtained together with the examination

of spleen smears obtained for diagnostic purposes from another case and bone marrow smears made for the same reason from six others the author has described the histopathology of infantile kala azar reviewed and tabulated the conclusions of previous workers on the subject and generally discussed and compared his own with the findings of other investigators.

C M W

- i. NATTAN LARRIER (L.) & GRIMARD-RICHARD (L.) Diagnostic des infections leishmaniennes par la formol-stibosane réaction [Diagnosis of Leishmaniasis by the Formol-Stibosan Reaction.]—*C R Soc Biol* 1934 Vol 116 No 21 pp 492-494
- ii — NOUGUÈS (S) & GRIMARD-RICHARD (L.) Action de l'ultrafiltration sur certaines réactions des sérums leishmaniens. [Effect of Ultrafiltration on Reactions of Leishmanial Serums.]—*Ibid* No 22. pp 585-587
- iii — & GRIMARD-RICHARD (L.) Action de certains composés organiques d'antimoine sur les sérums leishmaniens. [Action of Organic Compounds of Antimony on Leishmanial Serums.]—*Ibid* No 23 pp 716-718
- iv — — & NOUGUÈS (S) Action de certains acides organiques sur les sérums leishmaniens [Action of Organic Acids on Leishmanial Serums.]—*Ibid* No 24 pp 802-805
- v — & — Diagnostic des infections leishmaniennes par l'acidogélification du sérum [Diagnosis of Leishmaniasis by Acid-Gelification of Serum.]—*Ibid* No 25 pp 920-922

i In testing the formol-gel reaction and the antimony test in kala azar the authors have found that more reliable results are given if the two methods are combined in what they call the formol-antimony test

To 0.5 cc. of suspected serum are added 4 drops of a 10 per cent solution of neostibosan followed immediately by 0.5 cc. of commercial formol. In positive cases in place of the general opacity produced by formol alone there are formed large flocculi which collect into a heavy precipitate reaching nearly to the top of the liquid in the tube. It is claimed that the test will give a positive result in most cases human and canine of kala azar

ii. In most cases the serum of subjects human or animal infected with *Leishmania donovani* is solidified and rendered opaque in a few minutes by the addition of formol at the rate of 0.5 cc. of formol to 1 cc. of serum (formol-gel reaction). It is known that in the case of syphilitic and some other sera the addition of formol produces a solidification or gelification without any loss of transparency or change in colour. It seemed possible that in the formol-gel test for kala azar two factors were involved the one producing gelification and the other change in colour. The authors accordingly submitted sera of infected dogs to ultrafiltration. The result was that the filtered sera retained the property of becoming opaque on the addition of formol while the gelification did not occur at all or only after a period of 18 hours. These results seem to indicate that the collodion membranes used removed the gelification factor either completely or to a large extent. It was noted that the property of kala azar serum of forming a heavy flocculation on the addition of formol and neostibosan together was affected by filtration only in that the flocculate appeared finer a result which suggests that the formol antimony reaction does not depend on the presence of two factors as does the formol reaction alone

iii. The authors have tested three organic antimony compounds of equal antimony content from the point of view of their capacity to replace urea stibamine or neostibosan in the antimony or formol-antimony reactions. It was found that one of these was partly satisfactory but none gave such clear results as the pentavalent compounds more usually employed. The one which gave a partial result was antimony thioarsicylate of sodium, a trivalent compound.

iv. The addition to the serum of a normal dog of formic, lactic or acetic acid leads in 24 hours to more or less complete gelification associated with opalescence. In the case of the sera of dogs with kala azar the gelification commences directly the reagent is added or after a delay of not more than 10 minutes, and is associated with opalescence which is more marked than that occurring in normal sera after 24 hours. It would seem that the action of formol in the formol-gel test is comparable with that of the acids mentioned.

v. It seemed possible that lactic, formic or acetic acid might replace formol in the formol-gel test for kala azar. As regards canine kala azar it was found that with lactic acid or formic acid the condition of the different sera was fairly uniform after the expiry of equal intervals of time and in this respect the results appeared more uniform than those given in the formol-gel test. It did not seem likely that the lactic acid test would be of value in the diagnosis of human kala azar as normal serum was too rapidly gelified. On the other hand the reaction with normal guinea-pig serum was less rapid than with that of the dog.

C M W

D'OELEWITZ (M.) & ROCHÈRE (A. D.) Nécessité d'une technique et d'une interprétation précises de la réaction de Chopra pour le diagnostic du kala-azar [Technique and Interpretation of Chopra's K.A. Reaction].—*Bull et Mém. Soc. Méd. Hôp. de Paris*. 1934 Oct 29 50th Year 3rd Ser No 26. pp. 1320-1321

In the antimony test for kala azar the authors find that if on to the surface of the serum to be tested in a narrow tube is gently poured the solution of urea stibamine there forms at the surface of contact of the two liquids in the case of kala azar sera a disc of a firm consistency which retains its place in the narrow tube but in a wider one sinks to the bottom without disintegrating. A false reaction may also show a disc which however forms more slowly and is less dense in that it breaks up spontaneously into flocculi which sink through the liquid. In other false reactions there is formed a mere trace of precipitate which is quickly dispersed through the serum. In the authors' experience the true reaction is given only by sera of kala azar cases.

C M W

AURICCHIO (L.) & CHIEFFI (A.) Una nuova sensibile e rapida siero-reazione per la diagnosi di leishmaniosi infantile. (Nota preventiva.) [A New Sero-Reaction for the Diagnosis of K.A.]—*Pediatrics*. 1934 Aug 1 Vol. 42 No 8 pp. 915-920 With 3 figs. English summary (4 lines)

The authors have found that the addition of 1 cc. of a 1 in 600 solution of peptonate of iron (that employed by them was Merck's, containing 5 per cent.  $\text{Fe}_2\text{O}_3$ ) to 0.2 cc. of kala azar serum gives after

10 to 40 minutes incubation at 37°C an opalescence which increases in intensity. It is stated that this reaction is specific and may be used as a diagnostic procedure.

C M W

CHUNG (Huei Lan) Flagellation of *Leishmania donovani* in Blood from Normal and Infected Hamsters.—*Proc Soc Experim Biol & Med* 1934 June Vol 31 No 9 pp 1259-1260

If a small portion of infected spleen from a kala azar hamster is ground up with heart blood from the same or a healthy animal and hanging drop preparations are made from the material it will be found that at a temperature of 20 C or 22°C. flagellates will develop from the leishmania. In spite of the fact that no growth occurred at 37 C the author suggests that the result indicates the possibility of leishmania flagellating in the mammalian host

C M W

NATTAN LARRIER (L.) & GRIMARD-RICHARD (L.) Culture des leishmania sur le milieu N.N.N mouillé [Culture of *Leishmania* on Wetted N.N.N Medium.]—*Bull Soc Path Exot* 1934 July 11 Vol 27 No 7 pp 656-658

In order to increase the water of condensation in N.N.N medium for the culture of leishmania the authors have found that after the first incubation of the freshly prepared medium at 38°C for 24 hours 2 cc. of 0.9 per cent sodium chloride solution can be added to each tube. The tubes are allowed to remain at 38°C in the sloped position for a further 24 hours. This medium has given a good growth of leishmania. Furthermore it has been found that after growth has proceeded for some time in one of these tubes it is possible to remove the liquid and replace it by fresh saline solution. The tube is incubated at 38°C for 8 to 24 hours in the sloped position after which growth of the leishmania will recommence in the saline which has taken up sufficient haemoglobin from the solid part of the medium. The short exposure to 38°C has not destroyed all the flagellates left in the tube. It is possible that the process might be repeated a number of times

C M W

ADLER (S) Culture of *Leishmanias* and Other Trypanosomidae in Haemoglobin-free Media.—*Trans Roy Soc Trop Med & Hyg* 1934 Aug 4 Vol. 28 No 2 pp 201-204

In view of the statements which have been made by LWOFF M & A. (1933 1934) and others that *Leptomonas denocephali* and *Strigomonas fasciculata* will not grow in haemoglobin free media and that a concentration of 1 500 defibrinated rabbit blood is essential for continued culture of the former the author points out that he has for many years cultivated various leishmania and trypanosomes in media in which the blood is replaced by rabbit serum (Locke-serum agar) where only unavoidable traces of blood (often less than 1 5000) are present

C M W



IGLESIAS (Democrates) Leishmaniosis canina natural en Fregeneda (Salamanca) [Canine K.A. in Salamanca.]—*Medicina Veterinaria* Madrid. 1934 Aug Vol. 7 No. 8 pp 370-374 [22 refs.]

The author discusses the formol-gel test for the diagnosis of canine kala azar. The application of the test to 10 dogs in Salamanca showed that these had a positive reaction. The dog giving the most marked reaction was destroyed and found to have a heavy leishmania infection.

C M W

GIRAUD (Paul) & CLAUDE (P) Absence de transmission héréditaire des caractères sérologiques de la leishmaniose interne chez le chien. [Serological Characters of Canine K.A. not transmitted Hereditarily]—*C R Soc Biol* 1934 Vol. 118 No 20 pp 433-435

A female dog was infected with kala azar by intraperitoneal injection of spleen material from another dog. Six months later after infection had been proved to have occurred, a litter of 10 young ones was born. The formol-gel and antimony reactions which had been negative before the inoculation became positive while the albumin globulin ratio which had been 2.25 before inoculation became 0.63 a few days before the birth of the six young ones. The serum of six of these was pooled and it was found that the formol-gel and antimony reactions were negative. On the other hand the albumin-globulin ratio was 0.71. Careful examination of the organs of the six young dogs failed to reveal any leishmania infection. The authors do not regard the inversion of the albumin-globulin ratio as in any way specific for kala azar as are the other two reactions.

C M W

CAMINOPELOS (J) Lésions cutanées du chien, revêtant les caractères du bouton d'Orient [Oriental Sore-like Lesions in K.A. Dogs.]—*Bull Soc Path Exot* 1934 June 13 Vol 27 No 6 pp 527-534 With 5 figs.

Attention is called to the existence in Greece of cutaneous lesions in dogs resembling oriental sore. From these leishmania can be obtained but as has previously been noted by other observers, these lesions are merely manifestations of a generalized kala azar and are not oriental sores. The paper gives photographs of the skin lesions on three kala azar dogs.

C M W

SMITH (R. O. A.) KRISHNAN (K. V.) & MUKERJI (S.) Identification of Larvae of the Genus *Phlebotomus*—*Indian J Med Res* 1934 Apr Vol. 21 No 4 pp 661-667 With 2 plates.

The authors have compared the external anatomy of the larvae of *Phlebotomus argentipes*, *papalasi* and *mushtui* (in the broad sense of the word). They find differential characters in all parts of the larva's body the characters are in the chaetotaxy and are fully illustrated. Larvae of *Phlebotomus* can now be found in nature by washing soil and debris through a series of graded sieves. The authors are able to identify those of *P. argentipes* and in this way define its natural breeding places.

P A Buxton.

KHALIL (M) *Dermal Leishmaniasis. A Study of an Endemic Focus in Egypt.*—*Arch f Schiff's u Trop Hyg* 1934 Oct Vol 33 No 10 pp 417-433 With 11 text figs. [43 refs]

This paper describes the endemic centre of oriental sore which was discovered in the Zagazig area about 30 to 40 miles north-east of Cairo. It has been referred to more briefly in another paper.

The subject is discussed from the epidemiological and endemiological aspects and it is concluded that as no particular age group is more susceptible than another the disease is of recent introduction. From the point of view of immunity it does not appear that this is absolute after one attack, for a number of people showing scars of old sores had become reinfected. It was also apparent that individuals with active sores were less liable to show malarial parasites in the blood than those without them. With reference to treatment many forms have been tried with unsatisfactory results. Surgical methods such as thermo-cauterization diathermy and excision were more reliable when they were applicable. Sandflies, chiefly *Phlebotomus papatasi* were plentiful in the area. The endemic area lies on the camel route from Palestine and the disease has been traced all along this route from Salhia to Zagazig. Kantara also on the route was found by KLIGLER to be infected in 1923.

C M W

ROBERTS (F W) *Cutaneous Leishmaniasis. Report of Two Cases.*—*Arch Dermal & Syph* 1934 Sept Vol 30 No 3 pp 401-408 With 4 figs [20 refs]

In both the cases reported the disease diagnosed by discovery of *Leishmania tropica* was contracted in the Eastern Mediterranean though in the first case in an Armenian youth aged 16 the first sign of the lesion was noticed on the front of the leg three months after arrival in the U.S.A. In the second case in a girl the disease had commenced in Palestine and was peculiar in that it finally took the form of a granulating area as large as the hand and situated behind the left shoulder. On one edge of this area was a long curved extending ulcer. A cure was effected by excision of the whole area by electrocautery followed by skin grafting.

C M W

DOSTROVSKY (A) *Leishmania Recidiva of the Skin.*—*Harefuah* 1934 May-June Vol 8 No 3 [In Hebrew pp 118-124 With 1 text fig & 4 figs on 1 plate English summary pp 1-2.]

In reporting on cases of oriental sore in Palestine the author calls attention to the chronicity of the disease which is marked in some cases one having been under observation for 6 years. The chronic lesions tend to heal at the centre and to extend slowly at the periphery where small nodules are formed on the skin surrounding the sore. These nodules in some cases form complete circles round the sore. Gradually the margin of the sore extends to absorb the nodules which generally occur in asthenic and poorly nourished subjects and in those who have received inadequate treatment. The possibility of tuberculosis of the skin or tertiary lues was considered but there was no evidence of this. The author says that the vaccine reaction and positive leishmania culture carried out by ADLER suggest a special type of leishmania which may be called *Leishmania recidiva*. [The suggestion of a new

name for the parasite is perhaps unfortunate, as there is no evidence that the parasite is not *L. tropica*. Perhaps the author was naming the skin condition and had intended writing *Leishmaniasis recidiva*.]

C. M. W.

RABELLO Jr. Structure histologique et allergie dans la leishmaniose américaine. [Histology and Allergy in American Leishmaniasis.]—*C. R. Soc. Biol.* 1934 Vol. 117 No. 29 pp. 210-212.

The characteristic structure of the skin lesion of S. American leishmaniasis is that of an inflammatory granuloma infiltrated with epithelioid cells and a certain number of giant cells. The examination of 62 of these cases at Rio de Janeiro between 1926 and 1934 has shown that it is only in the early months of an infection that the characteristic structure is seen.

In cases of about 6 months duration about half show the specific structure and the other half that of a simple granuloma. The longer the duration of the disease the fewer are the cases with the characteristic histological structure. In this connexion it is recalled that Buss pointed out that leishmania could only be found in about half the cases. The specific lesion is not clearly defined in infections of the mucous membranes. The author considers the change in character of the lesions a protective reaction which occurs to a higher degree in the mucous membranes than in the skin hence the fact that the skin lesions are much more common than those of the mucosae.

C. M. W.

FOX (Howard). American Leishmaniasis. Further Observations.—*Arch. Dermat. & Syph.* 1934 Aug. Vol. 30 No. 2 pp. 241-242.

The article is mainly written as a protest against the use of the word "espundia" in American text books instead of the more general term "muco-cutaneous leishmaniasis" of which "espundia" is merely the local Peruvian and Bolivian name. The author says it would be just as inconsistent to speak of scabies as Hongkong itch.

C. M. W.

PARROT (L.). The Natural Transmission of Mediterranean Leishmaniasis.—*Quart. Bull. Health Organization, League of Nations*, Geneva, 1934, June Vol. 3 No. 2 pp. 202-219 [89 refs.]

This is a general discussion of the possible methods of transmission of oriental sore and kala azar in the Mediterranean area. The author summarizes the available data and concludes that sandfly transmission is the most reasonable explanation of the distribution of these diseases.

C. M. W.

BOGHILOLO (Luigi). Studi sulle leishmaniosi. II. Le così dette "riserve del virus leishmaniosico" [The so-called Reservoirs of Leishmanial Virus].—*Ann. di Med. Nov. e Colon.* 1934 Sept.-Oct. 40th Year. Vol. 2 No. 3-4 pp. 534-549. [42 refs.] English summary.

After a lengthy discussion of the possible relationship of leptomacods of lizards, insects and euphorbias to kala azar and oriental sore, which are endemic in Apulia where the author works, he informs his readers that an examination of the local plants of the group referred to has given only negative results as regards the presence of flagellates.

C. M. W.

BROQUET (C.) Questions concernant la leishmaniose viscérale dans le bassin méditerranéen [Mediterranean K.A.]—*Bull Office Internat d'Hyg Publique* 1934 May Vol. 28 No 5 pp 893-903

This article concerns chiefly discussions on Mediterranean kala azar which took place at the International Congress of Mediterranean Hygiene at Marseilles in 1932, and gives no new information C M W

GRECO (Zaira) Prime osservazioni statistiche e considerazioni generali sulla leishmaniosi viscerale studiata in Puglia (K.A. in Apulia.)—*Ann di Med Nav e Colon* 1934 July-Aug 40th Year Vol. 2, No 1-2. pp 406-430 [47 refs.]

The paper is a detailed analysis of the data relating to 49 cases of infantile kala azar observed between 1920 and 1933 in the district of Apulia in Southern Italy C M W

GRECO (Zaira) Il primo caso di leishmaniosi viscerale infantile con pigmentazione cutanea nel bacino del Mediterraneo (vero kala Azar) [Case of Infantile K.A. with Skin Pigmentation in the Mediterranean Basin.]—*Arch Ital Sci Med Colon* 1934 July 1 Vol. 15 No 7 pp 518-528 [12 refs.] English summary (4 lines)

The case of infantile kala azar discussed in the paper was in a child aged 25 months, of Southern Italy. In the author's opinion the definite pigmentation of the skin which was such a marked feature of the case serves to link the Indian and Mediterranean diseases C M W

KOSTAREVA (E.) Kala-Azar at Agdashski District of Armenia.—*Rev Microbiol Epidemiol et Parasit* 1933 Vol. 12. No 4 [In Russian pp 299-300 English summary p 301]

It is recorded that at Agdash in Armenia during 1929-1931 the author diagnosed by spleen puncture 30 cases of kala azar chiefly but not exclusively in children. Instances of dermal leishmaniasis were also observed. C M W

YEH (Albert C H) & CHUNG (Huei Lan) Cultivation of *Leishmania donovani* in Media of Embryonic Chick Tissues.—*Proc Soc Experim Biol & Med* 1934 June Vol. 31 No 9 pp 1258-1259

It has been found that in sterile chick tissues in Tyrode's solution leishmania will multiply as the flagellate form at 20°C. No growth occurred at 37°C. C M W

SARNELLI (Tommaso) Sul primo caso di leishmaniosi cutanea (bottone d'Oriente) autoctono dell'Italia centrale. (Seconda memoria.) [First Case of Oriental Sore from Central Italy]—*Arch Ital Sci Med Colon* 1934 Sept. 1 Vol. 15 No. 9 pp 698-705 With 4 figs. English summary (6 lines)

The case reported in this paper had been previously described by the author as probably the first case from Central Italy Abruzzo. The lesion on the right eyelid cleared up under treatment with neostibosan. C M W

- PELLI (Gino) & BENIGNETTI (Diego). Leishmaniosi cutanea autoctona nella provincia di Pesaro-Urbino. [Oriental Sore in the Province of Pesaro-Urbino.]—*Giorn. Ital. di Malat. Esot. e Trop.* 1934. May 31. Vol. 7 No. 5 pp. 118-119-122, 125-128. With 12 figs. [14 refs.]

A description of 5 cases of oriental sore from the Province of Pesaro on the Adriatic coast of Italy. The disease appears to be endemic in this area.

C M W

- ROXCONI (Luigi). La röntgenterapia nella leishmaniosi cutanea. [X-Ray Treatment of Oriental Sore.]—*Policlinico Sez. Prat.* 1934. Sept. 24. Vol. 41 No. 38. pp. 1480-1482.

The author describes the treatment of 2 cases of oriental sore by exposure to X-rays with very satisfactory result.

C M W

- DE ALDA CALLEJA (Martin). Dos historias clínicas. Kala-azar y fiebre recurrente.—*Medicina Paises Calidos* Madrid. 1934 Aug. Vol. 7 No. 8. pp. 375-379. With 1 chart.

- DE BONA (Giuseppe). Contributo allo studio dell'antimonio e dei suoi composti in alcune affezioni tropicali. (Kala-azar—Granuloma ulcerativo venereo—Balharrosi.)—*Arch. Ital. Sci. Med. Colon.* 1934 Aug. 1. Vol. 15 No. 8. pp. 571-576. English summary (4 lines).

- BUTO (T) & YAMAMOTO (Y). Case of Kala-Azar found in a Native Child born in Nte-Chiang, Manchoukoo.—*Jl. Oriental Med.* 1934 July. Vol. 21 No. 1. [In Japanese pp. 151-156. With 1 text fig. & 3 figs. on 1 plate. [14 refs.] English summary p. 12.]

- MONTAÑÉS (P) & NEGRO (E.). Dos casos de botón de Oriente en la Región Valenciana.—*Trabajos del Sanatorio Nacional de Fiebriles.* 1932-1933 Vol. 1 pp. 47-51.

## MALARIA

COVELL (G.) & BAILY (J. D.) Malaria in Sind. Part IX. Malaria in Sukkur District. Part X. Malaria in Dadu District. Part XI. Malaria in Larkana District.—*Records of the Malaria Survey of India* 1934 June Vol. 4 No. 2. pp 119-143 145-164 165-191 [20 refs]

Part IX The subsoil water has been rising for some years and will cause an increase of malaria

The Sukkur District is traversed by the Indus which passes through a gorge at Sukkur city The Lloyd Barrage has been constructed at a point 3 miles below the gorge A large part of the district consists of sandy desert the rest is fertile alluvial plain The average rainfall is 2 to 3 inches a year A considerable part of the district is irrigated by canals coming from the Indus above the Lloyd Barrage Epidemics of malaria occur about every 10 years the last in 1929 These epidemic years are characterized by excessive monsoon rainfall The spleen rates prior to the 1929 epidemic were 5 to 10 per cent in areas under dry crop cultivation 28 to 30 per cent in areas under date palm cultivation (where anopheles breed in the pits full of water which are dug round the bases of the trees) 25 to 30 per cent. in the area between the Indus and the flood-restriction embankments which is subject to annual flooding Surveys made 8 to 10 months after the epidemic showed that the spleen rate was raised everywhere to 80 or 90 per cent In one sub-district there has been a considerable rise in the subsoil water since 1924 this is attributed to increased rice cultivation A continuance of the present conditions will certainly lead to an increase of malaria in this area

Part X—The new Lloyd Barrage scheme may cause an increase of malaria.

Part of Dadu consists of hilly country and part consists of a rich alluvial plain which lies between the hills and the Indus The Manchar Lake lies in this plain The whole of the drainage of the Lloyd Barrage scheme on the right bank of the Indus will be directed into this lake which is connected with the Indus by the Aral river The population is about 337 000 The incidence of malaria in the foothills is very slight in striking contrast to conditions in other foothill regions and is attributed to the absence of such mosquitoes as *A. fluviatilis* (listoni), *A. maculatus* and *A. minimus* The Lloyd Barrage scheme will increase the rice-growing area by 200 000 acres this may cause a rise in the subsoil water followed by water logging and an increase in malaria.

Part XI—The Lloyd Barrage Scheme apparently caused an increase of malaria in Larkana.

The climate is very severe. The maximum temperature in July is generally above 110°F and the minimum not below 80 The ubiquitous canals and general submergence add moisture to the heat. The mean rainfall is only about 3 inches The major part of the great rice tract of Sind lies in this district and it is irrigated, under the Lloyd barrage scheme by the Central Rice Canal and its branches The rice tract of Sind is a hyperendemic area with spleen rates ranging from 40 to 70 per cent These figures were raised about 20 per cent by the

1929 epidemic and, in some villages they have not returned to the pre-endemic level. The barrage scheme came into operation in 1932, and it was followed by an increase of malaria which was probably caused by it. Whether this increase is permanent or not will depend upon the provision of efficient drainage.

W. Flecker

SWEET (W. C.) & RAO (B. A.) Notes on Malaria in Mysore State. Part V. The Control of Anopheline Breeding in Bangalore City and its Cost in Mysore State.—*Records of the Malaria Survey of India*. 1934. June. Vol. 4. No. 2. pp. 85-110. With 5 graphs.

There is not very much malaria in Bangalore. It has been dealt with by Paris green and Gambusia.

Bangalore is about 3,000 feet above sea level. It has a population of 172,000. The average maximum temperature is 85°F and the average minimum 65°F. It is divided into two separate municipalities, the Civil and Military Station and the City. The spleen rate for the entire city was 23.2 in 1927, since when there has been a continuous decline with a sharp drop between 1930 and 1931. In 1933 it was only 1.3. The parasite rate for the entire city for the years 1931-'32, '33 was 3.8 and nearly all the infections were benign tertian. *A. culicifacies* breeds in the city tanks, and *A. stephensi* breeds in the wells. The latter mosquito was found in 80 per cent. of the house wells. The condition of the city's water supply precluded the closing of the wells. One of the authors brought a few *Gambusia affinis* from Italy in 1928. Nearly all of them died but after they had been taken from the fountain in which they were originally placed and distributed in ponds and wells they became acclimatized and increased to such an extent that millions are available and consignments have been shipped to various parts of India. Some of the wells have been dealt with by introducing *Gambusia* and others by applying 2 per cent. Paris green. Tests for arsenic were positive only immediately after the application of Paris green. None was found in the water or in the deposits from wells which had been treated weekly for over a year. The Paris green treatment was the more successful, but the *Gambusia* method was cheaper and it has been adopted. The wells are restocked every 3 or 4 months. Malaria control was begun in January 1930 and was followed by a sharp drop in the spleen rate which has been maintained since. There was also a great reduction in the numbers of anophelines caught at the catching stations.

W. F.

SWEET (W. C.) Notes on Malaria in Mysore State. Part VI. Haemoglobin and Malaria.—*Records of the Malaria Survey of India*. 1934. June. Vol. 4. No. 2. pp. 111-117. With 1 graph.

The average haemoglobin for males was 72.2 and for females 70.9 per cent. People with malaria parasites in the blood had an average haemoglobin of 69.2. Those without parasites averaged 71.8. In one village, the average haemoglobin was 67.7 before control was begun, and 77.7 three years after. "The increases and decreases in average haemoglobins were statistically significant but there was no way of judging what this might mean for the general health of the people concerned. Talkquist's method was used."

W. F.

WINTER (H G) *Malaria Control in Bengal.*—*Jl Roy Army Med Corps* 1934 Oct Vol 63 No 4 pp 238-246

The author shows how the development of the Ganges Delta has increased malaria.

Antimalaria work, in the past was largely left to local authorities but at the end of 1930 the Army Department of the Government of India recommended the formation of Anti Malaria Co-operative Committees to co-ordinate the numerous schemes and the Government of Bengal is now instituting these co-operative committees throughout the Province. In addition to the official organization, there are voluntary societies such as the Central Co-operative Anti Malaria Society Ltd. There are over 2,000 of these voluntary societies in Bengal and the number is growing. Funds are obtained by donations and by loans from the Government. They are administered by the villagers and most of the labour is voluntary.

The malaria of the Delta of the Ganges is largely man made. Nature's method of land-reclamation is for the rivers in the flood season bringing up large quantities of silt to overflow into low lying marsh areas where the silt is deposited thus raising the land level. Later this flood water re-enters the rivers and the greater volume increasing the velocity of flow scours out and deepens the river bed. Population has concentrated along the rivers which are the natural traffic arteries and as the land is low-lying the roads and railways have been built on embankments. This has interfered with natural drainage. Man's attempts at land reclamation have been by the embankment system which consists of raising the banks of the rivers to prevent them overflowing into the marsh-areas and providing sluice-gates in these embankments to drain the water off such land when the rivers are at their lowest. The evil effects of this method of reclamation have been (a) decrease in the volume of water in the rivers and consequent lessened velocity thus causing silting up and obstruction to navigation and eventually complete stoppage of flow (b) the stoppage of the natural land raising process by silt (c) the loss of fertility of the ground owing to absence of the manurial value of natural river silt (d) obstruction to natural drainage (e) the causation of malaria by the formation of pools in the low lying reclaimed areas. Wherever villages have sprung up earth has been needed for raising the land round the huts and clay has been required for making bricks. Bricks are used not only for houses, but also for building roads. To obtain earth and clay holes have been dug and consequently the whole country is dotted with the lakes known as tanks. These tanks are usually the only water supply for washing bathing and drinking in many cases they are choked with weeds and form ideal mosquito breeding grounds.

The main sewage and storm water outlet for the city of Calcutta is the Bidyadhari River. Owing to the expansion of the city and the effect of previous land reclamation schemes this river has rapidly silted up and consequently Calcutta is constantly being flooded during the monsoon. The salt lakes to the east of the city are the result of the silting of the rivers and in this brackish water *A. ludlowi* breeds and is constantly spreading nearer and nearer to Calcutta.

The Chief Engineer to the Department of Public Health, Mr F C GRIFITHS has evolved a plan for dealing with the problem by restoring the natural drainage of the land and improving the rivers. Dr S N



SUR, Malariologist to the Government of Bengal, has made an attempt to sterilize the population by mass treatment with quinine and plasmo-quinol up to date the results have been encouraging W F

MILNE (J Couitts) Observations on Malaria in Taiping.—*Malayan Med J* 1934 June. Vol. 9 No. 2. pp 31-39 With 3 charts. [11 refs.]

There appears to be no correlation between meteorological conditions and the malaria curve in Taiping.

The average annual rainfall in Taiping is 168 inches. The incidence of malaria and rainfall is not correlated. There is little variation in relative humidity or temperature throughout the year. The monthly incidence of malaria, over a period of 6 years shows an increase in May and June which is associated with an increase in *A. maculatus*—the maculatus wave of WATSON. There is a second small increase of malaria in October possibly due to protracted incubation of infections acquired during the first period. Subtertian malaria causes more severe symptoms than benign tertian and consequently subtertian malaria is commoner in the hospitals of the Malay States. In 1932 out of 11 787 patients, 65.5 per cent. were subtertian and 27.08 per cent. benign tertian. Outside the hospitals, the incidence of the two types is almost equal. quartan is rare. The benign tertian curve has its maximum rise in September W F

HELFFERICH (W M G) Merkwaaardige uitkomsten van een malaria-onderzoek in de Onderafdeeling Dairlanden (Residentie Tapanoei) [Results of a Malaria Investigation in the Dairlands Subdivision].—*Geneesk Tijdschr v Nederl Indië* 1934 Oct. 23 Vol. 74 No. 22. pp 1438-1446

The chief result of this investigation in Sumatra was the unusual finding that the parasite index was often much higher than the spleen index and that this condition was a permanent one.

It is only in recent years that the Dairlands district has been easily accessible. The climate is a typical hill climate (altitude of 700-1,200 metres) with wide variation of day and night temperature and a heavy rainfall (3 000 mm.) Malaria is rife and appears to be a true chronic endemic malaria without any seasonal prevalence. An example of its prevalence is furnished from the garrison of the capital—58 cases in 1933 for an average strength of 58.38 cases in women and children with average strength of 83 and 9 cases among prisoners with average strength of 9. In type the malaria was benign, mainly tertian, with only one or two days fever and little effect upon health. The carrier was probably a roophile type or at least an out-of-doors mosquito. Thus although an energetic search was made at evening the results were always disappointing and only 43 were caught in houses of which 29 were *A. maculatus*. On the contrary the catch in cow and buffalo stables was 842 for the same period of time and in this number were included 490 *A. maculatus* and 251 *A. fuliginosus typicus*. On several occasions parasite and spleen indices were taken and the blood smears examined at the official laboratory. These gave a low spleen index with a high, often much higher parasite index. In the later examinations all age groups were represented, small children, school

children and adults. The general result differed then from that propounded for a chronic endemic malaria by SCHÜFFNER and SWELLEN GREBEL, which should show a high spleen index in all age groups and a much lower parasite index becoming steadily lower from the child to the adult. In the present case no parasite immunity with age can be invoked because the condition was identical in children and adults. It seems to the author that the condition in the area under investigation must point to a low virulence of the malaria parasite and a tendency to commensalism while these features again may be associated with height above sea level. The possibility of a strain resistant to medication may also be taken into consideration. W F Harvey

- RUSSELL (Paul F) *Malaria and Culicidae in the Philippine Islands History and Critical Bibliography, 1898 to 1933—Philippine Is Dept of Agric & Commerce Manila Tech Bull No 1 1934 June 23 115 pp With 3 text figs & 8 plates (2 maps)*  
 ——— *A Neglected Early Reference to the Malaria Vector in the Philippines.—Amer J Trop Med 1934 July Vol 14 No 4 pp 339-342. [10 refs]*

Malaria cannot be reduced without anti-larval control. Most of the facts given in this compilation have already been published in articles which have been summarized in this *Bulletin*.

The paper was prepared as a part of the program of Malaria Investigations Bureau of Science Manila of which the author is chief and which is jointly supported by the Bureau and by the International Health Division of the Rockefeller Foundation. The study is limited to the years 1898-1933 which constitute the American epoch in the islands. Up to that time research studies in tropical medicine had been practically nonexistent; microscopes were rare and nothing was known about the mosquitoes. It appears that malaria was indigenous when Magellan came in 1521 but that it was rarely as deadly as in Java or the Malay Peninsula. From 1898 until 1903 the admission rates for malaria among American white troops were between 450 and 750 per mille; from 1904 to 1908 they were between 200 and 300; from 1909 to 1913 they were between 88 and 186; from 1924 to 1928 they were between 13 and 32. Improved mosquito nets and the strictness with which their use was enforced appear to have been important factors in this reduction of malaria in the army. From Lippincott first to advocate nets as a protection against malaria, and Whitmore first to incriminate the stream breeding anopheles to the present excellent malaria-control programme at Fort Stotzenburg the Army's record has been one of outstanding achievement. WHITMORE in 1904 found 30 per cent of the stream breeding *Alyzomyia funesta* (? *minimus*) infected with malaria. Before this it was supposed that all malaria-carrying anopheles bred in swamps. MANALANG considers that the local *minimus* is identical with *A. funestus* but according to KING the *funestus-minimus* subgroup of the Philippines is made up of (1) *A. filipinae* Manalang 1930 (2) *A. mangywinis* Banks 1906 (3) *A. minimus* Ludlow.

In 1913 arrangements were made for the sale of quinine at a very low rate; it was also distributed free of charge but in 1915 after millions of tablets had been distributed, the Health Service reported that it had been a failure. MANALANG however still advocates quinization or better still the use of plasmoquine compounds.

because he considers Paris green ineffective. The author does not agree with this opinion, "all available evidence indicates that drug control of malaria is as impossible from a practical standpoint in the Philippines as elsewhere. Moreover it is very expensive, not only in the cost of drugs but also in salaries of those who must distribute it dose by dose.

But in many places throughout the Islands, Paris green control is thoroughly feasible. In Calauan between 1924 and 1926

the reduction in hospital costs alone was ten times greater than the actual cost of malaria control by Paris green. Mosquito nets therapeutic drugs (that is quinine chinoplasmun, and atabrine), and an attack on the larvae of the *funestus-minimus* subgroup will gradually subdue this disease in the Philippines. There is no evidence that without larval control malaria rates can be lowered much below their present level in these Islands. Paris green is the cheapest and most effective larvicide. The following insecticide spray has been found most useful mix together and shake frequently 60 grams of fresh powdered pyrethrum and 120 cc. of chloroform filter through a Buchner funnel and add 1 000 cc. kerosene to the filtrate. "There is no evidence at all that bats, larvivorous fish, clover *Chara*, or cannibalistic larvae have had or could have any virtue in the control of malaria in the Philippines." Keys for the identification of the adults and larvae of the Philippine anopheles are published with this paper in the form of two large charts.

IV F

LAUREL (Alberto G) Feeding Activities of Some Philippine Anopheles.

—Reprinted from *Rev Filipina Med y Farmacia*. 1934 July Vol 25 No 7 pp 286-297 [34 refs.]

The results of precipitin tests performed on Philippine anopheles.

*A. minimus* enters houses to feed, but never remains there during the day. The author does not think that there are separate anthropophiles and zoophilous strains of *A. minimus*. "More likely our *minimus* consists of a mixed strain, and while it is generally inclined to feed on man it will also feed on animals when accessible. *A. maculatus* feeds chiefly on animals of 338 caught during the daytime 4 were positive for human blood and 241 for cattle blood (see EJERCITO below). Examinations of fresh-water breeding *ludlowi* showed positive reactions for cattle blood, but not for human. Salt water *ludlowi* on the other hand, showed avidity for human blood, but they do not transmit malaria in the Philippines.

IV F

EJERCITO (Antonio) *Anopheles maculatus* Theobald, Another Malaria Vector in the Philippines.—*Jl Philippine Islands Med Assoc*. 1934 Sept Vol 14 No 9 pp. 342-348

*A. maculatus* in the Philippines, is zoophilous, and unimportant in comparison with *A. minimus*. (See LAUREL above.)

*A. maculatus* is not so widely distributed in the Philippines as *A. minimus*. In some places where precipitin tests were made, it was found that over 88 per cent of the *A. maculatus* had fed on cow's blood and only about 2 per cent. on human blood. At Baguio, 4,300 feet above sea level, *A. maculatus* is plentiful but there is no malarial transmission. The natural infection rate of *A. maculatus* is 0.3 per cent. The experimental infection rate is 5.28 per cent. It is much less important than *A. minimus* as a transmitter of malaria in the Philippines.

IV F

ROBERTSON (R. C.) & HU (Stephen M. K.) with Illustrations by R. V. DENT Mosquito Control. An Entomological Field Research Station for Mosquito Study in the Shanghai District.—Reprinted from *China JI* 1934 June Vol. 20 No 6 pp 344-356 With 1 map 16 figs on 8 plates & 1 diagram

This is an account of the work done at the Kaochiau Field Laboratory written for the general public of Shanghai

The object of this paper is to place the main facts regarding the prevalence of disease-carrying mosquitoes in the Shanghai area before the general public. Is the risk of contracting malaria serious in Shanghai or not? A field laboratory was established at Kaochiau in the spring of 1933 as a branch of the Entomological Research of the Henry Lester Institute and the greater part of this paper consists of a description of the work which is done there. It is illustrated by excellent photographs of the resting places of adult mosquitoes and of the methods of catching them. *A. hyrcanus* Pallas var *sincensis* Wiedemann was the only anopheline found

W F

PARSA (Seyfolah) Contribution à l'étude du paludisme en Perse. [Malaria in Persia.]—44 pp [38 refs] 1933 Paris Les Éditions Vêga 43 rue Madame.

Malaria is widespread in Persia, but no organized attempt to control it has ever been undertaken

After the capture of Khoram Abad in Luristan from the insurgents, epidemics of disease especially malaria were so severe that military undertakings were held up for a period of six months. The surrounding country was peopled by nomads living on the verge of starvation in conditions of filth and squalor. The town itself was grossly insanitary and was little more than a heap of ruins owing to the frequent attacks of tribesmen bent on loot. The measures undertaken were the treatment of the sick both civil and military and quinine prophylaxis. In addition the government made a road connecting two important centres which passed through Khuram Abad. The making of this road gave work to the nomad tribes and efforts are being made to induce them to abandon their wandering life and to settle on the land bordering this road where they can be looked after and lead a more sanitary life

W F

COLLIGNON (E.) Observations sur la lutte antipaludique en 1933 dans le département d'Alger [Anti-Malaria Work in Algeria, 1933.]—*Arch Inst Pasteur d'Algérie* 1934 June Vol 12 No 2 pp 209-228 With 14 figs. on 7 plates.

AMBIALET (R.) Observations générales sur la campagne antipaludique de 1933 dans le département de Constantine.—*Ibid* pp 227-246 With 2 graphs & 10 figs on 5 plates

GOUGET (R.) La campagne antipaludique de 1933 dans le département d'Oran.—*Ibid* pp 247-254 With 6 figs. on 3 plates

Quinine appears to be the main weapon in prevention

The principal anophelines of Algeria are *A. maculipennis*, *A. marleri* and *A. hispaniola*. *A. maculipennis* breeds in pools found in river beds in irrigation channels, ditches and casual collections of water. It is the anopheline of the plains and alluvial valleys. The water

in which it breeds is sweet or slightly salt lying on a muddy bottom, stagnant or slowly moving, and with abundant vegetation. Breeding is at its height in spring. This anopheline is the most important vector in the country. *A. macreri* is found in clear water without vegetation, in the pools of mountain streams with rocky or sandy bottoms. The streams dry up in May and this species disappears. *A. hispaniola* breeds in the summer in the streams of upland valleys containing green algae. It does not appear to be important as a vector of malaria. Anti-malaria work has been based upon the quinine prophylaxis of native children and anti-larval operations. All native children under the age of 15 are given quinine from the beginning of May until the end of November. The younger ones are given capsules, chocolate covered pills, or aristoquine (tasteless carbonic ester of quinine). The drug is well taken and, in very malarious villages it produces an extraordinary change in the appearance of the children in the course of a few weeks. The parents are most grateful to the doctors. The quinine does not get rid of the infection, but it does get rid of the danger. It saves the lives of the children until they reach a condition of premunition, which is the goal to be aimed at with natives in a malarious country. The antilarval measures which were on a 2 kilometre radius round settlements consisted of drainage clearing offing and the introduction of gambusia.

W F

VAN NITSEK (R.) Les indices endémiques palustres à Panda. [Malaria Endemic Index at Panda, Katanga].—*Bull. Méd. de Katanga* 1933 Vol. 10 No 5 pp. 127 129 131 133 135 137

An example of high endemicity with very little illness from malaria. The parasitic index reaches its highest point, 90 per cent., in children between 3 and 4 years of age. The maximum gametocyte index, 55 per cent., is reached between 2 and 3. The maximum splenic index, 45 per cent., is found between the ages of 4 and 5. Most of the infections are subtertian. In spite of this high endemicity there is little illness and the mortality is low. The labourers and their children are well nourished. Natives of Ruanda who have emigrated to Katanga show a greater sensibility to malaria than the other tribes of the Congo, and it is interesting to find that this susceptibility appears to be transmitted to their children who are born in Katanga.

W F

VINCZE (I) & HEYERAND (C.) Note sur la lutte antipalodique à Léopoldville. [The Antimalaria Campaign at Léopoldville].—*Ann. Soc. Belge de Méd. Trop.* 1934 June 30 Vol. 14 No. 2 pp. 203-217

*A. gambiae* the important carrier breeds in collections of rain water during the wet weather and in the rivers all the year round.

*A. gambiae* is the commonest species of anopheles in Léopoldville, and it is also the most important carrier. During the wet weather it breeds in the pools of rain water which collect in holes and depressions, many of them made by man. It breeds all the year round in the river Congo and in the streams which run into it. In the dry weather when temporary collections have disappeared, it breeds in the pools left in the

beds of the sinking rivers. The average infective index of this mosquito throughout the year was 8.6 per cent—it rose as high as 21.4 per cent during the January rains and in the dry cold weather of June and July it fell to 2.6. In July the low temperature appeared to have retarded the development of the parasites for no gland infections were found. Another carrier but one of far less importance is *A. moucheti*. Many other species occur in Leopoldville. *A. niki*, *A. funestus* and *A. rufipes* though they are carriers are very rare and *A. mauritanicus* though common does not appear to be a carrier. W F

HOFFMANN (Carlos C.) Contribución al conocimiento del paludismo en la península de Yucatán. [Malaria in Yucatán.] Reprinted from *Bol. Inst. de Higiene* 1934 2nd Ser. Vol. 2 No. 1 57 pp. With 29 figs. (2 coloured maps)

This monograph gives a clear and succinct account of malaria in the Peninsula of Yucatán. The author who is head of the Department of Parasitology at the Institute of Hygiene briefly describes the geography and the factors influencing the development of anopheles in the peninsula, with accompanying maps and photographs of breeding sites and charts of the rainfall from 1923 onwards.

Five species of Anopheles are found namely *A. albimanus*, *A. pseudopunctipennis*, *A. crucians*, *A. vestitipennis* and *A. punctimacula* the first is the most dangerous. Each is described in detail together with its favourite haunts and a diagnostic key is appended.

Then follow remarks on the prevalence of infection on certain estates, these are mainly of local interest but an instance or two may be given. On one estate 60 persons were examined and 59 had enlarged spleen in 20 it was just palpable and in one only was it very large. Parasites were found in four only among the 60—three among 21 children and one among 39 adults. Elsewhere among 83 re-examined after the 1927 epidemic 46 had enlarged spleens and 62 showed parasites. *P. falciparum* was found in 53, *P. vivax* in 26, *P. malariae* in 9, *P. falciparum* and *P. vivax* together in 17. The epidemic had been a severe one. In November 1,916 patients were treated in December 2,405 and in January 2,272, or 6,593 in the three months. The usual measures were undertaken—destruction of mosquitoes, elimination of breeding sites etc. H H S

MARTINI & ZOTTA. Races of *A. maculipennis* en Roumanie. Rapport sur un voyage d'étude effectué à travers la Roumanie pendant les mois d'août et de septembre 1933. (Sous les auspices de l'Organisation d'Hygiène de la Société des Nations.) [A Study Tour in Rumania during August and September 1933. Races of *A. maculipennis*.]—*Arch. Roumaines Path. Expér. et Microbiol.* Paris. 1934 June. Vol. 7 No. 2 pp. 135–209. With 6 figs. 6 charts & 2 maps.

The main object of this tour was to study the distribution of the different races of *A. maculipennis* and to determine the relation of this distribution to the prevalence of malaria.

The authors found that the situation resembled almost exactly that obtaining in Germany. *A. messeae* was found to be the mosquito of the broad sweet-water regions, lakes and rivers. *A. atroparvus* was particularly common in the salt lakes and ponds which lie just

at the back of the shore, and are separated from the sea by banks of sand and narrow tongues of land. This mosquito is also found in collections of brackish water in the interior. *A. maculipennis maculipennis* constitutes a large proportion of the mosquitoes of the higher regions and it is sometimes found mixed with *A. messeae* or *A. atroparvus*. In the neighbourhood of Constantza, there are several coastal lakes which are separated from the Black Sea by a strip of sand. These lakes appear to be similar to one another in every way except that some of them contain sweet water while the others are brackish. The anopheline fauna differ sharply. *A. messeae* breeds in the sweet water lakes, while *A. atroparvus* is the predominant anopheline in the salt lakes. Along the shores of the Black Sea, *A. elutus* is sometimes found. *A. labranchiae* was not found by the authors in Rumania.

Much of the delta of the Danube consists of the "Plaur" which is composed of layers of tangled roots, rushes and the like, with water flowing underneath. In many places the Plaur is so thick that cattle wander over it. In other places, it is spongy and quaking. There are swarms of mosquitoes in the delta and the cattle come home at night to crowd round a fire in the village. In spite of this there is very little malaria. The authors ascribe this absence of malaria to three causes: (1) abundant food for the population, (2) large herds of cattle, (3) the use of mosquito-nets and other methods of protection against mosquitoes. The most dangerous race of *A. maculipennis* appears to be *A. elutus*. A village which was annihilated by malaria was found to be situated near breeding grounds of this mosquito. The regions where *A. atroparvus* was prevalent were only a little less malarious. There was little malaria in the *A. messeae* regions and least of all in the places where *A. maculipennis maculipennis* flourished. The authors state however that under unfavourable conditions and in the absence of screening, widespread infection with benign tertian, and some cases with subtertian, may occur even in places where the only variety is *A. messeae*. They were not able to find in Rumania examples of subtertian malaria decimating the population in regions where only *atroparvus messeae* and *maculipennis* were found. The grave epidemic which occurred in the delta of the Danube, after the war showed that this area was not free from serious malaria under all circumstances. This post-war epidemic was principally due to the destruction of the cattle by the troops, and to the consequent absence of deviation of the mosquitoes from man.

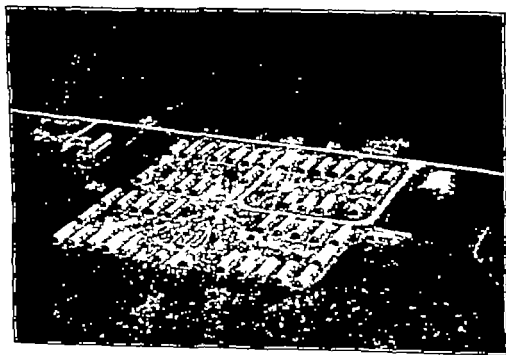
IV F

ILVENTO (A.) The Reclamation of the Pontine Marshes.—*Quart. Bull. Health Organisation League of Nations*. Geneva. 1934 June. Vol. 3 No. 2. pp. 157-201. With 18 figs. & 1 map.

"In 1926 the great back to the land movement was initiated by the Duce. In the Mussolini Act of December 24th 1929 large areas were to be comprehensively reclaimed at a cost of 7 000 million lire."

The first part of this article is concerned with the geography and history of the Pontine Marshes, and with the attempts to colonize it which have been made for hundreds of years (see *CELLI, this Bulletin*, Vol. 31 p. 220). The author then describes the resolute way in which the problem has been attacked, and how the difficulties have been overcome.

The basic survey which forms the foundation of the present drainage work in the Pontine region was made in 1918 by officials of the Office of Works. A start was made in 1924 by the end of 1933 all natural water courses had been regulated and throughout almost the whole region floods and stagnant pools were eliminated. The owners of the land hesitated to sink much capital in the inauguration of new farming methods and in building new houses consequently the Duce called upon the National Ex-Servicemen's Association to carry out the program of agricultural land improvement and re-population of the zone. This association provided considerable funds and a still greater asset in the persons of technical experts of long experience. In 1931 18 000 hectares of land were given to the Association. The canalization of the upper waters was already completed and these were collected into the great Mussolini drainage canal and led down to the sea. The land was divided into holdings 515 farm houses were built and the peasants were instructed in rational farming methods so that each family might become the owner of its farm within the time-limit of one year. Each farm-building includes a dwelling-house built on a damp-course and comprising a ground floor kitchen and storeroom and one upper storey with three to five bedrooms and living rooms the doors and windows screened against flies and mosquitoes a stable for 8 to 10 head of livestock a chicken-run and pigsty a well of fresh water for domestic use a cesspool and a manure-heap. The National Association bears the cost of preparing the soil of each farm of buildings live and dead stock, and the farm tracks. The farm is handed over to the peasant immediately all this work has been completed.



Workers' Settlement Village erected by the National Ex-Servicemen's Association to house the workmen engaged in preparing the peasants' farms in the Agro Pontino.

[Reproduced from the *Quarterly Bulletin of the Health Organisation League of Nations*]



An army of workmen was employed. At first they were taken to their work daily in motor-coaches, but later collections of screened huts, or barracks, were constructed (as shown in the photograph) for groups of 500 to 2,000 workmen, where their health was properly looked after and their happiness and recreation cared for. Then came the peasants, and soon a town grew up. In December 1932, the Commune of Littoria was officially constituted. The square in the centre of the town was formerly one of the most malaria-ridden spots in the region. The Duce declared in his speech delivered at the inauguration of the Commune, "This is a red-letter day in the history of *Agro Pontino*. It is a day of triumph for the whole nation. What 25 centuries attempted in vain we now see accomplished before our eyes."

On October 28th 1933 we shall inaugurate 981 new homes for settlers. On April 21st 1934 we shall inaugurate the new Commune of Sabaudia, and on October 28th, 1934 the third Commune—Pontina.

Formerly, to find work we had to pass the Alps or cross the ocean. Now the land is at our doors within half an-hour of Rome."

The number of persons resident in the *Agro Pontino* was 1,800 in July 1924, 12,000 in July 1932, 40,430 in July 1933. In 1933 all health services were placed under the Italian Red Cross. Quinine prophylaxis is chiefly used for persons not permanently resident in the territory. It always prevents fever and pernicious malaria, and is therefore in great favour. Under the present conditions of concentration, malaria can be diagnosed early and the patients can be treated in the new local hospitals. Carriers of infection are followed up and treated. Adult anopheles are destroyed in the houses with paraffin atomizers, smoke bombs and the like. The increase of cattle has deviated anopheles in some areas, and drainage, oiling and Paris green have lessened their numbers. The antimosquito squads carry out the latter measures for a radius of 1,000 metres (0.625 miles) round all dwellings. In 1933 though the number of people exposed to infection had trebled, the morbidity rate fell to 2.09 per cent., and the death rate to 0.34 per thousand.

On August 4th 1933 the Duce inaugurated a seaside colony at Torre Oleveola for the children of the Littoria settlers. This place—3 kilometres from Terracina—was formerly well known for its amazing marsh landscape of dead waters and gigantic water-lilies, and was completely in the grip of malaria. The children immensely enjoyed their life in the colony—a number of malaria cases were cured, and no new cases occurred. The author concludes that there are only two achievements which can be approximated to the new civilized life in the malarial lands of Italy—the reclamation of the Panama Canal Zone and the draining of the Zuider Zee.

W. F.

VERSLAGEN EN MEDEDEELINGEN BETREFFENDE DE VOLKSGEZOND-  
HEID 1934. June. 36 pp. With 2 figs.—Verslag over de  
jaren 1932 en 1933 van de malaria-commissie uit den gezondheids-  
raad. (Report for 1932 and 1933 of the Malaria Commission of the  
Sanitary Board.)

This commission in its several reports represents the facts and figures, with their analysis, of the campaign against malaria in Holland. The chief malaria station was at Medemblik and much useful information has been collected, especially on the subjects of the value of an anti-larval campaign, the first three years of land reclamation of the

Wieringermeer area and attempts at finding a suitable cheap and efficient insecticide for use in houses

The antilarval campaign in Medemblik during the years 1927 to 1931 was successful in reducing anopheles to a figure 4 to 5 times as low as that in the area outside the field of operations. With the termination of the operations the anopheles density rose in 1932 and 1933 to a much higher level in Medemblik than before. The campaign then had produced its effect and yet it was found insufficient completely to prevent the rise in malaria between 1929 and 1931. When the cost of the procedure at one florin per inhabitant is taken into account the conclusion is irresistible that large scale operations are inadvisable in a watery land like Holland where malaria is of benign type.

Observations in the reclaimed area of Wieringermeer are very interesting. Here most of the ditches were too salt to serve as breeding places and in the polder the density of mosquitoes determined from the mosquito population of the test stables at a distance of 3.5 and 10 kilometres from the old land was in 1932 one quarter of the density of those in the corresponding stables at Medemblik which by that time was no longer protected by antilarval measures. But the natural method of protection in the Wieringermeer polder was able to effect nothing better than the artificial in Medemblik. An important observation made in the Wieringermeer area was as to the distance of flight of mosquitoes which was shown could be to 9 and 14 kilometres. This question of distance is supposed to have a bearing upon the value or want of value of antilarval measures in a given area when that area is surrounded by others in which no measures are taken. When however the point was put to actual test as it was for the 3-kilometre long village Wormerveer with an epidemic of malaria in the northern kilometre, it was found that no indication of spread of malaria to the middle and southerly portions was forthcoming. Was this due to the fact that infected mosquitoes which are sick mosquitoes, cannot fly far or was it that mosquitoes generally do not really fly to any great distance? The latter supposition seems the more probable. Mosquitoes fly little, rest in houses and at the most find their way only into an adjacent house. Thus an argument is found for the utility on a small scale at least of antilarval measures in spite of the contrary experience at Medemblik and Wieringermeer.

An active search was made for a spray insecticide as this is regarded as a most useful antimalarial measure for dwelling houses. The formula arrived at for use in dwelling houses was—petroleum 1 000 cc. pyrethrum extract 5 gm. sassafras oil 5 cc. methyl salicylate 20 cc. and for stables—petroleum 550 cc. vaseline oil 450 cc. pyrethrum extract 10 gm. sassafras oil 10 cc. methyl salicylate 20 cc.

Other questions which received attention were the bearing of races of *Anopheles maculipennis* small type and large type upon malaria, the separation of *Plasmodium vivax* into races as exemplified by the Madagascar and the Dutch races, the treatment of tertian malaria with plasmoquine and Henry's diagnostic serum reaction. W. F. Harvey

SOUTHERN MEDICAL JOURNAL, 1934 May June & July Vol 27  
Nos 5 6 & 7 pp 448-486 548-561 642-657 Symposium on  
Malaria, Parts 1, 2 & 3. [19 papers]

The Chairman Dr C. F. CRAIG opened the Symposium with an address on certain unsolved problems in malaria. He drew special

attention to the following —(1) The species of malaria plasmodia JAMES NICOL and SHUTE have shown that *P. ovale* is a valid species, and further research may show that there are yet others. He stated that *P. ovale* was first described by himself in 1900 but it was not named until 1922 when STEPHENS observed it. (2) The morphological identity of some of the malaria parasites of apes and monkeys with those of man and the successful transmission of monkey malaria to man by KNOWLES and DAS GUPTA emphasizes the necessity for further study of the relationship of the plasmodia of man and monkeys. (3) Perhaps the most important of the unsolved problems concerns the cause of long term relapses, and the origin of gametocytes. (4) It has recently been shown that other genera than *Aedes* can transmit yellow fever. Much more work is necessary before we can be sure that anopheline mosquitoes are the only transmitters of malarial infections. (5) The unusually rapid spread of malaria in some epidemics has been very difficult to understand, and it is possible that mechanical transmission by mosquitoes or other biting insects sometimes occurs, as it occurs in trypanosomiasis and dengue fever. (6) The study of immunity in malaria offers a wide field for research.

DR. G. E. RILEY, E. C. FAUST and T. H. D. GRIFFITHS gave a survey of recent work in the epidemiology of malaria. They dealt with the work of GIGLIOLI in British Guiana, with the study of the different races of *A. maculipennis* in Europe, with the investigation of monkey malaria in India and with work in other parts of the world which has been summarized in this Bulletin. Drs. E. C. FAUST and C. F. DIMOCK have compiled the death rates due to malaria in the 14 southern States. The rate was 8 per 100 000 in 1925. It rose gradually to 11.4 in 1928, and has since declined to 6.8 in 1932. The 1933 figures, which are not yet complete, indicate that the rate is rising again.

Dr. E. H. HERMAN contributed some interesting observations on the hibernation of *A. quadrimaculatus*. It is generally accepted that this species is active throughout the winter but at Fort Jackson in an abandoned fort on the west bank of the Mississippi, 65 miles below New Orleans, Dr. Hinman found that vast numbers collected for shelter. Behind the fort there are wide stretches of salt marsh where *A. crucians* and *A. atropis* breed, but not *A. quadrimaculatus*. In the summer a few *A. quadrimaculatus* were found in the fort but in November there were millions: some rooms contained more than 10 000. In December they were even more numerous. In January and February there was a considerable reduction in the numbers, and in the latter part of March it was difficult to find any specimens. A similar sheltering or hibernation of *A. quadrimaculatus* has been found nowhere else. The mosquitoes breeding in the adjacent salt marsh belonged to other species and did not shelter in the fort: the *A. quadrimaculatus* apparently came from distant breeding places.

Dr. T. H. D. GRIFFITHS examined the blood of children in 79 white schools and 57 negro schools in Florida. Parasites were present in 3.8 per cent. of the white children and 9.7 of the black children. Of the infections in white children, 47 per cent. were due to *P. falciparum* and 30 per cent. to *P. vivax*. In black children the proportion was *P. falciparum* 62, and *P. vivax* 23 per cent.

Dr. K. DRETSKY and Dr. R. A. COLLINS recorded the interesting results of their observations on the winter infection rates in *A. maculipennis* and *A. superpictus* in Bulgaria. SELLA in Italy SWELLENGREUT

in Holland and WENIG in Macedonia have found infections among hibernating mosquitoes. It has been shown experimentally that low temperatures retard the development of the parasite in the mosquito but they do not kill it and with the return of warm weather development proceeds anew. It is common knowledge that in certain parts of Bulgaria it is not unusual for babies born in the winter to suffer from malaria in the spring. The authors dissected a number of *A. maculipennis* and *A. superpictus* caught in the Petritch district of Bulgaria between February 7 and April 20 1933. These mosquitoes were caught in barns they are not found in houses during the winter. Among 609 *A. maculipennis* 11 or 18 per cent were infected mostly with sporozoites and among 208 *A. superpictus* 2, or 0.9 per cent were infected with oöcysts. Precipitin tests made with mosquitoes which contained blood showed that *A. maculipennis* fed on man even during the hibernating period and the authors conclude that these infections may not be unimportant in explaining the spring rise of malaria which is so characteristic of the disease in the area.

Doctors H. E. MELENEY and J. A. CRABTREE made a survey of the rural houses of Lake County Tennessee during 1931. Most of these houses had been screened between 1927 and 1930 but the financial depression made it impossible to complete the 15 per cent remaining unscreened, or to do any repairs. The data collected indicate that although a tremendous effort had been expended by the county health department the degree of protection afforded to the people from mosquitoes even if they used what protection they had, was far from complete. To what degree the imperfectly screened houses acted as traps in which infected mosquitoes might incubate and infect others is impossible to state. The conclusion is reached that the screening and mosquito-proofing in Lake County probably were responsible for the greater reduction in incidence of malaria its incompleteness and its unsatisfactory maintenance by the people have steadily decreased its value.

Dr H. C. CLARK gave a review of malaria research during the year 1932-1933. He drew attention to the wide range of flight of some anophelids. This called for larval control over a longer radius than was formerly thought necessary and greatly increased the expense. More attention should be paid to the screening of houses and the treatment of carriers. Dr Dalferes P. CURRY read a most interesting paper on the periodic long-distance flights of *P. albimanus* Wied. The great artificial Gatun Lake 165 square miles in extent was completed in 1913 as part of the lock-system of the Panama Canal. It developed a flora of water-hyacinth (*Pistia stratiotes* and *P. amurensis*) and floating water-lettuce (*Pistia stratiotes*). The hyacinth, an inconvenience to navigation, has been controlled by arsenic spraying the *Pistia* has disappeared spontaneously. In recent years two other aquatic plants have invaded the lake. These are *Utricularia mixta* a bladder-wort and several species of *Chara*. (Certain species of *Chara* such as *C. foetida* have been said to be inimical to mosquito breeding but recent investigations indicate that they favour the development of mosquitoes wherever they grow.) The level of the lake sinks at end of the dry season and the tops of these weeds come to the surface where they form a tangled mat in which incredible numbers of *A. albimanus* and *A. albimanus* breed. *A. albimanus* breeds in the *Utricularia*, it is not androphilous. *A. albimanus* breeds in the exposed patches of

Chara. In the hot still weather just before the rains the sanitized areas of the Canal Zone are visited annually by flights of 4 *albimanus*, that have flown 12 miles or more from Gatun Lake. A sharp rise in the malaria rate follows the flight. Formerly the Canal Zone was depopulated of all inhabitants except government employees, and these were concentrated in a few towns and villages but repopulation by agricultural settlers (mostly West Indian negroes) has been allowed recently and it is probable that the anopheles rest and feed in the cabins of these settlers during their long flight for many of them are already infected when they reach the towns. The Canal Zone, contrary to widespread opinion, and despite the great effort and large sums spent upon it, has not achieved complete mastery of its malaria problem.

the excellent screening of the houses of the employees is still a vital element in the protection of the health of the community. It is believed that future control of Gatun Lake levels within smaller ranges of fluctuation, by means of a new storage lake now being created in the upper Chagres River Valley may to some degree, lessen the appearance of vegetation at the surface of Gatun Lake and, consequently the production of anopheles."

The remainder of the papers read before the National Malaria Committee dealt with the malaria control work which had been done during the year in the several southern states. These are noted by title only on p. 146-S. Although funds had been reduced in many instances, a considerable amount of drainage work was done in several of the states by unemployed men who were engaged on relief work.

W F

APPELBAUM (Emanuel) & GELFAND (Ben B.) The Artificial Transmission of Malaria among Intravenous Diacetylmorphine Addicts. A Preliminary Note on the Use of Atebrine in Malaria.—*JL Amer Med Assoc* 1934 May 19 Vol. 102. No. 20 pp 1664-1670 With 2 figs [24 refs.]

This paper contains some interesting observations on the eye changes in cases of severe malaria among addicts.

The authors report 10 cases of malaria among drug addicts admitted to the Bellevue Hospital, New York, during the last six months. In most cases there was evidence that the disease had been contracted by sharing the hypodermic syringe with some other addict. The drug in common use by addicts is diacetyl morphine (heroin). In all the cases except one, the patients were severely ill. They were very anaemic in only one was the red blood count above 4,000,000. Three of the cases were quartan and seven were subtertian. Six of the latter were suffering from cerebral malaria, and five of them died one of the three quartan patients also died—making six deaths in 10 cases. The eyes were carefully examined in all cases. Raynaud in 1862 emphasized that the most common pathologic finding is hyperaemia of the disks and that this change is in most instances responsible for the transitory amblyopia in cases of severe malaria. The hyperaemia of the finer vessels gives the disks a rosy brilliant appearance this was observed in four of the patients. Retinal haemorrhages were seen in three. The authors were favourably impressed by atebrin.

W F

- BRADLEY (Jas. A) Intravenous Transmission of Malaria in Drug Addicts.—*Jl Trop Med & Hyg* 1934 Aug 15 Vol 37 No 16 pp 241-244 [11 refs.]
- Transmission of Malaria in Drug Addicts by Intravenous Use of Narcotics.—*Amer Jl Trop Med* 1934 July Vol 14 No 4 pp 319-323

During the eleven months October 31st 1932 to September 30th 1933 50 cases of malaria in drug addicts were admitted to the Charity Hospital of Louisiana, New Orleans and 10 of them died. Evidence was obtained which showed that the infection had been transmitted by the syringe used for intravenous inoculation of the drug [See also this *Bulletin* Vol. 27 p 202 Vol 31 pp 184-5 419 689] W F

- WILSON (D Bagster) & WILSON (Margaret E) On the Significance of Splenic Enlargement in East Africa.—*East African Med Jl* 1934 Aug Vol. 11 No 5 pp 156-165 With 2 charts

The spleen rate alone is not a sure index of the malariousness of a given locality. For example control in Tanga is so complete that no anophelae can be found in the houses yet owing to the migratory population becoming infected in other towns the spleen rate is quite high. The spleen rate follows the parasite rate and both decline as immunity rises but a given degree of enlargement does not always mean the same degree of immunity. At the time when judging from the infestation rates immunity appears to be highest that is between the ages of 15 and 30 the spleen rate and the degree of spleen enlargement are at their lowest. Individuals at this age can travel about with a freedom from malaria which is not possessed by persons of other ages W F

- HINGST (Hans E) *Plasmodium falciparum* Welch, 1897 Does Direct Division of the Parasite precede Schizogony?—*Amer Jl Trop Med* 1934 July Vol. 14 No 4 pp 325-328 With 1 fig

The author raises again the question of the possibility of multiplication of the rings of *Plasmodium falciparum* by binary fission. He thinks that the presence in a red cell of 2, 4 and 8 rings cannot be explained in any other way. It is suggested that at the 4 stage each parasite may then become a schizont giving rise to 8 merozoites or a total of 32 in the cell. Certain photographs of red cells containing two or more parasites and single parasites with two chromatin dots are reproduced in support of the theory C M Wenyon

- MÜHLENS (P) Ueber *Plasmodium ovale* (Stephens) [*Plasmodium ovale* (Stephens)]—*Arch f Schiffs u Trop Hyg* 1934 Sept Vol 38 No 9 pp 367-374 With 21 coloured figs on 1 plate & 10 text figs. [15 refs.]

The paper describes 4 cases of infection with *Plasmodium ovale*. Three were from West Africa and one from Western South America. In all cases the fever was of the tertian type. The characters of the parasite are illustrated in a coloured plate. As regards the individuality of this parasite the author thinks the final answer has not yet been given, though he inclines to the view that it does represent a fourth species as maintained by observers in England C M W

TOXING (H. D.) A Case of *Plasmodium ovale* in an East African Native.—*East African Med. J.* 1934 Aug Vol. 11 No. 5 p. 168

Describes the distinguishing features of the parasites in another East African case.

STEPHENS's case (1922) came from East Africa [see this Bulletin Vol. 20 p. 296]. The case here described came from the neighbourhood of Nairobi. The points observed were—Almost every young form showed plentiful Schüffner's dots. Half-grown parasites looked like *P. malariae* except for these dots. In parasites with the nuclei divided into three or more pieces, a large number of the containing red cells were oval in shape, and one end of the cell was drawn out into fine points. The parasite at this stage of growth was smaller than *P. vivax* of the same age. The most striking differences from *P. malariae* and *P. vivax* were seen in the sporulating forms, each of which contained only eight merozoites and a central mass of pigment in a cell with a tremendous number of Schüffner's dots. W. F.

HORTON (H. O.) A Deformated Blood-Film Concentration Method for the Diagnosis of Malaria.—*Malayan Med. J.* 1933, Dec. Vol. 8 No. 4 pp. 275-276.

In order to obviate certain disadvantages of the usual thick-film for malarial diagnosis, notably the difficulty of distinguishing the species of parasite in many cases, the author has adopted a method which appears to occupy an intermediate position between the thick and thin film. The blood to be examined, 3 or 4 cc., is taken from a vein and rapidly deformed in a tube with glass beads. The liquid portion is then transferred to a centrifuge tube and centrifuged. The supernatant fluid is removed and films of medium thickness "thick thin films," are made from the concentrated cells. The films are very thoroughly dried, preferably in the incubator. They are then stained with a mixture of 3 cc. of distilled water (pH 7.2) and 2 drops of Giemsa. After washing gently in distilled water of the same pH the films are dried and examined. C. M. Wenyaw.

TREXER (F.) Sur un nouveau procédé d'intradermo-réaction pour le diagnostic de l'infection paludéenne. [An Intradermal Reaction for the Diagnosis of Malaria].—*C. R. Soc. Biol.* 1934 Vol. 116 No. 26. pp. 1082-1084.

ROCCHI (this Bulletin Vol. 28 p. 1021) injected haemozoin intradermally and found that it produced a wheal in patients free from malaria but not in those who were infected. The author confirmed this and found that solutions of Seichi's melanine, and of metharlier Bouxy acted in the same way as haemozoin. [Haemozoin and melanine are not identical. See SEXTON this Bulletin Vol. 31 p. 708.] W. F.

JAMES (S. P.) The Direct Effect of Atebrin on the Parasites of Benign Tertian and Quartan Malaria. [Laboratory Meeting Demonstration].—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1934 June 30. Vol. 28. No. 1 p. 3. With 6 figs. on 1 plate.

A plate illustrates the changes in the parasites following a single dose of 0.6 gram of atebrin. The pigment becomes aggregated into lumps.

and eventually disappears the cytoplasm becomes thin and ragged and breaks up the nuclear vacuole is distended the chromatin becomes opened out and diffuse till finally only a few lightly stained dots remain  
W F

McNABB (P E) & SCHWARTZ (S C) Atabrine in the Treatment of Malaria in the Philippine Islands.—*Amer J Trop Med* 1934 July Vol 14 No 4 pp 309-317 [11 refs]

Eleven cases of benign tertian and three of subtertian were treated with atabrin. One of the latter had haemoglobinuria before atabrin treatment was begun. Treatment was successful in every case. A 5-day course appeared to be as effective as a 7-day course there were no toxic symptoms. No known relapses have occurred in one case after 4 months and in the remaining cases after 7 to 10 months  
H F

TAREEV (E M) BOLOTINA (A) GONTAEVA (A) RASHIN (A) & EPSTEIN (E) Sur le traitement du paludisme par l'atébriane [On the Treatment of Malaria with Atabrine].—*Med Parasit & Parasitic Dis* Moscow 1934 Vol 3 No 2. pp 114-126 [In Russian. French summary p 126]

Atabrin (German and Soviet brands) was tested in the hospital of the Tropical Institute Moscow on 152 cases of malaria (80 BT 54 MT 11 Q) and produced a good clinical effect in all of them including the most grave cases. It had a marked parasitocidal action upon all stages except the gametocytes of MT. The only after-effect of treatment with atabrin was a slight discolouration of the skin ('pseudo-jaundice'). The drug was administered over a course of 5 days in doses of 0.1 gram 3 times a day. In some cases the cycle was repeated at intervals of 2-3 weeks. In the case of MT 0.03 gram plasmodicide was given together with atabrin 5 times *per diem*  
C A Hoare

CHOPRA (R. N) & SEN (B) Atabrin in Heavy Infection with *P. falciparum*—*Indian Med Gaz* 1934 July Vol. 69 No 7 pp 392-393

An Indian patient aged 59 suffering from a severe malignant tertian infection was treated with 0.3 grams of atabrin daily. At the beginning of treatment there were 180,000 rings per cubic centimetre. After 4 tablets there were 28,240 rings per cubic centimetre. After 5 there were only 13,800 and after 7 there were none. [The patient came from a district where malignant tertian prevails and had probably suffered from attacks of malaria for years]  
H F

MANSON (D) Relapsing Malaria.—*Indian Med Gaz* 1934 June. Vol. 69 No 6 pp 314-316

A case in which atabrin proved unsatisfactory

A young European woman was given 0.3 gram of atabrin and 0.01 gram of plasmoquine daily for 5 days from August 27 to September 1 as a prophylactic. Four days after the end of treatment she had a temperature and symptoms of malaria, but no parasites could be found. Similar attacks followed but repeated examinations disclosed no parasites. Finally on October 21 she had a temperature of 102° subtertian parasites were found in her blood and she was given anti-malarial treatment with an injection of quinine and another course of atabrin with plasmoquine



TOMKING (H. D.) A Case of *Plasmodium ovale* In an East African Native.—*East African Med. JI* 1934 Aug Vol. 11 No. 5 p 166.

Describes the distinguishing features of the parasites in another East African case.

STEPRENS's case (1922) came from East Africa [see this *Bulletin*, Vol. 20 p 296]. The case here described came from the neighbourhood of Nairobi. The points observed were—Almost every young form showed plentiful Schüffner's dots. Half-grown parasites looked like *P. malariae* except for these dots. In parasites with the nucleus divided into three or more pieces, a large number of the containing red cells were oval in shape, and one end of the cell was drawn out into fine points. The parasite at this stage of growth was smaller than *P. vivax* of the same age. The most striking differences from *P. malariae* and *P. vivax* were seen in the sporulating forms, each of which contained only eight merozoites and a central mass of pigment in a cell with a tremendous number of Schüffner's dots. W F

HOPKINS (H. O.) A Defibrinated Blood Film Concentration Method for the Diagnosis of Malaria.—*Malayan Med JI* 1933 Dec Vol. 8 No. 4 pp. 273-276.

In order to obviate certain disadvantages of the usual thick-film for malarial diagnosis, notably the difficulty of distinguishing the species of parasite in many cases, the author has adopted a method which appears to occupy an intermediate position between the thick and thin film. The blood to be examined, 3 or 4 cc., is taken from a vein and rapidly defibrinated in a tube with glass beads. The liquid portion is then transferred to a centrifuge tube and centrifuged. The supernatant fluid is removed and films of medium thickness "thick thin films," are made from the concentrated cells. The films are very thoroughly dried, preferably in the incubator. They are then stained with a mixture of 3 cc. of distilled water (pH 7.2) and 2 drops of Giemsa. After washing gently in distilled water of the same pH the films are dried and examined. C V Wenyon

TRÉXSE (F.) Sur un nouveau procédé d'intradermoréaction pour le diagnostic de l'infection paludéenne. [An Intradermal Reaction for the Diagnosis of Malaria.]—*C R Soc Biol* 1934 Vol. 116 No. 26 pp 1082-1084

ROCCHI [this *Bulletin* Vol. 28 p 1021] injected haemozoin intradermally and found that it produced a wheal in patients free from malaria but not in those who were infected. The author confirmed this and found that solutions of Sechi's melanine, and of metharlier Bouy acted in the same way as haemozoin. [Haemozoin and melanine are not identical.] See SEXTON this *Bulletin* Vol. 31 p 706. W F

JAMES (S. P.) The Direct Effect of Atebrin on the Parasites of Benign Tertian and Quartan Malaria. [Laboratory Meeting Demonstration.]—*Trans Roy Soc Trop Med & Hyg* 1934 June 30 Vol. 28 No. 1 p 3 With 6 figs. on 1 plate.

A plate illustrates the changes in the parasites following a single dose of 0.6 gram of atebrin. The pigment becomes aggregated into humps

Rate of Disappearance of Non Sexual Parasites from the Peripheral Blood after Commencement of Treatment.		B T Malana 78 Cases.
Within 1 day	Totaquina 7 per cent.	Quinine 9 per cent.
2 days	38	43
3	31	36
4	15	9
5	11	3
6	0	0
7	0	0

These tables show that the parasites disappeared rather more quickly with quinine than with totaquina. There was no significant difference in the time of disappearance of fever in the totaquina and quinine treated cases nor was there any difference in respect of vomiting and toxic symptoms. When administered intravenously to rabbits in a 1 per cent. solution, no difference in the toxic effects of totaquina and quinine was evident. A dose of 2 grams per 100 lbs. body weight was sometimes too much and a dose of 1 gram was sometimes too little. The author recommends something between the two—say 20 grains a day for the average Asiatic. It is most conveniently administered in capsules, or in powder form washed down with water. It is not completely soluble in an acid mixture. It possesses no advantage over quinine except its lower price—at present totaquina Type II costs 1s. 4½d. an ounce as compared with quinine sulphate at 1s. 11d. An increased demand may send up the price of the residues from which it is manufactured. Large scale production of Type I would necessitate extensive planting of *C. succirubra*. Planters will not undertake this in the face of the growing popularity of the new synthetic remedies. The cinchona industry is threatened by these new drugs—the separation and purification of quinine is an expensive process—the total alkaloids can be extracted relatively simply and cheaply—and if the continued economic production of quinine on a large scale is seriously threatened its replacement by a cheap cinchona product seems to be a possible development.

W F

SCHWETZ (J) & BAUMANN (H) Sur l'efficacité thérapeutique resp prophylactique du cinchona fébrifuge comparativement à celle de la quinine [Cinchona Febrifuge and Quinine Compared.]—*Riv di Malarologia* Sez I 1934 Vol 13 No 3 pp 353-364

The authors used a febrifuge supplied by the Société Produits Roche. It contained 60 per cent of active alkaloids as compared with 73 per cent in the quinine sulphate which is usually employed. But while its alkaloidal content was only 20 per cent less than that of quinine its price was half—quinine costs 1s 8d. and cinchona febrifuge costs 10d. an ounce. The author found that when the febrifuge was given in the same doses as quinine, the results were almost the same but when the dose of febrifuge was twice as large, the results were better. W F

COLLINS (Ralph K.) A Field Experiment in Quinine Treatment.—*Amer Jl Trop Med* 1934 July Vol. 14 No. 4 pp. 329-338

The treatment of malaria with short courses of quinine lasting 4 days is recommended.

This paper concerns observations made at the Petrich (Bulgaria) Station for Field Studies in Malaria. The prolonged method of treatment advised for general use by the National Inspectorate of Malaria in Bulgaria, consists of 1 gram of quinine daily for 8 days, repeated after an interval of 5 days, and then succeeded by a period of prophylactic treatment which lasts altogether for 77 days and consumes 32 grams of quinine. The short method of treatment used by the author consisted of 1 gram of quinine sulphate daily for 3 or 4 days on the occasion of each acute attack and he states that "the striking feature of our experience is the fact that the majority of the patients suffered but a single acute attack during the malaria season." The number of well days without treatment experienced by persons receiving minimal doses for their acute attacks is considerably greater than in the case of patients receiving a prolonged course of treatment. At the same time the danger of recrudescence is only slightly greater. There is also a saving of about £7 on every 100 cases treated by the shorter method. W F

SERRA (E. C. Temple) Quinine Amblyopia.—*Med Jl. Australia* 1934 Sept. 1 21st Year Vol. 2. No. 9 p. 299 With 1 chart.

Amblyopia after 15 grains of quinine but the evidence is untrustworthy.

The author was called to see a young unmarried woman who had become suddenly blind. She first denied having taken any drug and then said that she had taken 15 grains of quinine. (She had missed one monthly period.) The pupils were widely dilated and immobile. Three weeks later the visual fields were much restricted, the discs were pale and the arteries contracted. No further history was obtainable. W F

NAUCK (E. G.) Chemotherapeutische Versuche bei Affenmalaria (*P. knowlesi*) [Chemotherapy in Monkey Malaria].—*Arch / Schiff's u. Trop Hyg* 1934 Aug Vol. 38 No. 8 pp. 315-326. With 12 figs. [12 refs.]

Experiments carried out on monkeys infected with *P. knowlesi* to test the therapeutic value of certain antimalaria drugs.

The drugs employed were quinine, atebrin and plasmoquine. The effective dose is higher in the case of all three drugs than the dose for man. With sufficiently high doses of atebrin monkeys can be cured with certainty not only do they remain free from relapses but they can be infected with the homologous strain of malaria parasite shortly after cessation of the infection. Quinine and plasmoquine act more slowly on the dividing forms than atebrin. The special gametocidal property of plasmoquine could not be determined. Better results were obtained with quinine and plasmoquine in combination than with either alone. Atebrin cannot prevent relapses with certainty. Treatment with atebrin towards the end of the incubation period prevents the occurrence of infection. Atebrin tolerance (Festigkeit) was not observed.

E D W Gress

BOVET (D) BENOIT (G) & ALTMAN (R) Action thérapeutique de quinolines à poids moléculaire élevé, homologues de la plasmoquine, sur les hématozoaires des calfats et des serins [Thérapeutique Action of Quinolines of High Molecular Weight on Haematozoa of Calfats and Canaries.]—*Bull Soc Path Exot* 1934 Mar 14 Vol 27 No 3 pp 238-242 With 1 fig [11 refs]

The characteristic feature of the new anti-malarial drugs is the presence of a dialkylaminoalkylammonium side chain  $\text{HN}(\text{CH}_2)_n\text{NRR}$ . In plasmoquine and atebryn the chain is branched and  $n=5$   $\text{HN}\cdot\text{CH}(\text{CH}_2)_2\cdot\text{CH}_2\cdot\text{CH}_2\cdot\text{CH}_2\cdot\text{N}(\text{C}_2\text{H}_5)_2$  and is attached to a methoxyquinoline and a chloromethoxyacridine nucleus respectively. The authors have examined the action of a series of homologues of plasmoquine with unbranched chains where  $n=2$  to 11. The graph obtained by plotting minimal effective doses of the various compounds against values of  $n$  is roughly parabolic with summits at  $n=3$  and  $n=5$ . This is for calfats (Java sparrows) parasitized with *Haemoproteus* and may be taken as a measure of activity against the sexual form of the parasite. When the same set of compounds is tested in avian malaria in canaries the activities for the higher values of  $n$  are almost as great as for the lower values of  $n$  in the calfat. Thus the chemotherapeutic index when  $n=11$  is 1/100 for the canary and 1/3 for the calfat and it is assumed that the higher activity in the canary must be due to action on both the sexual and asexual forms of the parasite. If this assumption is valid, it should be possible to synthesize drugs active against both forms and it follows that increase of the molecular complexity as in the replacement of quinoline by acridine in passing from plasmoquine to atebryn or by lengthening the side chain in plasmoquine, causes a change from activity against sexual to activity against asexual forms.

T A Henry

LOURIE (E M) Studies on Chemotherapy in Bird Malaria. 1—Acquired Immunity in Relation to Quinine Treatment in *Plasmodium calhemerium* Infections.—*Ann Trop Med & Parasit* 1934 July 12 Vol 28 No 2 pp 151-169 With 1 fig

Early treatment with large doses of quinine does not interfere with the development of immunity. An interesting and important paper.

The ordinary course of infection in a canary after intramuscular or intraperitoneal inoculation with *Plasmodium calhemerium* is as follows. An incubation or prepatent period of 2 to 4 days is followed by the appearance of parasites in the blood which increase rapidly for about 4 days then a crisis occurs which involves a striking disappearance of parasites from the circulation. A few may be found for a week or two longer and then the bird passes into the latent stage during which while no parasites can be found, inoculation of its blood into another bird will produce an infection. During this latent stage the bird is immune to superinfection. The first object of the author's work was to determine whether this immunity was as effective in birds which had been treated with quinine from the earliest stage of infection as it was in birds which had not been treated at all. With this in view a series of birds was treated with injections of quinine which were begun a few days after the inoculation of the *P. calhemerium* infection and were continued for a fortnight. About 6 weeks later these birds and

a control series which had not been treated with quinine were remodeled with *P. cathemerium*. The result showed that the early treatment had not interfered with the production of immunity. When the acute phase was suppressed by quinine there developed as powerful an immunity to superinfection as is acquired when an infection is not subjected to any treatment.

It was also found that when very large numbers of parasites were inoculated into canaries during the latent stage they disappeared at least as quickly in the birds which had been previously treated with quinine as in those which had received none. If the early prophylactic quinine treatment was continued for more than 10 days, the number of parasites appearing in the blood after its termination was always less than the number in untreated birds. This indicates that "the immunity enjoyed by birds which have been subjected to such treatment is largely built up during the actual course of its administration."

most of the birds treated for longer periods than 3 weeks were frankly carried right over into the latent stage of infection." These points are of importance not only theoretically but also as regards certain problems of human malaria. "These findings do not correspond with the theory that in human malaria the early exhibition of quinine must interfere significantly with the acquirement of immunity or tolerance" but the finding of a set of circumstances in one form of malaria does not necessarily establish a general rule for all malarias. Daily injections of quinine up to a quarter of the minimum lethal dose, did not result in sterilization of *P. cathemerium* infections. W F

ROSKIN (Gr) & ROMANOWA (h.) Arzneistoffe und Ultraviolettstrahlen XIII Mitteilung. Kombinierte Therapie bei Vogelmalaria. [Combined Therapy with Drugs and Ultraviolet Rays in Bird Malaria].—*Ztschr f Immunittsf u Experim Therap* 1934. July 23 Vol 82. No 5/6. pp 461-474

Experimental research to determine the effect of ultra violet rays in augmenting the action of salvarsan preparations in the treatment of bird malaria.

The authors conclude that novarsolan exerts a certain therapeutic effect in light infections of bird malaria. If non-therapeutic doses of novarsolan are given simultaneously with ultra-violet rays no effect is noted. From this it may be accepted that in canaries the factor A is either not produced or in very small quantities (see this *Bulletin*, Vol. 28 p 912). In mice on the contrary it is produced. The serum of irradiated mice increases the therapeutic properties of novarsolan and neosalvarsan in bird malaria. This indicates that "factor A can activate neosalvarsan preparations in the organism of animals which belong to a different species to those in which it was produced. "Factor A" produced by radiation of mice possesses the character of an activator" [loc cit., Vol 29 p 353.] E D W Gray

SHAH (K. S.) The Periodic Development of Sexual Forms of *Plasmodium cathemerium* in the Peripheral Circulation of Canaries.—*Amer Jl Hyg* 1934 Mar Vol. 19 No 2. pp 392-403. With 6 figs & 2 graphs. [14 refs.]

In canaries experimentally infected with *Plasmodium cathemerium* the time of appearance of gametocytes, the number of these present and

their attainment of maturity is strictly parallel to the appearance development and number of the asexual forms. Whenever asexual forms are present gametocytes are present also while the reproduction of the schizonts at about 6 p.m. is associated with the arrival at maturity of gametocytes which at that stage of their development have completely displaced the nucleus of the host cell. The growth of the gametocyte from the merozoite takes place in the peripheral blood

C M Henyon

HUFF (Clay G.) & GAMBRELL (Elizabeth) Strains of *Plasmodium cathemerium* with and without Gametocytes.—*Amer Jl Hyg* 1934 Mar Vol. 19 No 2. pp 404-415 With 4 figs [19 refs.]

Two strains of *Plasmodium cathemerium* after a number of bi weekly passages from canary to canary became completely gametocyteless. Another strain after similar treatment still retained a few gametocytes while other strains continued to produce them in large numbers. Birds after recovery from an infection of a gametocyteless strain which had lost its regular periodicity had become slightly more virulent and was showing an altered staining reaction were immune to infection with a normal strain, the normal parasites injected, both asexual and sexual forms being quickly removed from the blood. These parasites though removed from the blood, remained in the bird's system as a latent infection for at least eight months along with the atypical strain

C M H

BOYD (Geo H.) & ALLEN (Lane H) Adult Size in Relation to Reproduction of the Avian Malaria Parasite, *Plasmodium cathemerium* — *Amer Jl Hyg* 1934 July Vol 20 No 1 pp 73-83 With 4 figs [11 refs.]

A study of *Plasmodium cathemerium* in canaries has shown that the average size of the parasites is usually greatest at the commencement of an infection and decreases as the parasites become more numerous only to increase again as the attack subsides. The variation may be as much as 39 per cent. of the maximum size. In spite of this the reproduction periods occur regularly at about 6 p.m. each day the number of merozoites produced being directly dependent on the size of the schizont. It thus appears that the initiation of schizogony is not determined by the size of the parasite. The rate of growth of the parasite could be retarded by the administration each day of four doses of one-fourth of a mgm of quinine hydrochloride

C M W

MANWELL (Reginald D) The Duration of Malarial Infection in Birds. — *Amer Jl Hyg* 1934 Mar Vol. 19 No 2. pp 532-538 [20 refs.]

By observations on 118 birds which had recovered from infections with one or other of five species of malarial parasite it was shown that parasites persisted in the body throughout the period of observation which was not less than a year in any case and three years in a few instances. The results show that great caution must be exercised before concluding that an infection in a bird has been completely removed even when inoculation of blood into a clean bird fails to produce infection.

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C M W



a control series which had not been treated with quinine were reinoculated with *P. cathemerium*. The result showed that the early treatment had not interfered with the production of immunity. When the acute phase was suppressed by quinine there developed as powerful an immunity to superinfection as is acquired when an infection is not subjected to any treatment.

It was also found that when very large numbers of parasites were inoculated into canaries during the latent stage, they disappeared at least as quickly in the birds which had been previously treated with quinine as in those which had received none. If the early prophylactic quinine treatment was continued for more than 10 days the number of parasites appearing in the blood after its termination was always less than the number in untreated birds. This indicates that "the immunity enjoyed by birds which have been subjected to such treatment is largely built up during the actual course of its administration."

most of the birds treated for longer periods than 3 weeks were frankly carried right over into the latent stage of infection." These points are of importance not only theoretically but also as regards certain problems of human malaria. "These findings do not correspond with the theory that in human malaria the early exhibition of quinine must interfere significantly with the acquirement of immunity or tolerance, but" the finding of a set of circumstances in one form of malaria does not necessarily establish a general rule for all malarias. Daily injections of quinine, up to a quarter of the minimum lethal dose, did not result in sterilization of *P. cathemerium* infections. IV F

ROSKIN (Gr) & ROMANOWA (K.) Arzneistoffe und Ultraviolettstrahlen. VIII Mitteilung. Kombinierte Therapie bei Vogel-malaria. [Combined Therapy with Drugs and Ultraviolet Rays in Bird Malaria.]—*Ztschr f Immunopathol u Experim. Therap* 1934. July 23. Vol. 82. No 5/6 pp 461-474.

Experimental research to determine the effect of ultra violet rays in augmenting the action of salvarsan preparations in the treatment of bird malaria.

The authors conclude that novarsolan exerts a certain therapeutic effect in light infections of bird malaria. If non-therapeutic doses of novarsolan are given simultaneously with ultra violet rays no effect is noted. From this it may be accepted that in canaries the factor A is either not produced or in very small quantities [see this Bulletin, Vol. 28 p 912]. In mice on the contrary it is produced. The serum of irradiated mice increases the therapeutic properties of novarsolan and neosalvarsan in bird malaria. This indicates that factor A can activate neosalvarsan preparations in the organism of animals which belong to a different species to those in which it was produced. "Factor A" produced by radiation of mice possesses the character of an "activator" [loc cit Vol 29 p 353] E D W Gray

SHAH (K. S.) The Periodic Development of Sexual Forms of *Plasmodium cathemerium* in the Peripheral Circulation of Canaries.—*Amer J Hyg* 1934. Mar. Vol. 19. No 2. pp 392-403. With 6 figs. & 2 graphs. [14 refs.]

In canaries experimentally infected with *Plasmodium cathemerium* the time of appearance of gametocytes, the number of these present and

authors have never observed a case of a canary naturally resistant to a first infection while they have found that the serum taken from a bird during its premunition stage cannot confer immunity on another bird. It is not possible to produce an immunity by the inoculation of killed parasites, for birds are never immune unless parasites are present in the body. The only type of vaccination obtainable is one in which the initial acute attack is avoided the bird after inoculation passing directly into the condition of premunition. This occurs naturally in the case of some birds but can be brought about by the use of certain drugs which are capable of preventing the acute attack or by the inoculation of altered parasites such as old sporozoites from the salivary glands of mosquitoes or those parasites which occur in the blood of a bird soon after inoculation and before parasites are actually detectable by microscopic examination in its blood, in other words by the inoculation of blood taken from another bird during the period of incubation

C M Wenyon

ROUBAUD (Emile) & MEZGER (Jean) Sur la sensibilité au paludisme des oiseaux (*Plasmodium relictum*) des divers peuplements raciaux du moustique commun *Culex pipiens* L. [Susceptibility to Bird Malaria of Various Races of *C pipiens*].—*C R Acad Sci* 1934 July 9 Vol 199 No 2. pp 170-172

HUFF has shown that if a number of *Culex pipiens* taken at random are fed on birds with malaria the infection of the mosquitoes is not uniform, some even failing to become infected. He has also shown that the descendants of such resistant individuals are also resistant so that by selection it is possible to establish resistant strains of this mosquito [See this *Bulletin* Vol 27 p 892]. The authors of the paper under review have tested the susceptibility to bird malaria infection of three natural races of *Culex pipiens*. Two of these *C pipiens pipiens* and *C pipiens berbericus* are open air rural or garden races which normally have access to birds the former in France and the latter in N. Africa, while the third is an autogenous race of *C pipiens* which has adapted itself to urban surroundings where it feeds on man rather than on birds. The result has been that whereas the last named race always becomes infected so that 100 per cent. of the exposed mosquitoes show over 10 oöcysts the two rural races become infected very irregularly the first giving 32 per cent. and the second 48 per cent. of individuals which either resist infection entirely or show less than 6 oöcysts. This result seems to suggest that like human beings mosquitoes which have been constantly exposed to bird malaria infection acquire a certain immunity which is entirely absent in the race which rarely if ever feeds on birds.

C M W

RAFFAELE (Giulio) Sul comportamento degli sporozoit nel sangue dell'ospite [The Behaviour of Sporozoites in the Blood of the Host].—*Riv di Malarologia* 1934 Vol 13 No 4 pp 395-403 English summary (9 lines)

The author carried out many experiments—nine groups *in vitro* and three *in vivo*—using the sporozoites of the avian parasite *P. praecox* obtained from the salivary glands of *Culex* and also mature oöcysts with a view of ascertaining the penetration of sporozoites into the red corpuscles. He placed them in contact with blood itself (of a gold finch) with serum first then blood with normal saline and blood, at

different temperatures and for varying lengths of time. In the 12 new experiments he injected the glandular contents into the thigh muscles, or subcutaneously or directly into the blood stream. The results in each case were negative and the author concludes that "sporozoites inoculated by mosquitoes do not provoke the infection through immediate penetration in the circulating erythrocytes on the contrary they seem to be rapidly destroyed." H H S

GIOVANNOLA (Arnaldo) Tentativo di classificazione dei plasmodi aviani. Classification of the Avian Plasmodia.)—*Riv. di Malariologia*. Sez. I. 1934. Vol. 13. No. 3. pp. 372-379. With 24 figs. on 1 plate. English summary.

The number of known species of malarial parasites of birds has increased considerably in recent years. Apart from the originally described *Plasmodium praecox* (or *P. relictum* as some maintain it should be) a comparatively large parasite with spherical schizonts and gametocytes producing considerable deformity of the host cell, other species have been discovered which are either much smaller in size than *P. praecox* and produce a correspondingly smaller number of merozoites or possess elongate gametocytes which, surrounding the nucleus often render differentiation from halteridium a matter of difficulty.

The author of the paper under review tabulates the known species under three headings—1. forms which have spherical gametocytes and cause displacement of the nucleus of the host cell. 2. forms which have elongate gametocytes and displace the nucleus. 3. forms with elongate gametocytes and no nuclear displacement. To the first group belong *P. praecox*, *P. calhemerum*, *P. castrovi* and *P. trankershi*; to the second *P. elongatum*; to the third *P. rouxi*, *P. lewisi*, *P. circumflexum* and *P. fallax*. The paper gives the differential diagnosis of these species and a plate illustrating the various types. C M W

SIXTON (J. A.) & MULLIGAN (H. W.) Mixed Infections in the Habitat of the Lower Monkeys. Part I. Mixed Infections as the Cause of Apparent Variations in the Morphology and Pathogenicity of Simian Plasmodia. Part II. The Probable Occurrence of Mixed Infections in Some of the Older Records of Monkey Malaria.—*Records of the Malaria Survey of India*. 1933. Dec. Vol. 3. No. 4. pp. 719-767. 38 refs. pp. 769-808. [73 refs.]

In a paper published in 1932 (this *Bulletin* Vol. 29 p. 701) KNOWLES and DAS GUPTA reported the discovery in what they took to be an African monkey *Cercopithecus pygerrhinus* of a scanty plasmodium infection which they successfully inoculated to other monkeys and also to man. It was noted that in *Silvery rhinorhina* the infection was severe and fatal while in *C. pygerrhinus* it was mild. Furthermore the morphology of the parasite was different in the two hosts and it was concluded that this variation was due to differences in the influence on the parasite of the two hosts. It was later pointed out by KNOWLES (Editorial, *Indian Med Gaz.* Vol. 67 p. 701) that the original monkey and the others with which he and DAS GUPTA had worked under the name of *Cercopithecus pygerrhinus* was actually *Silvery rhinorhina* (*Macaca cynomolgus*) an oriental species. The new principle which was introduced into parasitology by the assumption that the host was able to influence so profoundly the morphology of a parasite seemed to the

authors of the paper under review so important that they felt it advisable to investigate the matter further with a view to finding out if some other explanation might not account for it

In Part I of this paper they describe in detail a long series of careful experiments and observations all of which lead to one conclusion namely that the original monkey found infected by KNOWLES and Das GUPTA and others of the same species investigated later were actually harbouring two distinct parasites one of which was *Plasmodium inui* var *cynomolgi* Mayer 1907 and the other *P. knowlesi* Sinton and Mulligan 1932. Pure strains of these two forms were obtained by methods which are described. It is noted that each retained its morphological characters whether infecting *S. rhesus*, *S. irus* or *S. sinicus* and that there was no indication whatever that a series of passages in one species or a transfer to another one was able to bring about any change in morphology. It is shown that *P. knowlesi* is particularly virulent for *S. rhesus* so that when a monkey of this species is inoculated with a mixed infection either the naturally occurring one or one intentionally produced it is *P. knowlesi* which is most evident. On the other hand in mixed infections in *S. irus* which are mild in nature it is *P. inui* var *cynomolgi* which is most prominent. Passaged to a monkey of a different genus *Pygathrix schistaceus* *P. knowlesi* again retained its characteristic morphology. Amongst other differences between the two parasites it is noted that the schizogony cycle of *P. knowlesi* is 24 hours while that of *P. inui* var *cynomolgi* is 48 hours. Attempts to transmit *P. knowlesi* by mosquitoes failed, though on several occasions development up to the occurrence of sporozoites in the salivary glands of *Anopheles annularis* (*A. fuliginosus*) was obtained. With *P. inui* var *cynomolgi* on the other hand, healthy *S. rhesus* were infected on three occasions by the bites of *A. annularis* and once by *A. subpictus* while oöcysts and salivary gland infection with sporozoites were found in a high percentage of these mosquitoes as well as *A. maculatus*, *A. culici facies* and *A. splendidus* fed on infected animals. It was noted that in attempts to produce infection by injection of sporozoites from ruptured oöcysts or from freshly infected salivary glands failure always resulted. It is suggested that some period of maturation of sporozoites in the salivary glands may be necessary before they become infective. In work of the kind discussed in this paper it is evidently of the utmost importance that the monkeys used for inoculation purposes be free from latent infection. The methods of detecting such latent infections with a view to the exclusion from experiments of already infected animals are described, as also those employed for isolating pure strains of one or other species of malarial parasite from mixed infections such as occur very commonly in *S. irus*. The monkey *S. rhesus* so largely employed for the experiments has never been found by the authors to have a natural malarial infection though they have submitted it to the most careful tests.

In the second part of the paper the authors discuss the general question of mixed infections of malarial parasites in monkeys. A number of observers have recorded changes in morphology of parasites, the staining reactions of the host cells and the pathogenicity in passages from one species of monkey to another. The work conducted with *P. knowlesi* and *P. inui* var *cynomolgi* has shown that all these so-called changes may be caused by unrecognized mixed infections so that many of the older descriptions and accounts of malarial parasites of monkeys are correspondingly inaccurate. From this point of view the authors

examine the literature of the subject and come to the general conclusion that unrecognized mixed infections are responsible for many confusing statements and discrepancies. It is evident that the specific morphology of these parasites will require reinvestigation in the light of the experiences gained by the studies described in this paper. With a view to assisting in the re-examination there is given a list of the genera of African and Asiatic monkeys in which malarial parasites have been found and in which some indication of the degree of prevalence has been noted.

The above account of this valuable paper does little more than give an outline of its contents. It is full of the most useful detail which will be invaluable to all who contemplate investigations on monkey malaria. The authors have found themselves in a very favourable position for such an investigation, with an abundance of material in the shape of naturally uninfected animals like *S. rhesus* so that it may be said that for the first time there has been conducted a thorough investigation of a single malarial parasite of monkeys. The thoroughness of this work and the results obtained rather suggest that many of the previous accounts of malarial parasites of monkeys have little other value than the mere record of a malarial infection in a particular monkey.

C. M. W.

MALAMOS (B). Das Blutbild bei Affenmalaria. [Blood Picture in Monkey Malaria.]—*Arch f. Schiffs u. Trop. Hyg.* 1934. Sept. Vol. 38. No. 9. pp. 374-396. With 8 figs. [11 refs.]

Observations on the blood changes in monkeys following the inoculation of *Plasmodium knowlesi*.

In the investigations the monkeys chiefly employed were *Mac. cynomolgus* (syn. *S. irus*) also one *Mac. rhesus* (syn. *M. mulatta*) and one *Cercopithecus mona*. The strain of *Plasmodium knowlesi* used was obtained from London.

Blood counts of normal monkeys give—*Cercopithecus* 19 600 leucocytes, 5,950 000 erythrocytes and 58 per cent. haemoglobin, *Mac. rhesus* 16 000 leucocytes, 5,200 000 erythrocytes and 60 per cent. haemoglobin. The author was struck by the low haemoglobin value compared with high count of the red cells—the colour index is low 0.6.

As a result of his experimental study the author concludes that *Plasmodium knowlesi* infection in the monkeys employed causes a severe toxic anaemia by destruction of the red cells and blocking of the blood forming organs. The peak of the anaemia occurs towards the end of the infection and it may reach a high degree the red cells and haemoglobin dropping to 1 000 000 and 21 per cent. respectively. The character of the anaemia is micro-macrocytic with anis- and poikilo-cytosis, polychromatophilia and Cabot's rings. Spontaneous regeneration occurs very rapidly with many normoblasts and macroblasts. Shortly after the infection a leucocytosis occurs, the white cells rising to 28 400 soon followed by a leucopenia, the leucocytes falling to between 12 000 and 15 000 in one case 4 000 the latter chiefly due to a diminution of polynuclears—a shift to the left does not occur. During regeneration myelocytic cells are numerous owing to stimulation of the bone marrow. Resistance to the infection is accompanied by a high grade monocytosis many of these cells are laden with parasites and pigment. During the infection the number of lymphocytes is not diminished but rather slightly increased. In fatal

infections in splenectomized animals the number of monocytes and lymphocytes is much diminished compared with infected non-splenectomized monkeys  
E D W Greig

MALAMOS (B) Die Rolle des Retikulo-Endothelialen Systems, insbesondere der Milz bei Affenmalaria [Rôle of the Reticulo-Endothelial System, particularly the Spleen in Monkey Malaria.]—*Arch f Schiffs u Trop Hyg* 1934 Aug Vol 38 No 8 pp 328-342. With 7 figs. [20 refs]

An experimental study of the part played by the reticulo-endothelial system and particularly the spleen in monkeys infected with *Plasmodium knowlesi*

Normally infection with *Plasmodium knowlesi* in *Macacus cynomolgus* runs a chronic course and requires no treatment but if the spleen is removed or the R.E.S. is blockaded with trypanblue or Indian ink the animals die in from 4-9 days after appearance of parasites if not treated. It does not matter at what stage splenectomy is performed, whether a long time before or in the chronic phase of infection whereas a blockade can only raise the virulence when administered before infection and has no effect whatever in the chronic stage. The treatment of splenectomized and blockaded monkeys with atebryn quinine and quinine and plasmoquine gave exactly the same results as in non-splenectomized monkeys so the spleen is not necessary for this form of therapy  
E D W Greig

MALAMOS (B) Ueber eigentümliche Parasitenkapseln bei menschlicher Malaria (*Pl vivax* und *Pl ovale*) und Affenmalaria (*Pl knowlesi*) Vorläufige Mitteilung [Peculiar Parasite Capsule in Human and Monkey Malaria.]—*Arch f Schiffs u Trop Hyg* 1934 Aug Vol 38. No 8. pp 342-349 With 14 figs. on 1 plate [18 refs]

A peculiar capsule formation is described in connexion with the *Plasmodium vivax* and *ovale* in man and the *P knowlesi* in monkeys

A definite capsule which stains like chromatin with Giemsa is seen round the parasites. It cannot be definitely stated whether the capsule forms part of the parasite or the red cell containing it. It is only seen in schizonts and chiefly in the early dividing forms. A curious morphological alteration occurred in splenectomized superinfected monkeys the capsule was seen to break up into loops or to become entirely dissolved. During the division of the parasites a body was observed inconstantly which was not pigment but clumps of blue staining protoplasm that often contained pigment

E D W Greig

SCHWETZ (J) Recherches sur la malaria congénitale et l'infection malarieuse du placenta dans la malaria endémique de l'Afrique Centrale Deuxième étude [Congenital Malaria and Malarial Infection of the Placenta in Central Africa.]—*Rev de Malariologia* 1934 Vol 13 No 4 pp 435-442. With 17 coloured figs. on 1 plate

Adult schizonts were found in the placenta young rings and crescents were found in the peripheral blood. No congenital malaria was found [but see SCHWETZ & PERL below]

No malaria was found in 33 newly born native infants although parasites were present in 21 of the mothers. Parasites were far more numerous in the placentas than in the peripheral blood of the mothers. The young rings and crescents which are commonly found in the peripheral blood are rare in the placentas. Here adult schizonts of *P. falciparum* pigmented or in division, are the commonest forms. *P. malariae* was found in the peripheral blood of three mothers, and *P. vivax* in the blood of one, but these species were not found in the placentas. Possibly the tropism of *P. falciparum* for the internal organs is the reason for the persistence of this species in the adult native [See this *Bulletin* Vol 23 p 130 (BLACKLOCK & GORDON).]

W F

SCHWETZ (J) & PEEL. Congenital Malaria and Placental Infections amongst the Negroes of Central Africa.—*Trans. Roy Soc Trop Med & Hyg* 1934 Aug 4 Vol. 28. No 2. pp 167-174

The placenta behaves as a true internal organ and contains adult dividing forms of *P. falciparum*. Out of 58 cases, the infant was congenitally infected in two (see also SCHWETZ above)

The authors examined 58 native women at the time of childbirth with the following results —

(a) Peripheral blood of mother	Percentage infected	83.0
(b) Placental blood	" "	74.0
(c) Cord blood	" "	6.0
(d) Infant's blood	" "	3.6

The parasites seen in the blood taken from the mothers, the infants, and the cords were young schizonts. In the placentas numerous fully grown forms were seen (pigmented and in division) and some were undergoing phagocytosis. The placenta behaved as a true internal organ like the spleen, in containing the adult schizonts of *P. falciparum*. In 16 per cent of cases, a heavy placental infection was found although there were no parasites in the peripheral blood. In no case did the placental infection appear to have a detrimental influence on the child.

Though congenital malarial infection is possible even in children born of mothers who are healthy though infected, in practice it is of little importance since the high parasite index of native children and even of infants, is the result of infections acquired after birth. W F

DAVIS (Nelson C.) The Microscopical Examination of 29,593 Human Livers from Central and Northern Brazil, with Special Reference to the Occurrence of Malaria and Schistosomiasis.—*Am. J. Hyg* 1934 May Vol 19 No 3 pp 567-600 With 6 charts & 3 maps. [14 refs.]

This paper deals with the diagnosis of malaria, schistosomiasis and yellow fever by means of the examination of liver sections.

A large number of specimens of liver have been collected by means of an instrument specially designed for the rapid removal of liver tissue by laymen without autopsy [see this *Bulletin* Vol. 31 p 836]. By this means yellow fever was detected in 43 places where it was not known to be present. The present paper concerns the distribution of malaria and schistosomiasis as indicated by this method, and their diagnosis from yellow fever by means of the examination of the liver

tissue. Unequivocal histopathological diagnosis of intestinal schistosomiasis rests on finding eggs surrounded by an inflammatory reaction which produces characteristic nodules. In early stages if eggs cannot be found the appearances resemble those of other diseases which produce miliary granulomata. Pigmentation may resemble that of malaria but the pigment is chiefly confined to the portal zone and is concentrated in the nodules. The pigment is usually fine and dust-like, whereas, in malaria, much of it is in the form of round shot like bodies. Malaria either alone or complicated by blackwater fever is capable of producing lesions which may be confused with those of yellow fever. This is particularly the case in fulminant malaria and blackwater fever. In malaria the necrosis is typically central while in yellow fever it is midzonal but variations occur W F

SINTON (J A) & GHOSH (B N) Studies of Malarial Pigment (Haemozoin). Part III. Further Researches into the Action of Solvents, and the Results of Observations on the Action of Oxidising and Reducing Agents, on Optical Properties, and on Crystallisation.—*Records of the Malaria Survey of India* 1934 June. Vol 4 No 2. pp 205-221 With 2 charts [17 refs.]

Haemozoin and haematin are apparently identical. The authors conclude that —

- (a) The rates of solution of haemozoin and haematin are the same
- (b) Reducing agents produce the same effect on both the pigments
- (c) Spectroscopic measurements suggest strongly that the two substances are identical
- (d) Crystals of haematin chloride and haematin iodide can be formed from haemozoin, and the crystals are indistinguishable from those obtained from haematin
- (e) Pyridine-haemochromogen crystals can be obtained both from haematin and from haemozoin

As a result of these and our previous experiments we consider that the pigment found in *P. knowlesi* a malarial parasite of lower monkeys is indistinguishable from haematin. W F

JAMES (S P) The Shute Method of making Preparations of Ex-Flagellating Gametocytes and Ookinetes of Malarial Parasites. [Correspondence]—*Trans Roy Soc Trop Med & Hyg* 1934 June 30 Vol. 28 No 1 pp 104-105

The method is thus described —

*For ex flagellation of malarial gametocytes*—Prepare four Petri dishes by fitting two layers of filter paper accurately cut to size in the top half of each dish, and the same in the bottom half. Moisten the filter paper with as much water as it will absorb, but not more. Lay a triangular piece of glass tubing in each dish and place the four dishes in a moist atmosphere incubator at 25°C. for two hours. The dishes should not be piled on one another. When the blood is to be examined take the dishes (each wrapped in cloth so that it does not become cold) and prepared slides to the bed of the patient with an assistant who will hold a separate dish ready for each blood film as it is made. Prick the finger make a thin film (but not too thin) breathe lightly on it and quickly lay it on the glass tubing in the dish from which the assistant has momentarily removed the lid for the purpose. He quickly replaces the lid and when four similar preparations each in its own dish are ready he takes them without delay to the incubator where the first will remain 15 minutes, the second 20 minutes, the third



No malaria was found in 33 newly born native infants although parasites were present in 21 of the mothers. Parasites were far more numerous in the placenta than in the peripheral blood of the mothers. The young rings and crescents which are commonly found in the peripheral blood are rare in the placenta. Here adult schizonts of *P. falciparum* pigmented or in division, are the commonest forms. *P. malariae* was found in the peripheral blood of three mothers, and *P. vivax* in the blood of one, but these species were not found in the placenta. Possibly the tropism of *P. falciparum* for the internal organs is the reason for the persistence of this species in the adult native. (See this Bulletin Vol. 23 p. 130 (BLACKLOCK & GORDON).)

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The placenta behaves as a true internal organ and contains adult dividing forms of *P. falciparum*. Out of 56 cases, the infant was congenitally infected in two (see also SCHWITZ above)

The authors examined 56 native women at the time of childbirth with the following results —

(a) Peripheral blood of mother	Percentage infected	68.0
(b) Placental blood		74.0
(c) Cord blood	"	6.0
(d) Infant's blood	"	3.6

The parasites seen in the blood taken from the mothers, the infants, and the cords were young schizonts. In the placentas numerous fully grown forms were seen (pigmented and in division) and some were undergoing phagocytosis. The placenta behaved as a true internal organ like the spleen, in containing the adult schizonts of *P. falciparum*. In 16 per cent. of cases a heavy placental infection was found although there were no parasites in the peripheral blood. In no case did the placental infection appear to have a detrimental influence on the child. "Though congenital malarial infection is possible even in children born of mothers who are healthy though infected, in practice it is of little importance since the high parasite index of native children, and even of infants, is the result of infections acquired after birth." W F

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25 minutes and the fourth 30 minutes. At each of these intervals a film is taken out, inspected to ascertain that it is still moist and allowed to dry in the air. Then it is stained in the usual way with Leishman or Giemsa stain. The count is made per 100 leucocytes, only the forms which show complete ex flagellation being included. A count of total leucocytes per c.mm. in the peripheral blood is made at the time of taking the films in order that the number of ex flagellating parasites may be expressed per c.mm. of blood as well as per 100 leucocytes.

*For oökinetes in blood from the mosquito's stomach*—Allow some female *A. maculipennis* without ripe ovaries to feed on a patient whose blood contains a good number of gametocytes and place them in a moist atmosphere incubator the temperature being 25°C. and the humidity not less than 80 per cent. At intervals between 10 and 20 hours later remove one or two mosquitoes from the incubator and proceed as follows.—Chloroform the mosquito and remove its legs and wings. Flood the centre of a perfectly grease-free slide with Locke's fluid in which to dissect the insect. For dissection fix the left-hand needle on the thorax and with the right-hand needle nick the chitin on both sides of the fourth abdominal segment and gently pull on the last segment so as to draw out the mid-gut containing the blood clot without tearing the wall of the stomach. Using a dissecting microscope cut away the malpighian tubules, lift the clot on the point of a dissecting needle and transfer it to a drop of Locke's fluid previously placed on another clean slide. Cut and tear the clot so that the blood as it leaves the stomach becomes quickly mixed with the Locke's fluid, but keep the teased area as small as possible to prevent any part of the blood from drying. When the blood and fluid are thoroughly mixed to form a large drop make thin films from it on clean slides in the same way as if it were a drop of finger blood. With practice eight or more films can be made from the drop. Let the films dry in the air and stain with Leishman or Giemsa stain. Search for oökinetes with the oil-immersion lens." IV F

GIORGAMOLA (Arnaldo) La colorazione vitale degli sporozoitii ed il suo impiego nella diagnosi dell'infeattività degli anofeli. [Vital Staining of Sporozoites in Anopheles.]—*Riv di Malarologia* Ser. I. 1934. Vol. 13. No 3 pp 327-331 With 1 fig. English summary

The author dissects anopheles in a 0.5 per cent. solution of brilliant cresyl blue in physiological salt solution (not 50 per cent. as in the English summary). The sporozoites, which appear coloured and motile are easily distinguished among the unstained fat droplets which come out of the thorax.

IV F

TUDORANU (G.) HERESCU (D.) & GROENBERG (A.) Sur la lipase sérique chez les paludéens quinquinaux ou non quinquinaux. [Serum Lipase in Treated and Untreated Malaria.]—*C R Soc. Biol* 1934 Vol. 116. No. 26 pp 1117-1118.

The serum lipase is not reduced in untreated malaria. When quinine is added to serum *in vitro* this fat-splitting lipase is destroyed, and when patients are treated with quinine or plasmoquine it is reduced. The quinine resistant corpuscle lipase does not pass into the plasma. II F

WINKEL (Ch W F) Kunstmatig opgewekte malaria quartana. [Artificially Induced Quartan Malaria.]—*Nederl. Tijdschr v Geneesk* 1934 Sept 29 Vol. 78. No. 39 pp. 4455-4473. With 3 figs. [12 refs.] English summary

The inoculation of quartan malaria should be reserved for those patients who are immune to tertian. It is an excellent treatment when the paroxysms remain quartan, but the majority of the authors

patients had fever daily or on three days out of four. The fever cannot be so readily controlled by drugs as the fever of tertian malaria. It is resistant to neosalvarsan. The incubation after mosquito bites or after the subcutaneous inoculation of infected blood, averages 26 days. After intravenous injection it is only 10 days. Quinine acts perhaps a little more quickly than atabrin but after atabrin there are fewer relapses. W F

LACOUR (P R) *Recherches sur la malaria flocculation de Henry* (Sa sensibilité Sa spécificité Sa valeur pratique) [Henry's Malaria Flocculation.]—67 pp [80 refs] 1934 G Doin & Cie, 8 Place de l'Odéon Paris (VI) [15 frs]

The main conclusion is that the reaction is useful in diagnosis.

This little book begins with a description of the technique of Henry's reaction: the preparation of the iron and the melanin solutions; the arrangement of the tubes and the reading of the results. This is followed by a review of the results obtained by HENRY himself and by other workers. HENRY examined 100 healthy persons: all were negative. 450 persons with active malaria: all were positive except during the febrile attacks. 750 old malaria cases: many were positive. 400 syphilitics: all were negative. The findings of the other workers quoted were confirmatory. The author next gives the results obtained by himself in the examination of 381 sera. Twenty-eight cases of active malaria were all positive. 63 healthy persons were all negative. Two patients with sleeping sickness and 9 guinea-pigs infected with trypanosomes were all negative. Three patients suffering from haemolytic jaundice gave positive results: this appeared to be the only condition except malaria, in which a positive reaction was obtained. The interval between the date of infection with malaria and the time at which the reaction became positive was studied in six cases of therapeutic malaria. The reaction in these patients was negative during the incubation but became positive after five or six paroxysms had occurred. The author summarizes the views of HENRY and of other workers as to the nature and specificity of the reaction. His own view is that while this question remains unsolved there is no doubt about the usefulness of the reaction in diagnosis. W F

GREIG (E D W) VAN ROOYEN (C E) & HENDRY (E B) *Serological Diagnosis of Latent Malaria.*—*Lancet* 1934 June 30 pp 1393-1394

— & — A Note on the Melano-Precipitation Serological Reaction in Malaria.—*Jl Trop Med & Hyg* 1934 July 2 Vol. 37 No 13 pp 183-185

— & — Observations on the Melano-Precipitation Serological Reaction in Malaria.—*Trans Roy Soc Trop Med & Hyg* 1934 Aug 4 Vol 28 No 2 pp 175-191 With 4 figs [33 refs.]

The authors employ a pigment derived from hair in place of Henry's antigen prepared from choroid membrane.

They have investigated Henry's melanoflocculation reaction in cases of induced therapeutic malaria. HENRY uses as his antigen a suspension of ox choroid membrane. A drawback to this melanin solution is that non-specific reactions may occur from the interaction of human

sera with the ox protein derived from the choroid. The authors therefore sought for a source of melanin pigment free from foreign protein and capable of reacting with malarial sera in a quantitative manner. This they claim to have found in pigment obtained from human hair.

The melanin pigment solution is derived from human hair by hydrolysis with 60 per cent. HCl, followed by concentration in vacuo and purification by dialysis in a collodion membrane. This has been found to give a pure and stable suspension of pigment. A set of 9 dilutions of patient's serum is prepared ranging from 1/2 to 1/512 in distilled water. To each is added an equal volume (0.4 c.cm.) of pigment solution, and the series is incubated at 37°C. for 5½ hours before the reading is taken. Positive results are observed as white granular precipitates forming at the foot of the tube. The reaction appears about the 5th to 7th day of infection, although no parasites may be seen at this stage and the patient is afebrile. The maximum titre of 1/128 is reached about the 4th week, and then rapidly declines following the administration of drugs. Control tests on 129 different non-malarial sera gave only 2 non-specific positive results. It is probable that the phenomenon is not due to the interaction of antigen and antibody for it can be shown that positively reacting sera may be inactivated by heating to 55°C. for half an hour and that the repeated immunisation of rabbits with melanin pigment fails to produce an agglutinin response.

The occurrence of a reaction with positive sera and diorxyphenylalanine the precursor of melanin shows that the reaction is due to the melanin and not to any other substance. [According to SINTON and GHOSH malarial pigment, or haemozoin, is a different substance from the body pigment melanin. See this *Bulletin* Vol. 31 p. 706.] The lipid phosphorus content of the serum tends to vary inversely with the reacting titre of the serum. The term melano-precipitation is suggested in place of Henry's melano-flocculation. IF F

WHELAN (R. Howitt) *The Nature of Henry's Reaction in Malaria.—Lancet* 1934 Sept 8. pp. 543-544

This reaction can be obtained by adding distilled water to the serum; a solution of melanin is unnecessary. (See GREIG above, also CHORNE.)

The author employed the melano-precipitation method of Greig, van Rooyen and Henry using their melanin solution prepared from hair (see above) and he made a parallel series of tests in which he used distilled water instead of melanin. He found that exactly similar precipitates occurred in both the distilled water series and the melanin series the only difference being that the precipitate was coloured brown in the melanin tubes. Every case which was positive in the melanin tubes was positive in the controls with distilled water. Henry calls the flocculation with distilled water surflocculation. The author concludes: "I have formed the opinion that these phenomena are one and the same: the melanin merely adding a brown colour to the flocculation. The precipitate is in all probability a globulin." (See TRENSZ this *Bulletin* Vol. 30 p. 483.) IF F

CHORNE (V.) PRUDHOMME (R.) & KORTCHILIS (D.) Flocculation du sérum dans l'eau distillée et réaction de Henry. [Henry's Reaction and the Flocculation of Serum in Distilled Water].—C. R. Soc. Biol. 1934 Vol. 116 No. 27 pp. 1255-1257

The results obtained by adding sera to distilled water are almost exactly the same as those obtained with Henry's antigens (see WHELAN above, also GREIG).

Normal sera give little or no flocculation in distilled water syphilitic sera give a little flocculation malarial sera give a great deal The test is made by adding 0.2 cc. of the serum to 1.8 cc. of distilled water and a reading is taken at once in the photometer The tubes are then put in the incubator for 3 hours and after 20 minutes at room temperature a second reading is taken The titre is obtained by subtracting the first reading from the second A number of sera collected from normal persons from syphilitics and from people suffering from malaria were examined by this distilled water method and simultaneously by Henry's melanoflocculation test It was found that sera giving readings of less than 10 in distilled water gave negative Henry's reactions sera giving readings between 10 and 25 gave doubtful Henry's reactions sera giving readings above 25 gave positive Henry's reactions Among 68 malarial sera 60 gave readings between 35 and 60 4 between 15 and 30 and 2 between 11 and 12 Among 130 syphilitic sera the readings were below 10 in 105 In 158 normal sera the readings were below 10 and Henry's reaction was negative in 151 Among the remainder there were 7 (? 8) with readings between 10 and 15 three of these gave doubtfully positive Henry's reactions and one with a reading of 21 gave a positive Henry's reaction In kala azar high titres of 100 150 and more are reached

The authors conclude that the flocculation of serum in distilled water and the reaction of Henry are due to the same principle and that there exists an almost complete concordance between the two methods.

IV F

GREIG (E. D. W.) HENDRY (E. B.) & VAN ROOYEN (C. E.) The Chemistry of Malarial Serum, with Reference to the Factors concerned in the Melano-Precipitation Test.—*Jl Trop Med & Hyg* 1934 Oct 1 Vol. 37 No 19 pp 289-295 [12 refs.]

Melanin acts as an indicator in Henry's reaction not as a true antigen Surflocculation and flocculation with melanin are due to the same changes in the serum (See CHORINE above also WISEMAN)

The authors have found that in sera giving a positive Henry's reaction there is no increase in albumen total globulin cholesterol or chlorides The precipitate consists of one of the globulin fractions probably euglobulin which occurs in excess in malaria A positive reaction also occurs in kala azar where there is also an excess of euglobulin It is suggested that protolipoid complexes may enter into the reaction since it cannot be merely a question of euglobulin increase because this substance is in excess in syphilis in which Henry's reaction is negative

The authors have investigated the phenomenon of surflocculation or the apparent flocculation which occurs in tubes containing serum and distilled water without antigen They conclude that this is probably the same as the flocculation which occurs with melanin solutions in Henry's reaction The precipitation occurs in higher dilutions in the distilled water tubes than in the tubes containing melanin and probably the addition of the melanin solution has no effect other than that of suppressing the precipitation which would appear with a normal serum and allowing only the deposition of the excessive amount of precipitate which comes down in a malarial serum There is a second use of the pigment namely to colour the precipitate and thus

make the reaction more easily observed, but this is relatively unimportant." The pH of the melanin solution is very important and a second factor of importance is found in the small quantity of sodium chloride which is present in it. Both the slight alkalinity and the presence of this electrolyte will cause the suppression of any precipitate which would occur with normal serum on addition of water only "but the melanin solution does not contain enough alkali or chloride to suppress the larger reaction which occurs in malaria. Many other colouring matters can be used instead of melanin e.g., methyl violet, or methylene blue, but melanin gives the sharpest reaction. Melanin acts only as an indicator and the active principles in the so-called antigen are the concentration of sodium chloride and the pH. (This Bulletin Vol. 30 p 483) IV F

CHWATT (L.) Influence de l'infection tuberculeuse expérimentale sur la réaction de Henry [Henry's Reaction in Experimental Tuberculosis.]—*C R Soc Biol* 1934 Vol. 116 No 23. pp. 707-709

The serum of tubercular guineapigs gives a positive Henry's reaction.

Two lots of guineapigs, one of 6 and the other of 4 were inoculated with a virulent strain of tubercle. Henry's reaction, which was negative at first became positive in all of them during the third week, and remained positive until death which took place 7 to 8 weeks later. With smaller doses, or with less virulent strains, the reaction may remain negative for months. The serum of 6 rabbits infected with syphilis gave a negative reaction. IV F

HENRY (A.) La sériflocculation palustre. [Seroflocculation in Malaria.]—*Arch. Inst. Prophylactique* 1934 July-Sept. Vol. 6 No 3 pp 324-337 English summary

The author describes the technique of his reaction, and the methods of preparing the reagents. He discusses the significance of the optic density as determined by Vernes's photometer. He states that if the serum is heated for half an hour at 55°C specific flocculation no longer occurs but that the flocculation of the serum with distilled water (surflocculation) is only slightly affected. [Some workers consider that surflocculation and melanoflocculation are essentially the same. (See CHORINE WISEMAN GRIEG above.)] IV F

HENRY (A. F. A.) Les fausses flocculations en sérologie palustre. [False Flocculation in Malarial Serology.]—*C R. Soc Biol* 1934 Vol. 116. No 27 pp 1237-1239

Anomalous positive reactions occasionally occur in other diseases than malaria. For instance, in typhus, trypanosomiasis, kala azar and tuberculosis of guineapigs. This is probably the result of a serological instability. True malarial flocculation is abolished when a serum is heated to 55°C. for half an hour. If flocculation occurs in a serum after it has been heated one knows that it is not specific. IV F

DE MEILLON (Botha) Entomological Studies, Studies on Insects of Medical Importance in South Africa.—*Publications of South African Inst Med Res* 1934 June No 33 pp 249-308 With 16 plates.

The paper contains descriptions of new species of *Xenopsylla* and *Simulium* of a new variety of *Anopheles natalensis* differing from the typical form in the hypopygium and marking of the legs of the adult male and in the structure of the pupa and of certain previously unknown early stages of South African *Anopheles*. The descriptions are fully illustrated.

Perhaps the most interesting part of the paper is the description of the eggs of ten species of *Anopheles*. The author finds distinctions between the eggs of *A. funestus* and of var. *leesonii* and uses this knowledge to identify females caught in nature dissecting them and examining the nearly mature eggs. He also finds that the egg of *A. cinereus* is peculiar in having no floats but hanging vertically in the water. In these points it resembles the egg of *turkmeni*; this is interesting for the two species were known to resemble each other in the details of larval and pupal structure. P. A. Buxton

WASSILIEFF (A.) Quelques remarques sur les moustiques de Tunisie [Observations on the Mosquitoes of Tunis].—*Arch Inst Pasteur de Tunis* 1934 Aug Vol. 23 No 3 pp 363-383 With 1 folding map [14 refs]

Little and that of a fragmentary character has hitherto been published on the subject of this paper which is of local rather than general interest. Notes are given on the larvae and breeding places as met with by the author in the region to the south of the city of Tunis of *Anopheles algeriensis*, *A. multicolor* and *A. hispaniola*. In the malarious district known as the Sahel de Sousse numbers of paucidentate *A. maculipennis* females usually gorged with blood were found in a state of semi hibernation in the larders of Arab houses. Such mosquitoes are especially dangerous since they are capable of biting as many as thirty times. Their destruction during the winter anti-mosquito campaign should therefore by no means be overlooked. E. E. Austin

GASCHEN Prospection entomologique au Laos [Entomological Survey of Laos].—*Bull Soc Méd-Chirurg Indochine* 1934 May Vol. 12 No 5 pp 533-540 With 1 fig

As suggested by geology and climatology the anopheline fauna of Central Laos with which this paper is concerned is the same as that of Tongking (excluding the delta). The component species are — *Anopheles aconitus*, *A. aithens*, *A. barbirostris*, *A. fuliginosus*, *A. jeyporiensis*, *A. maculatus*, *A. maculipalpis*, *A. minimus*, *A. philippinensis*, *A. sinensis* and *A. vagus*. Among these during the period 1931-1933 in the combined territories of Tongking, Annam and Laos TOUMANOFF found much the highest percentage of infection (3.91) in *A. minimus*. This species occurs wherever the country is hilly or mountainous and well watered. That *A. maculatus* a possible vector is ubiquitous in the Mekong valley is due to the periodic inundations caused by the river and to the fact that this mosquito breeds in places freely exposed to the sun. Thus to prevent *A. maculatus* from breeding shade rather than clearing is required.



*A. culicifacies* not yet found in either the Lower or Central region, has been met with in Upper Laos. No specimen examined was infected, although in India an infection rate as high as 16 per cent has been observed. special attention should be paid to this insect in Northern Indo-China.

Whenever it is desired to open up country for industrial development a malarial survey both clinical and entomological, should first be undertaken. Appropriate prophylaxis will then, in the words of ROUBAUD rupture the relations between man and mosquito

E E A

ROZEBOOM (L. E.) The Effect of Bacteria on the Hatching of Mosquito Eggs.—*Amer Jl Hyg* 1934 Sept Vol 20 No. 2 pp 496-501

The author considers that results obtained by him, when working with eggs of the yellow fever mosquito (*Aedes aegypti*) may serve to reconcile discrepant findings of certain previous authors as to the influence of bacteria on hatching, since much depends on the age and condition of the eggs. When old and dry eggs of *A. aegypti* rarely hatch in sterile water but in the same medium, fresh moist eggs do so much more readily. In the case of both dry and moist eggs the addition of bacteria has a stimulative effect on hatching. As previously stated by ROUBAUD (see this Bulletin Vol. 27 p. 497) eggs deposited by older females tend to be "inactive." With regard to other species the condition of the medium whether sterile or contaminated, made no difference to the hatching of eggs of *Culex pipiens*, *C. territans* and *C. salinarius*

E E A

AMBIALET (R.) Sur l'entrainement des larves de moustiques dans les cours d'eau [The Transportation of Larvae by Running Water].—*Arch Inst Pasteur d'Algérie* 1934 June Vol. 12 No. 2 pp 205-206.

The author points out that it is possible for a collection of water to be free from larvae on one day and on the next to contain numbers of them in an advanced stage of development. He gives several examples. In a palm plantation at Blakra, the trees were watered once a fortnight. There was a hole in the ground at the foot of each tree. These holes communicated with one another and when one was full of water it ran into the next and so on. Most of the holes dried up in the interval between the waterings, but some retained a little water and in this mosquito larvae flourished. When the trees were next watered these larvae were carried by the current and distributed among the other water holes. Another example is given in which anopheline larvae were carried from a ravine into a water-hole in a vegetable garden.

W F

LEWIS (D. J.) The Eggs of Four Species of Anophiles from West Africa.—*West African Med Jl* 1934 Apr Vol. 7 No. 4 pp 135-136 With 1 fig

The four species the eggs of which were procured at Gadan, Northern Nigeria are *A. gambiae*, *A. funestus*, 4 *phaeocerus* and 4 *rufipes* and Equatorial African specimens of all of these but the last were lately

described by GIBBINS [this *Bulletin* Vol 31 p 56] Eggs readily obtained by the present author by isolating female mosquitoes in a suitably damp atmosphere were preserved on filter paper in sealed glass tubes wetted on the inside with a solution of five per cent formalin and one per cent glycerine. A short description is given of the egg of each of the above-mentioned species accompanied by a table of measurements derived from the means of batches. Owing to the variability of anopheline eggs it is for diagnostic purposes necessary to examine eggs from large numbers of females. E E A

TRILLARD (M) Humidité et longévité dans la biologie et le pouvoir pathogène en Indochine méridionale de *Anomyia minima* et *Pseudomyzomyia vago* [Humidity and Longevity in the Biology and Pathogenic Power of *Anopheles minimus* and *A. vagus* in S. Indo-China.]—*Bull Soc Path Exot* 1934 July 11 Vol 27 No 7 pp 668-670

*A. minimus* is the chief malaria carrier in Indo-China, but *A. vagus* one of the species in which the plasmodium is least often found is said to be definitely zoophile. Apart however from the different degrees of anrophily displayed by these two species the harmlessness of *A. vagus* to man is explicable by the shortness of its life as compared with that of *A. minimus*. It is obvious that the longer a domestic *Anopheles* survives the greater will be its chance of conveying malaria by biting a second time. In artificial conditions the mean duration of life is about five times longer in *A. minimus* than in *A. vagus* and in both cases individual longevity is most marked at the time of greatest abundance—the dry season for *A. minimus* the rains for *A. vagus*. At the seasons indicated the former breeds in clear streamlets the latter in collections of waters heavily charged with organic matter. Thus differing longevity would seem to be associated with a fundamental difference in larval nutrition since shortness of life characterizes individuals reared on material rich in protein and markedly longer life those brought up in a medium poorly supplied with vegetable food.

The difference in the seasonal occurrence of the two species would appear also to be due to the different hygrometric requirements of their respective adults a high degree of prolonged humidity being unfavourable in the one case while the lack of it is even more so in the other.

E E A

MARSON (D) Some Notes on the Identification of Some Anopheline Larvae by Macroscopic Methods.—*Records of the Malaria Survey of India* 1934 June Vol 4 No 2 pp 197-203

The author has found that practice has enabled him to identify anopheline larvae in the field with a considerable degree of accuracy by putting them in a white porcelain dish and examining them with the naked eye. A table is given which sets out the distinguishing points of 18 species of anopheline larvae. W F

BOYD (Mark F) & MULRENNAN (J A) The Establishment of a Cage Colony of *Anopheles punctipennis*—Reprinted from *Ann Entom Soc America* 1934 June Vol 27 No 2 pp 311-312.

Stimulated by their success in maintaining a colony of the North American *A. quadrimaculatus* for more than two years, the authors, in

Florida and using the same technique, turned their attention to *A. punctipennis*. Having, down to the end of March, 1934 raised three generations of the latter they are satisfied that they have established a colony capable of reproducing itself indefinitely. It is noted that, in the insectary a negro is attacked by *A. punctipennis* more avidly than is a white man and that, while *A. quadrimaculatus* is prone to bite the legs the upper parts of the body are preferred by *A. punctipennis*.

E E A

COMPAGNONI (G.) Cambiamento del caratteri somatici della fauna anofelica nella bonifica di S. Eufemia. [Change of Somatic Characters of Anophelines after Bonification].—*Riv. di Malariologia*. Ser. I. 1934 Vol. 13 No. 3 pp. 264-271 With 1 map. English summary (10 lines)

In the bonificated region of South Eufemia, zoophilous multidentate anopheles (average number of dentations more than 14) were most common in those places where animals had been kept in stables and where the ground had been developed by agriculture for some time prior to the installation of great drainage schemes but in the regions where hydraulic works of sanitation had been carried out without previous cultivation of the land, there was a striking prevalence of the anrophilous paucidentate variety.

W F

NIJKAMP (J. A.) & SWELLENGREBEL (N. H.) Waarnemingen hoe *Anopheles maculipennis* den nieuwen Wieringermeerpolder binnen-drong. [How *Anopheles maculipennis* invaded the New Wieringermeer Polder].—*Nederl. Tijdschr. v. Geneesk.* 1934 July 23. Vol. 78. No. 30 pp. 3427-3443 With 3 figs. & 1 graph. English summary

SWELLENGREBEL (N. H.) & NIJKAMP (J. A.) Observations on the Invasion of the Wieringermeerpolder by *Anopheles maculipennis*.—*Quarterly Bull. Health Organization League of Nations*. Geneva. 1934 Sept. Vol. 3 No. 3 pp. 441-460 With 4 maps & 1 chart

The observations described were made in Holland from 1931 to 1933. In the Wieringermeer as in other sea polders (low-lying reclaimed land) the high salinity of the water prevents *A. maculipennis* from breeding, but this obstacle will gradually disappear. Meantime the local anopheline density is only one-fourth or one-fifth of that in areas where breeding is unhindered, and the greater part of the adult Wieringermeer *Anopheles* is composed of immigrants. As a set-off, since rabbits and poultry form the only livestock, there is little "stabular deviation" and the mosquitoes are very numerous in houses. Although mosquitoes in bedrooms and therefore potential malaria-carriers were regularly destroyed, the numbers of *Anopheles* found in each house were scarcely affected. More energetic measures, however especially the use of pyrethrum sprays, consequent on the appearance of malaria in the new polder caused wholesale destruction of the domestic immigrant *Anopheles*. Yet unless stabular deviation be established concurrently with breeding conditions, when the latter become normal, malaria is likely to be more prevalent in the Wieringermeer than in districts outside.

E E Aucton.

DE BUCK (A.) & SWELLENGREBEL (N. H.) Behaviour of Dutch *Anopheles atroparvus* and *messeae* in Winter under Artificial Conditions.—*Riv di Malariaologia* Sez. I 1934 Vol 13 No 4 pp 404-416

The authors' summary is as follows —

*Atroparvus* in winter requires occasional bloodmeals to keep alive *messeae* does not. The natural winter habits of *atroparvus* and *messeae* can be changed completely by artificial conditions (high temperature and humidity over feeding). These conditions remove the physiological difference between the two races during natural hibernation gonotrophic dissociation in *atroparvus* gonotrophic concordancy in *messeae*. But this physiological difference remains none the less a very real one as the natural behaviour of an animal is obviously of more importance than its reactions to artificial conditions it is not likely to meet in nature.

W F

DE BUCK (A.) SCHOUTE (E.) & SWELLENGREBEL (N. H.) Cross-breeding Experiments with Dutch and Foreign Races of *Anopheles maculipennis*—*Riv di Malariaologia* Sez. I 1934 Vol 13 No 3 pp 237-263 With 6 figs. on 1 plate

While the details of the lengthy series of experiments described in this paper are of much interest from the Mendelian standpoint the practical outcome may well be that at least in the majority of cases what are now regarded as varieties, races or sub-species of *A. maculipennis* will henceforth rank as distinct species. According to the authors the "most important conclusion" to be drawn from their studies is the proof that the Dutch races of *Anopheles maculipennis* which in the course of the last 9 years have been recognised as units, can claim to be considered as species from a genetic point of view because they maintain their independent status in nature by their interracial sterility. *Atroparvus* moreover has to be assigned a position quite apart from all known races of *Anopheles maculipennis* on the strength of its stenogamy (mating in confinement).

E E Austen

WEYER (Fritz) Ueber die Anophelen Mecklenburgs insbesondere die Verbreitung der Rassen von *Anopheles maculipennis* [The *Anopheles* of Mecklenburg especially the Distribution of the Races of *A. maculipennis*].—Reprinted from *Sitzungsberichte u. Abhandlungen d. Naturforschenden Gesellschaft zu Rostock* 1933 3rd Ser Vol. 4 pp 59-75 With 3 figs

The Anopheline fauna of Mecklenburg consists of *A. maculipennis* (generally distributed, and including the races *atroparvus*, *messeae* and *typicus*), *A. bifurcatus*, *A. plumbeus* and *A. algeriensis* the latter met with in one locality and previously only twice found in Germany.

Details of the local occurrence of the races of *A. maculipennis* are given and its causes are discussed. The dominant coastal form is *atroparvus* a more adaptable race than *messeae* the peculiarities of which it sometimes exhibits both *typicus* and *messeae* occasionally oviposit on brackish water. From year to year and at different seasons of the same year chiefly as a result of climatic and temperature changes, the proportions of the three races in local mosquito populations show marked variation. Although in Germany as in Holland where

malaria occurs *atroparvus* predominates, this in itself is not a sufficient justification for describing the latter as a "dangerous" race. On the contrary it need not always be associated with malaria and on the coast of Mecklenburg as in the marshes of the Elbe and certain other localities where *atroparvus* abounds, the absence of malaria cannot simply be ascribed to the presence of a particular race, or to a peculiar property of the latter

E E A

HACKETT (L. W.) The Present Status of our Knowledge of the Sub-Species of *Anopheles maculipennis*—*Trans Roy Soc Trop Med & Hyg* 1934 Aug 4 Vol. 28 No. 2. pp 109-128. With 3 plates [35 refs.]

To the reader well-nigh swept off his feet by the present spate of papers dealing with the racial question in *A. maculipennis* this clearly written résumé will furnish a welcome holdfast.

Wing measure and maxillary index, as well as certain larval hairs and a spine on the male hypopygium show divergences from the mean, and we have to fall back upon egg-characters. In Europe the bulk of *A. maculipennis* is readily divisible according to the design on the dorsal surface of the egg into five groups or six if *A. elutus* be regarded as a sub-species. The diagnostic characters of these six groups, races, varieties or sub-species are conveniently shown in a table. That the features exhibited by the eggs are really of value for the distinction of groups or sub-species, is indicated by the fact that larvae and adults bred from a given type of egg exhibit a combination of distinctive characters—morphological, statistical and biological.

The local occurrence of a given sub-species, within its range, would seem to depend primarily upon the nature of the water in potential breeding places. On the other hand the various types of egg are apparently connected not only with an adaptation to certain kinds of breeding place, but also with other physiological characters of the sub-species as exhibited in sexual behaviour and winter habits."

Although no race of *A. maculipennis* actually shuns man, wherever there is livestock more hungry mosquitoes are attracted to the animal than to human habitations. Thus instead of deviation by animals, we should more properly speak of occasional deviation by man. The reasons whether chemical or physical, for the higher attraction of animal quarters are obscure.

The limited endemicity of malaria in Holland and N Germany (E Friesland) although the distribution of the proved carrier (*sub-sp. atroparvus*) is much wider probably results from the effect of certain factors upon the attraction of domestic animals. The ability of any local anopheline population to maintain malaria depends on the degree to which it uses human beings as host.

E E A

FEDERATED MALAY STATES. Annual Report of the Malaria Advisory Board for the Year 1933 (MARTIN (P. H.) Acting Chairman)—16 pp. 1934 Kuala Lumpur Govt. Press.

The Board approved unanimously a resolution to the effect that, after considering the question of drug prophylaxis, they desired to emphasize their opinion that no available method could be regarded as a satisfactory substitute for anti-larval control. A low grade oil made from the residue of filter grades, and known as Sludge Oil, was found to be

unsuitable for antimalaria purposes. Reports were received that water contaminated with oil caused the death of fowls, but experiments made by the Board showed that antimalarial oiling was of no great danger to poultry.

A sub-committee reported to the Board on the subsoil drainage of Terentang Estate, a government-subsidized experiment which had been going on for many years. They concluded that this experiment could not be taken as satisfactory evidence either for or against the use of subsoil drainage on estates. They found that the designing and laying of subsoil drains required more expert knowledge than is available among the staff of an estate but that the knowledge necessary for keeping such drains in repair could be acquired readily. The cost of upkeep on estates is greater than on cleared sanitary board areas. Provided such specialized supervision were available there is no reason to suppose that anti malarial subsoil drainage would not be as successful on estates as elsewhere. As regards the question of costs compared with other equally adequate anti malarial measures it was felt that as so much depended upon local factors no definite pronouncement could be made.

Professor H. B. WILLIAMSON had reported to Board on the efficacy of sluicing as a method of larval control in Cameron Highlands and they had conducted experiments in lowland ravines selected by him and provided with sluice-gates made to his design. The friable soil of the lowlands rendered the method unsuitable. Heavy rain repeatedly washed away the gates and, apart from this the flush of water when the gates were opened damaged the banks. In addition it was found that destruction of larvae which remain stranded within the reservoirs and drains cannot be assured. H F

ARNELL (O. R.) The Control of Malaria.—*East African Med JI* 1934 Sept Vol. 11 No 6 pp 200-202.

In his report on the prevention of malaria in Mauritius (1909) Sir Ronald Ross first attempted to formulate the quantitative laws describing the rise and fall of malaria in terms of variations of the natural factors (frequency of anophelines proportion of cases of malaria at a given moment etc). On Sir Ronald's suggestion Mr H. WARRE published a mathematical study of the problem in 1909-10 (*Biometrika* Vol. VII p 421) and finally Sir Ronald himself dealt with the subject at length in an addendum to the second edition of *The Prevention of Malaria*. Mr Arnell's article discusses the subject very briefly and offers without proof a formula expressing the malaria rate in terms of nine variables. It would be impossible without close study to say how far the result is an improvement upon that reached by Ross. M Greenwood

VICKERS (W. J.) WEST (G. F.) & D'NETTO (S. G.) Economy in Large Scale Antimalarial Control in Kuala Lumpur Federated Malay States.—*Trans Roy Soc Trop Med & Hyg* 1934 June 30 Vol 28 No 1 pp 85-99 With 1 fig [18 refs.]  
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The new brush-oil-spray method adds to efficiency and greatly reduces the costs. Paris green is not as good as oil. Fish are useless. Brushwood is washed away in wet weather.

malaria occurs *stroperrus* predominates, this in itself is not a sufficient justification for describing the latter as a "dangerous" race. On the contrary it need not always be associated with malaria and on the coast of Mecklenburg, as in the marshes of the Elbe and certain other localities where *stroperrus* abounds, the absence of malaria cannot simply be ascribed to the presence of a particular race, or to a peculiar property of the latter

E. E. A.

HACKETT (L. W.) The Present Status of our Knowledge of the Sub-Species of *Anopheles maculipennis*.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1934 Aug 4 Vol. 28 No. 2 pp. 109-129. With 8 plates [35 refs.]

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The official boundaries of Kuala Lumpur the capital of the Federated Malay States enclose an area of 16 square miles with a population of 120 000. The official anti-malaria zone extends for half a mile beyond these boundaries and comprises an area twice as large. Permanent anti-malaria work is carried out by the P.W.D. and consists of efforts to remove all water as quickly as possible by means of concrete surface drains and subsoil pipes. About one-third of the area is controlled in this way the rest is still under earth ditching and oiling, the so-called temporary larval control. Oil was applied every 7 days up to 1933 and the results were very satisfactory: the numbers of fresh cases among in the town were 37 in 1929 83 in 1930 45 in 1931, 36 in 1932 with a spleen rate of 1 to 4 per cent. in the children. It became necessary in 1933 to make large reductions in expenditure: several ways of reducing costs were tested experimentally such as extending the intervals between successive oilings and so on, but the most satisfactory results were obtained by a modification of Quade's method of brush oiling (see this *Bulletin* Vol. 31 p. 711). A thin line of oil is sprayed on the surface of the stream or drain with an oil-sprayer and then a coolie distributes it vigorously with a brush for a 100 yards or more down the stream. All large ponds are similarly treated at the edges and all small ponds and pot-holes are treated with a mop dipped in oil. It is unnecessary to oil the main channels, because enough reaches them from the side streams. The authors emphasize "that in such a scheme as the above, where a minimum of oil is used, grave danger will be encountered unless constant, skilled and intimate supervision is possible. In Kuala Lumpur this is obtained only through a thoroughly trained oiling and maintenance gang. Better and more systematic upkeep of drains is required with this method than with the old. The average cost per annum of oiling a drain 3 feet wide by the old spray method was \$1.31 the cost with the new brush-spray method was only \$0.88. The results, as regards the prevention of malaria, by the new method have been excellent. The number of fresh infections in 12 months has been reduced to 24 and the spleen rate has fallen to 0.73 per cent. The oil used is the M.D.B. mixture of the Asiatic Petroleum Co., consisting of solar oil 45 gallons, Diesel oil 15 gallons and kerosene 4 gallons.

As regards some other methods of control, such as fish, the authors state that in their experience the natural enemies of larvae "are rarely of practical value." Paris green is as costly as oiling and, in Kuala Lumpur the results are less satisfactory. Brushwood (see this *Bulletin* Vol. 31 p. 712) is of value in preventing anopheline breeding, but it is washed away in heavy rain, and overflow and seepage result unless the drains are taken to a depth at least three times that normally required.

IV F

STICKLAND (C.) & GIBSON (D). "Backdoor Drainage," an Anti-malarial Measure designed to meet a Particular Physiographical Situation in Sylhet District, Assam.—*Indian Med. Gaz.* 1934 Aug. Vol. 69 No. 8. pp. 432-437. With 2 maps & 9 figs.

Swamps, or *blais*, are frequently formed when the mouth of a tributary stream becomes silted up. "Back-door drainage" apparently means the cutting of a channel which drains the *blai* in a direction different from that of its original outflow.

The common practice of the straightening out of rivers by cutting by passes is folly because as explained above rivers are curved in their courses in obedience to dynamic laws on no account should open drainage through recent alluvium be resorted to but such areas of deterioration may perhaps be drained out by the back-door method thus defeating nature by a stratagem This back-door drainage is very often impracticable as a cutting to an active stream at a suitable level would be too costly

W F

MURPHY (R A) Anti-Malarial Work on a Group of Tea Estates in South Sylhet.—*Indian Med Gaz* 1934 Aug Vol 69 No 8 pp 437-439 With 1 chart

In 1926 practically no anti-malarial work had been attempted in the tea districts in India, and consequently the scheme which was based mainly on the findings of Dr STRICKLAND in his survey of tea districts in 1922-23 was really an experiment in sanitation. The estates lie on low hills bordering the flood plains and their drainage is obstructed by alluvial deposits. The first step was to deal with the extensive anopheles-breeding marshes or *bhils*. This was accomplished by silting or by "back-door" drainage (see STRICKLAND above). The next step was to deal with the drains this was done by growing shade trees and shrubs along their banks. Cattle do much damage to the growing vegetation and it is necessary to prevent this by fencing. On the whole the results to health have been very satisfactory. In one garden the August sick rate has dropped from 19.6 per cent to 2.5 per cent and this may be claimed as fairly typical of the results obtained

W F

WHITE (R. Senior) & ADHIKARI (A. K.) Anti-Gametocyte Treatment combined with Anti-Larval Malaria Control.—*Records of the Malaria Survey of India* 1934 June Vol 4 No 2 pp 77-84 [16 refs]

A single course of quinine and plasmoquine given at the beginning of the malaria season to all the children living in an area under anopheline control caused no permanent improvement.

The Railway Settlement of Dangoaposi has been under malaria control ever since the epidemic which marked the opening of the line in 1925. The rice-fields have been treated with Paris green since 1930 because it was found that *A. culicifacies* bred in puddles in those portions which lay fallow. The object of the experiment here described was to determine whether the good results already obtained could be improved by an antigametocyte treatment. Each child was given a ten-day course of euquinine with 5 days of plasmoquine in the middle of the course. The average daily doses for children between 7 and 10 were 7.4 grains of euquinine and 0.012 gram of plasmoquine. Toxic symptoms appeared in two cases. The immediate effect of the treatment was to cure 53 per cent. of the benign tertian and 85 per cent. of the subtertian cases and also to remove 83 per cent. of the gametocytes. But, by the end of the season the numbers of infections and the numbers of gametocyte carriers were as high as at the beginning of the experiment. It is therefore obvious that even with a high degree of efficiency in anopheline control, no additional good is to be looked for by a single attack on the gametocyte carriers at the commencement of the season.

W F

ROBIN (L. A.) Résultats pratiques de la prophylaxie antipalustre en général et de la lutte antilarvaire en particulier sur quelques exploitations agricoles en Indochine méridionale. [Malaria Prevention on Estates in Southern Indo-China.]—*Bull. Soc. Méd. Chir. Indochine* 1934 Apr Vol. 12, No 4 pp 378-401 With 8 graphs & 4 plates

— Ce qu'il faut entendre par "assainissement spontané" des plantations en Indochine méridionale De la prémonition chez l'adulte [The Meaning of Auto-sanitation of Estates. Premonition.] *Ibid* pp 402-421 With 3 graphs.

Antilarval methods are necessary

The author gives a number of graphs and diagrams showing how malaria has been successfully combated on rubber estates in Indo-China. Quinine prophylaxis prevents illness from malaria and greatly reduces the daily sick-rate. For example on an estate where 0.5 gram was given daily the sick-rate was reduced from 30 to 17 per cent. in 6 months and the death rate from 5 to 2.2 per cent. Prophylactic quinine is not satisfactory however because it does not reduce the number of infections on this same estate during the same period the splenic index increased from 75 to 82 and the parasitic index remained unreduced at about 80 per cent (see LACAUX below) Under such conditions any relaxation of supervision means an outbreak of illness. Malarial infection on such an estate can be effectively reduced only by combining antilarval measures with the quinine prophylaxis. By this means the splenic index was reduced 50 per cent in six months and the parasitic index even more

On some estates where reliance was placed solely upon prophylactic quinine malaria increased to such an extent that the land was abandoned but in other cases the terrible losses from malaria gradually became less and after a few years, although nothing had been done, the estates appeared to have effected their own sanitation. Several examples are given where the sick rate was only 3 to 10 per cent., but on examination it was found that the splenic index was about 84 per cent and the parasitic index nearly as high. The improvement was not due to eradication of infection but to premonition, that is an acquired tolerance on the part of the adult coolies which was associated with latent infection. The non immune children suffered severely the birth-rate was low the infantile deaths and the abortion rates were high. This condition of equilibrium is reached in about 6 years provided fresh labour is not imported. The arrival of new non-immune coolies on such an estate means a fresh outbreak of malaria. From every point of view humanitarian political, and financial, antilarval measures combined with the judicious administration of quinine should be employed on rubber estates situated in the malarious regions of Southern Indo-China. W F

ROBIN (M.) La prophylaxie antipaludique dans les plantations de l'Indochine Méridionale. La lutte antilarvaire Son efficacité. [The Prevention of Malaria in the Rubber Estates of Indo-China.]—*Bull. Soc. Path. Exot.* 1934 July 11 Vol 27 No 7 pp. 691-699

Antilarval measures succeeded where quinine and improved general sanitation had failed

The author gives a number of instances of the calamities due to malaria which occurred when rubber estates were being opened in virgin jungle and labour was being imported. In one plantation 200 coolies out of a total labour force of 650 died during the first year. The removal of the whole village from the marsh where it was situated to high ground some distance away made but little difference. Prophylactic quinine did not lower the rate of infection the few children born on the estate died in infancy. Antilarval work was then undertaken by means of open drains and oiling. When the drains were finished in July 1929 the daily average sick rate was 20 per cent of the labour force by September it had fallen to 15 per cent and through out 1930 it was only 2.5 per cent. On another estate where antilarval measures were equally successful and where the daily sick rate was reduced from 15 to 4 per cent within a year the transfer of the manager and consequent withdrawal of European supervision resulted in a return of malaria, and a few months later the sick rate was as high as ever.

W F

FARINAUD (E) Un exemple de prophylaxie antianophélienne Tri-cu. [Anti-Anopheline Prophylaxis at Tri-cu].—*Bull Soc Méd-Chirurg Indochine* 1934 Mar Vol 12. No 3 pp 345-360 With 1 chart & 3 figs.

— Essai de prophylaxie rationnelle du paludisme en milieu infantile à Tri-Cu (Tonkin).—*Bull Soc Path Exot* 1934 June 13 Vol 27 No 6 pp 568-575

Amelioration produced by brush-oiling

An outbreak of malaria occurred in a kind of reformatory for children at Tri-cu. As a measure of urgency a daily dose of quinine was given. This stopped the fatalities and most of the sickness the children were able to resume their agricultural employment but the parasite and spleen rates were still high. Drainage and oiling by Quail's brush method (see VICKERS above) brought about a great improvement.

IV F

LACAU (J) Que pensez vous de la quinine? [What of Quinine?].—*Rev Méd et Hyg Trop* 1934 May-June Vol 26 No 3 pp 154-159

The successful employment of prophylactic quinine on rubber estates

The author's observations as to the value of prophylactic quinine on a number of estates in Indochina, employing altogether 35 000 coolies are as follows.—(1) Where no prophylactic quinine is given the proportion of sick may reach 80 per cent. (2) Where quinine is given intermittently the daily sick rate is about 30 per cent. (3) Where it is given regularly the figure is 12 per cent. (4) Where regular quinine is combined with destruction of anopheline breeding places malaria disappears as for instance on the Michelin rubber plantations at Dao-Tieng and Phow Rieng in Cochín-China.

W F

HENDERSON (L. H) Prophylaxis of Malaria in the Sudan, with Special Reference to the Use of Plasmoquine.—*Trans Roy Soc Trop Med & Hyg* 1934 Aug 4 Vol 28 No 2. pp 157-164 With 6 graphs.

The best results were obtained with a small bi-weekly dose of plasmoquine as an adjuvant to anti larval operations.

The Gezira is the extensive cotton growing area of the Sudan. It is a stretch of flat land 700 000 acres in extent along the west bank of the Blue Nile. The malaria season is from September to January and it is just at this time that the cotton fields are irrigated. The maximum rainfall is in July. The carrier is *A. gambiae*. Little breeding occurs until September. It is then almost synchronous with the rapid increase of malaria which occurs during that month. The chief method of prophylaxis is extremely active anti-larval measures, but this work is complicated by the necessity for artificial irrigation of the growing crops during the most malarious period of the year. The author therefore decided to see what could be accomplished by means of plasmoquine. An isolated group was treated with quinoplasquine for a fortnight at the end of which time parasites were found in only one. For the next 3 months, each adult was given 0.02 grams of plasmoquine simplex daily with half doses for children. During the first part of the time there was a considerable reduction in the incidence of malaria, but towards the end the parasite rate rose to almost the same height as in the control group, though the general health of the treated group was greatly improved and very few showed symptoms of clinical malaria. A second series of experiments was carried out in boys' schools: here 0.02 gram of plasmoquine simplex was given twice a week, for a period of ten months with the object of destroying the gametocytes. During the time that the treatment lasted, gametocytes practically disappeared from the blood, there was a considerable reduction in the amount of malaria and the general health of the boys was greatly improved. After the cessation of the treatment all these good results gradually disappeared, and when the schools were revisited a year later conditions were much the same as they had been before it was carried out. No toxic symptoms were caused by the plasmoquine. The author concludes that "small daily doses of the drug for causal prophylaxis are not recommended as they tend merely to conceal infection. The results of experiments in gametocyte prophylaxis tend to show that a bi-weekly dose of 0.02 gramme plasmoquine simplex to children might be of value in anti-malarial work."

W F

LEGERONNE (F) Expériences de projection de poudres larvicides par avions à Madagascar [Larvicidal Powder spread by Aeroplanes in Madagascar]—*Bull Soc Path Exot* 1934 June 13 Vol. 27 No 6 pp 603-608

Paris green was spread by low-flying military aeroplanes over marshes and rice-fields in the environs of Antananarivo. Though this by no means destroyed all the larvae it secured an appreciable diminution in the number of mosquitoes.

W F

RUSSELL (Paul F) & EATON (L. S.) An Automatic Distributing Machine for Paris Green Mixtures.—*Philippine J Sci* 1934 Apr Vol. 53. No 4 pp. 497-503 With 2 figs. & 2 plates.

This paper describes an automatic distributing machine for Paris green which is driven by the stream in which the larvicide is to be distributed.

W F

PECKOLT (Waldemar) & PRADO (Alcides) Ensaio da acção larvicida do *Enterolobium timbouva* Mart (Leguminosae) na prophylaxia culicidica. [*Enterolobium timbouva* Mart., as a Culicida.]-*Ann Paulist Med e Cirurg* 1934 Sept. Vol 28 No 3 pp 261-263

*Enterolobium timbouva* is a tree known to be poisonous for cold blooded animals and is used by the natives for poisoning fish. It thrives in Rio de Janeiro and the southern States of Brazil. Its wood and bark contain a saponin which with water or alcohol in either of which it is readily soluble forms a sapotoxin.

A table gives the results of some experiments on its use as a larvicide and shows that it is rather less effective than Paris green. H H S

JATSENKO (F) [The Use of Chlorpicrine as a Mosquito Larvicide.]-*Med Parasit & Parasitic Dis* Moscow 1934 Vol 3 No 1 pp 91-93 [In Russian]

In an attempt to find cheaper substitutes for Paris green the author conducted a series of field experiments with various substances. The present paper records the results obtained with chlorpicrine.

Chlorpicrine can be employed against mosquito larvae (1) as a fumigant, and (2) as an intestinal poison. In the first case chlorpicrine in the proportion of 1 litre per 1 hectare of water surface is mixed with 1 kilogram of fine road dust and 2 litres of paraffin oil, the mixture being kept in a well-closed receptacle for 4-8 hours. Just before being used it is mixed again with dry road dust the whole mass is placed in a pulverizer and sprayed over the surface of the water. This treatment results in the destruction of 100 per cent mosquito larvae pupae and eggs as well as of some other aquatic animals in 24 hours. Fish are affected only when the depth of the water does not exceed 12-15 cm. Owing to the harmful action of chlorpicrine upon the eyes human beings and cattle should be kept away from the area under treatment for about 2 hours. When used as an intestinal poison 100-150 grams chlorpicrine are mixed with 1 kilogram of flour 1 kilogram of fine road dust and 100-150 grams of paraffin oil the total amount being the dose per 1 hectare. The mixture is kept for 24 hours in a closed vessel after which it is again mixed with 4 or 20 times its weight of dust (according to whether it is spread by means of a pulverizer or by hand respectively). By this method all mosquito larvae (but not their eggs or pupae) can be destroyed in 10-12 hours. The use of chlorpicrine as an intestinal poison has certain advantages over its use as a fumigant (1) a smaller amount of it is required (2) its action upon the larvae is more rapid, (3) it can be applied by hand. However in other respects the first method is superior. C A Hoare

KUTCHER (S) [Anthracene—a New Mosquito Larvicide.]-*Med Parasit & Parasitic Dis* Moscow 1934 Vol 3 No 2 pp 141-148. [In Russian]

Experiments were conducted with the object of testing the effect of anthracene upon mosquito larvae using the refuse of coke-benzole works containing about 12-15 per cent pure anthracene. The best results were obtained both under laboratory conditions and in the field, with a mixture of this substance and dust containing 10 per cent

anthracene. The mixture is spread over the surface of the water by means of a pulverizer. Repeated tests showed that practically 100 per cent. mosquito-larvae (anopheline and culicine) are destroyed by this method. Since about 800 tons of the anthracene-containing substance are thrown out monthly in the Ukraine, this industrial refuse represents an economical substitute for Paris green. Its effect upon fish and water vegetation has not been determined. C. A. Howe

BROWN (J. Youngson). Safe Mosquito Nets for Use in Nigeria.—*West African Med. J.* 1934 Apr. Vol. 7 No. 4 pp. 147-148.

Netting of 25/28 gauge was found sufficient to exclude mosquitoes.

These experiments were undertaken to determine if it would be possible to exclude mosquitoes by a net of larger mesh than the 42/44 mesh in common use and to increase ventilation and comfort without sacrifice of efficiency. A rectangular box was divided into two compartments by a removable frame upon which pieces of mosquito netting of differing mesh were stretched and tested, mosquitoes were put in the box on one side of the netting and a guinea pig was put in on the other side. A netting of 25/28 gauge was sufficiently fine to prevent the passage of mosquitoes and this was confirmed by its use in the field. W. F.

BAKER (J. N.). Malaria Control in Alabama.—*Southern Med. J.* 1934 July Vol. 27 No. 7 pp. 651-652.

BERNARDO (E. I.). Estudios relativos al paludismo en Venezuela. Observaciones acerca de los zancudos transmisores.—15 pp. With 3 figs. [12 refs.] 1934 Caracas. Lit. y Tip. del Comercio.

BERNARDO (E. I.). Distribucion geografica de los zancudos Venezolanos del genero *Anopheles*.—6 pp. English summary (4 lines). 1934 Caracas. Lit. y Tip. del Comercio.

BROOK (E. L.). Malaria Control in Tennessee July 1 1933-June 30 1933.—*Southern Med. J.* 1934 July Vol. 27 No. 7 pp. 656-657.

BLANK WETTERBERG (Stefan). Die Bekämpfung des Anopheles in Polen im Jahre 1927.—*Polische Annalen Entomologischer (Bull. Entom. Polono)* 1927 Vol. 6 No. 3-4 pp. 237-248. With 1 text fig. & 3 figs. on plate.

BOONKSTER (J. E.). Malariabestrijding te Dabo (Stagkep).—*Geneesk. Tijdschr. v. Nederl. Indië* 1934 Sept. 11 Vol. 74 No. 19 pp. 1209-1218. With 1 chart. [11 refs.] English summary (7 lines).

CLARKSON (L. M.). Malaria Control in Georgia, 1933.—*Southern Med. J.* 1934 July Vol. 27 No. 7 pp. 653-654.

CRAY (Charles F.). Results of Recent Research in the Treatment of Malaria.—*Southern Med. J.* 1934 June Vol. 27 No. 6 pp. 646-649.

DOGRA (J. R.). Diagnostic Significance of Urobilinuria in Cases of Pyrexia.—*Indian Med. Gaz.* 1934 Aug. Vol. 69 No. 8 pp. 440-443. With 1 chart.

FOMES DIAZ (Obedilia). Contribucion al estudio de la afeccion y la afeccion plasmogamica en el paludismo.—*Medicina Paises Calidos Madrid*, 1934 Aug. Vol. 7 No. 8 pp. 353-361. French summary (7 lines).

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## REVIEWS AND NOTICES

ASHFORD (Bailey K) *A Soldier in Science. The Autobiography of Bailey K. Ashford.*—425 pp With 4 plates. 1934 London George Routledge & Sons Ltd. Broadway House 68-74 Carter Lane E C 4 [12s. 6d.]

Bailey Kelly Ashford died on 1st November 1934 the date of publication of this autobiography Of Devon stock on both sides he was son of the Professor of Surgery and later Dean of the Medical School at Georgetown who was called in too late when President Garfield was shot and who had fought for the South in the Civil War Influenced by his striking personality Ashford decided on the U.S. Army Medical Service as a career The Spanish American war took him to Porto Rico where he married Maria Anuncion Lopez daughter of the Marques de Villar a republican in spite of his title. Ashford was stationed at Ponce when it and its surrounding district was devastated by the hurricane on San Ciriaco's day 8th August 1899 and which left homeless 800 000 persons for the army to keep alive. It was the finding that these starving anaemics did not get better with good food that led to his discovery of eosinophilia in their blood and hookworm eggs in their stools and to the now famous telegram to his superior announcing that he had proved that many of the pernicious progressive anaemias of Porto Rico were due to hookworms. It is true that in French and German handbooks on zoology and on historical and geographical pathology the presence of hookworms had been recorded before 1883 but the local knowledge of this is sufficiently shown by the volume of local ridicule, medical and lay, which met Ashford's announcement that the anaemia from which the *jibaro* [peasant] so terribly suffered was due to a worm and not to malnutrition Ashford's reduction by thymol treatment of the island's mortality from anaemia by 85 per cent with its increase of the *jibaro*'s earning capacity by 60 per cent., proved convincing to opponents. The book tells how Ashford was enabled to reach the position to do this by obtaining the headship of a Commission to investigate this point As is so well known there followed a notable campaign admirably executed.

As to the details of its repercussions in the United States STILES writes to the reviewer that Ashford's memory is to some extent at fault. When Mr Rockefeller's office agreed to put up a million dollars for hookworm work in the South it was insisted that STILES should resign Government Service to give his whole time to administering the fund Having agreed to the resignation, STILES proposed that the work should be divided into administrative and scientific sides. He was appointed scientific secretary and upon consultation with Walter Page later Ambassador in London suggested J Y Joyner as administrative secretary and when, after the announcement of Mr Rockefeller's gift had been made he refused Page shortly after selected Wickliffe Ross in that capacity That is to say the hookworm campaign was determined upon before Ross joined its staff So too does Ashford's memory appear to have been at fault as to the handing over for description to HASSELL, Stiles's assistant of his original specimens of hookworms from Porto Rico Ashford having recognized that they could not be *Ancylostoma duodenale* since they had no front teeth. The specimens are in the Army Medical Museum. Although in the interests of medical history these statements have to be made they do not affect in any way the magnificent work which Ashford did

In entertaining fashion Ashford tells of his various delegations to Europe, Brazil, Cuba, Dominica and Egypt (in the last he received from King Fuad the Grand Cordon of the Order of the Nile) and his responsibilities for American troops in France during the Great War. Nearly a third of the book is taken up with this last. He was with the first division which left America, and in France had command of the school at Langres for the battle training of all medical officers of the A.E.F. He obtained the D.S.M. and Honorary C.M.G., and on recall to Washington became Editor in Chief of the United States Medical History of the War. His other main administrative work was the founding of an Institute of Tropical Medicine and Hygiene in Porto Rico and its growth into a School under the auspices of Columbia University New York.

His later scientific work was concerned with sprue. His final conclusions, drawn from an examination of 4,000 cases, was that the great underlying condition was nutritional imbalance, and that when *Momilia* gains a footing in such cases it converts disordered nutrition into a definite morbid entity.

Part of the last paragraph of the book consists of these notable words. "The doctor's mission from this time forward, as I see it, is not so much a question of relief of pain, or of prevention of death, as it is a question of salvaging this man, this woman, this child for one hundred per cent. efficiency in the future. This story tells how I have tried to do it."

Clayton Lane

SCOTT (H. Harold) [M.D., F.R.C.P. (Lond.) D.P.H., D.T.M. & H., F.R.S.E.] *Some Notable Epidemics*. With Preface by W. W. JAMESON M.A., M.D. F.R.C.P.—pp. xix+272. With 1 fig. 1934. London. Edward Arnold & Co. [12s. 6d.]. [Review appears also in *Bulletin of Hygiene*]

Few who are familiar with the names of the local epidemics of historical importance have easy access to the original reports. Yet it is impossible to obtain any idea from brief text-book references as to the kind of problems with which the investigators were faced or their method of approach to them. The original reports, too, dwell upon details which had to be considered in the light of the knowledge and prejudices of the time but which now seem largely irrelevant. They needed re-writing, sub-editing and commentary and that is what the author of this book has done. Selection for publication from the substantial body of epidemics, about which official or other reports are in existence, must be arbitrary. Nineteen groups of local outbreaks, most of them single epidemics have been chosen, all of them British, most occurring within the past half century and nearly all of special historical as well as epidemiological interest. Six were outbreaks of water borne disease, including the famous Broad Street Pump epidemic of cholera and the classical Maidstone typhoid—ten were attributed to milk convection ranging from the sensational enteric outbreak of St. Marylebone in 1873 to the comparatively recent epidemic of sore-throat in 1929 at Brighton and Hove—one oyster-borne and the rest food-poisoning, dysentery or other alimentary infections carried by a variety of foodstuffs. The arrangement of the epidemics, partly chronological, partly in such a way as to illustrate the evolution of aetiological ideas and preventive practice, carries the reader from outbreak to outbreak with increasing interest. Each epidemic is discussed

in the light of modern knowledge and interspersed with illuminating, and sometimes humorous comments which break the monotony of fact piled on fact in building up a hypothesis. A recent correspondent of the reviewer said about this book. The best detective yarns I have read for a long time. That is an interesting appreciation and indicates the writer's success in making the dry bones live, but the stories here retold are more than that they show how repeated warnings to local authorities have been neglected until at last disaster fell upon them how their niggardliness has cost them in the end more than they have saved, how careful epidemiological investigation can often arrive at true explanations without the aid of laboratory technique and how the prevention of epidemics of alimentary disease depends on the careful application of sanitary principles all the time for the infection is very often past before emergency measures can be put in force. Recent happenings in Malton and Denby Dale (water borne typhoid) in Ogmire (water borne dysentery) in Hertfordshire (milk borne paratyphoid) in Chicago (amoebic dysentery) and in other places too numerous to mention show that complete security is still far from being attained. In tropical and other countries with relatively low hygienic standards, the risk is far greater. If war ever breaks out again over a wide area, recurrence of conditions favourable to outbreaks of intestinal infections is likely. Every public health official should be prepared to cope with epidemiological earthquakes of the kind depicted and brought together for his information in this book, and others will read it with profit and enjoyment.

R M F Picken

ROGERS (Leonard) [K.C.S.I. C.I.E. M.D. F.R.C.P. F.R.S.] & MEGAW (John W.D.) [K.C.I.E. B.A. M.B. Hon. D.Sc.] *Tropical Medicine*. Second Edition—pp. xli+547. With 82 text figs. & 93 coloured figs. on 2 plates. 1935. London. J. & A. Churchill Ltd. 40 Gloucester Place Portman Square. [15s.]

In the preface to this the second edition of *Tropical Medicine* the authors again point out that their aim from the onset has been to produce a handy inexpensive manual which would not compete with the larger works on tropical diseases. Their policy has been justified by the cordial reception awarded the first edition which appeared five years ago. The chief additions that have been made belong to the realms of the typhus fevers, yellow fever, malaria, leprosy and the nutritional diseases. The great feature of the book is that it is essentially readable. It deals with the subject matter from the point of view of the man *practising* medicine in the tropics, and contains the harvest of ripe experience gathered during many years.

It fell to the lot of the present writer to review the first edition and the invitation to offer criticisms and suggestions was taken advantage of. Some of the suggestions made have been adopted others it is explained could not be. Others are now offered in the interest of all. The paragraph upon the immunizing mechanism in malaria is not clear. The authors note that the term *billious remittent malaria* is falling out of use. Is it not time this division into clinical types, which savours of the middle ages, was replaced by a pathogenic explanation of the symptomatology? As it is pathology is divorced from symptomatology and there is no obvious correlation. It is noted also in regard to malaria there is no mention of myocarditis. In the chapter dealing with tick relapsing fever there is no mention of ticks other than

*O. moubata* that transmit the infection and no mention of those cases which are resistant to treatment with arsenicals.

There is no mention of sprue as occurring in northern Europe. In reference to the chigger the statement is made "after all the eggs have escaped the insect is expelled and the small remaining ulcer heals. Any number from one to hundreds may be present as a rule only a few are found at one time. It would be truer to say that the remains of the body of the chigger unless removed are eventually expelled by ulceration. In many cases the feet and hands may be literally honey-combed.

In regard to ankylostomiasis there is no mention in the text of the 50-100 per cent. incidence in Eastern Africa. Beriberi is not mentioned as occurring in Africa.

Although lathyrism is coupled with beriberi and pellagra as diseases associated with the use of a special article of diet and considerable space is given to the consideration of vitamins and their relation to deficiency diseases no mention is made of MELLANBY's very interesting observations in regard to this disease.

Under yaws the causative organism is sometimes referred to as a spirochæta elsewhere as a treponema. The disease in one place is said to be rarely inherited in another place it is said to be not congenital.

These are given merely as examples of minor additions which might perhaps be added with advantage to the text. *H S Stowers.*

WU LIEX TEH [Edited by] *Manchurian Plague Prevention Service Memorial Volume 1912-1932.*—469 pp With 2 text figs., 1 plan, 2 charts, 29 figs. on 13 plates & 1 coloured plate. 1934 Shanghai National Quarantine Service, 2 Peking Road.

This volume, which is dedicated to the delegates attending the 9th Congress of the Far Eastern Association of Tropical Medicine at Nanking in October 1934 is as its title states a memorial volume. The Manchurian Plague Prevention Service, which the author has led with so much competence, has passed into other hands. The two decades of useful work which the book commemorates have come to an end. We have here a collection of the best original articles that have appeared in the seven volumes of Reports of the Manchurian Plague Prevention Service. Of these, 16 concern plague, 4 cholera, 10 miscellaneous topics, and the appendix is a short autobiography of Dr Wu. The plague articles making up as they do more than half the book will have a permanent value, especially those concerning the pneumonic form, for students of that disease. Attention is called to the list of wild rodents known or suspected to suffer from plague, revised to December 1932, and occupying, with the list of fleas, 14 pages.

Since Dr Wu is only 55 years of age it is to be hoped that he may find a fresh field for his fruitful energies. *A G B*

# TROPICAL DISEASES BULLETIN.

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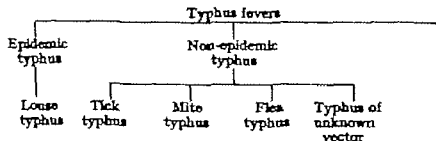
## THE TYPHUS GROUP OF FEVERS

MEGAW (John) Typhus Fevers in the Tropics.—*Brit Med J* 1934  
Aug 11 pp 244-246

This paper was read in opening the discussion in the Section of Tropical Diseases at the Annual Meeting of the British Medical Association at Bournemouth in July 1934. It deals with typhus fever and especially the typhus fevers of the tropics from the historical clinical and epidemiological points of view.

The author refers to his original observations in India in 1916 when he himself suffered from a definite attack of a typhus-like fever and was able to state that he had been bitten by a tick some 3 weeks before [see this *Bulletin* Vol 9 pp 489-91]. In so far as this disease in India is concerned we are pretty much in the same position as we were some 20 years ago—that is to say similar cases are being described from time to time and in some it is stated there was a clear history of tick bite in others no evidence could be obtained of the patient having been bitten by a tick. [It would be interesting if an investigation could be made in India on the lines of investigations made in America, France, South Africa and elsewhere which have shown that in similar diseases met with in these countries emulsions of infected ticks when inoculated into laboratory animals produce the disease.]

General Megaw suggests again that the simplest and most comprehensive classification of the typhus diseases is by means of the vector as follows—



D Harvey

Otto (R.) Flecktyphus und endemische Fleckfieber (Epidemic or European Typhus and Endemic Typhus).—*Deut Med Woch* 1934 Aug 31 & Sept 7 Vol 60 Nos 35 & 36 pp 1290-1303 1341-1344

The first paper is a review of recent work on typhus fever dealing with the old world typhus and Brill's disease Japanese River fever and

Rocky Mountain fever and tropical typhus. The subject of Rickettsia is also discussed and the various vectors—louse, rat, flea and mite. There is no new matter.

The second paper deals with immunity and serum reactions, especially the Weil Felix reaction. Tables are given dealing with the diagnostic points between endemic and epidemic typhus and the question of the differentiation of the viruses is discussed. D H

ZINSSER (Hans) Sur la maladie de Brill et le réservoir interépidémique du typhus classique. [Brill's Disease and the Inter-epidemic Reservoir of Classical Typhus.]—*Arch Inst Pasteur de Tunis*. 1934 July Vol. 23 No 2 pp. 149-154 [12 refs.]

The author discusses the question of the unity of the typhus viruses. He is of opinion that the classical or human virus and the rat virus are two varieties of the same species which resemble one another in their antigenic properties but are not identical. He has studied two strains of the classical virus for several years but has never succeeded in transforming permanently the classical (human) virus into the rat virus.

A close study of 3 strains of virus obtained from 3 cases of Brill's disease has shown that all are of the classical or human type. It has also been shown that since 1910 some 500 cases of Brill's disease have occurred in New York and that 97.8 per cent of these have been in Jewish immigrants from Europe and specially from Russia, Poland, and Rumania, centres of classical typhus in Europe. Brill's disease is therefore practically non-existent in people born in America and does not spread to them. In no instance was a second case noted in a family and there was no evidence of occupational infection. From these facts the author adduces that Brill's disease (classical virus) is not derived from a reservoir in the rat nor from any other source which could spread the disease to the local community from the immigrants.

The conclusion is that Brill's disease is classical typhus maintained in man, and that it is a recrudescence or relapse of a true typhus originally contracted in Europe.

Thus we have in America the two viruses of typhus. In the one man is the reservoir in the other the rat. Brill's disease of New York and endemic typhus of the United States are two distinct entities. D H

PIJPER (Adrianus) & DAC (Helene) Die fleckfieberartigen Krankheiten des südlichen Afrika. [The Typhus-like Diseases of South Africa.]—*Zeits f Bakt I Abt Orig*. 1934 Nov 20 Vol 132 No 1/2 pp 7-22. With 51 charts [62 refs.]

This important paper gives full details of research work carried out in the laboratory of the senior author in Pretoria, South Africa.

There are three types or varieties of typhus-like disease in South Africa these resemble similar diseases described in other countries but are not identical. 1 Tick bite fever 2 Epidemic typhus. 3 Sporadic typhus.

Tick Bite Fever—This name was originally given by VITTALL to the disease which was first described by SANT'ARNA in 1911. The disease is conveyed to man by larval ticks and the following have been shown

by the authors to be capable of transmitting the virus —(a) *Amblyomma hebraeum* (b) *Rhipicephalus appendiculatus* (c) *Boophilus decoloratus*

These small ticks climb on to the stalks of grass and attach themselves to man or animals they are veldt dwellers and are not found in houses or on domestic animals the reservoir of the disease is probably the small rodents of the veldt In this respect the disease resembles Rocky Mountain fever and Indian tick typhus but differs from bouton-neuse fever Injection of emulsion of these ticks produced the disease in man and animals and a rising titre of agglutination for Proteus X strains. Section of such ticks revealed the presence of Rickettsia in the malpighian tubules In nature man is infected by the bite of the tick but infection may also be conveyed through the conjunctiva

Two forms are met with the mild or abortive form and the fully developed form In the first the only symptom noted may be the presence of a primary sore at the site of the bite accompanied by a local lymphangitis In the fully developed form the fever lasts for 8 to 10 days with primary sore severe headache appearance of a typical rash on the 5th day stiffness of the neck and conjunctivitis Typical temperature charts are shown The primary sore is similar to that found in Japanese River fever and in bouton-neuse fever and when found is pathognomonic when the sore is situated between the toes or in a scrotal fold it may escape detection This fully developed form of tick bite fever has previously been confused with typhus meningitis measles or typhoid fever

Agglutination tests —The sera of 85 cases of the disease were tested with the O variants of X19 X2 and XK and tables are given in the text with detailed results of 28 of these the chief points noted are that there is a definite positive Weil Felix reaction with rising titre of agglutination usually for all of the 3 variants of Proteus X employed In some cases but not in all XK was agglutinated in higher titre than X19 but the serum of one and the same case may at one time agglutinate X19 in higher dilution and at a later date in convalescence XK or conversely On the whole it is stated the agglutination results are in the sense of FELIX in the nature of group reactions and the major antigen for this disease is still to seek. These remarks apply in considerable degree to the same reactions in the epidemic and sporadic types in South Africa

Experiments with Guinea-pigs —5 cc of blood taken from patients on the first day of the disease was inoculated intraperitoneally into guinea-pigs and these animals reacted after an incubation period of 5-8 days with a very definite fever although they were not ill, did not lose weight and none died The animals which had reacted to the virus did not react again when tested six weeks later although controls duly developed fever The results of these experiments are clearly shown in numerous figures in the text Animals which were killed during the fever showed enlargement of spleen and adrenals hyperaemia of the brain endothelial proliferation and some slight swelling of the scrotum rickettsia were demonstrated from smears of the tissues The virus was readily passaged through many generations in guinea-pigs employing as a rule emulsion of brain as inoculum The fever in guinea-pigs was further controlled by —(a) Immunity tests (b) inoculation of emulsion of brain into rabbits with production of agglutinins in the serum (c) re-inoculation of the virus from guinea-pig to man



Mixture of immune serum with the virus prior to inoculation neutralized the virus. It was found that Rocky Mountain fever antiserum had no action on the virus of tick bite fever nor vice versa. Rabbits when inoculated with the virus developed agglutinins for all 3 variants, \19 \2 and \K.

*Epidemic or Louse-borne Typhus.*—The authors have studied the virus of this disease on the same lines. The results of the Well-Felix reaction showed that the high titres for \19 met with in European cases are not found here—indeed the reaction, as already said, seems to be rather of the nature of a group reaction. Rabbits inoculated with this virus gave the same reaction as with tick bite fever virus and the results of inoculation of the virus into guinea-pigs also varied somewhat from that usually obtained with the epidemic virus.

A sporadic type similar to endemic typhus described elsewhere is also met with in South Africa, but here also the results of the Well-Felix reaction in patients' serum is similar to that obtained in cases of the epidemic type by the authors. \K may also be agglutinated. The virus both from cases of the disease and from rats caught in districts where cases had occurred was studied—this rat virus was similar to murine virus of Europe and America—no work so far has been done on rat fleas but it is probable that they carry the virus from rat to man.

Crossed immunity experiments were carried out with the viruses of the three types and gave the following results—

1. Guinea-pigs immunized to the virus of tick bite fever are immune to the virus of epidemic typhus and sporadic typhus.

2. Guinea-pigs immunized to the virus of the local sporadic typhus are immune to the virus of tick bite fever but are not immune to the virus of epidemic typhus.

3. Guinea-pigs immune to the South African epidemic typhus virus are immune to the viruses of tick bite fever and sporadic typhus.

Tick bite fever closely resembles boutonneuse fever but differs in that it is carried by a field tick and not by a parasite of domestic animals (*R. sanguineus*). It is a much milder disease yet the virus in the blood of patients is readily conveyed to animals, whereas the virus of boutonneuse fever is only conveyed with difficulty. A comparative table is given at the end of the paper.

D H

HENNESSY (R. S. F.) Typhus Fever in Uganda.—*East African Med J* 1934 May Vol. 11 No. 2. pp. 42-60. With 1 chart.

This disease was first noted in Kabala in the year 1932—the sera of patients gave a positive Well-Felix reaction. Eighty-three cases in all have so far been reported—in one instance 36 out of 45 females in one dormitory at a mission station developed the disease. The mortality was nil. Investigation showed that the people were heavily infested with lice both of the head and body.

The author made a careful estimation of the Well-Felix reaction using 0 variants of \19 and \K. Of 87 cases 28 gave a positive reaction with \19 and all were negative with \K—the interesting point is that although these were apparently cases of louse-borne typhus no serum gave a higher reading than 1/1,600.

Blood was taken from some of the patients and injected into guinea-pigs—these reacted with fever and also had some swelling of the scrotum. This was not marked externally but on examination gelatinous exudation was found and Rickettsia were demonstrated in the

fluid. Lice collected from patients and also from people who had recently recovered from the fever when emulsified and injected into guineapigs produced fever and infection of the scrotum the brains of these guineapigs showed only slight evidence of the presence of the virus more marked however than is usually the case with the virus of endemic typhus but less than one would expect to be produced by the virus of true typhus. D H

RAGIOT (Ch) & DELBOVE (P) Typhus endémique de Cochinchine [Endemic Typhus of Cochinchina Pulmonary Symptoms.]—*Bull Soc Méd—Chirurg Indochine* 1934 Apr Vol 12 No 4 pp 449-453 With 1 chart

— DELBOVE (P) & TRAN VAN TU Typhus endémique probable de Cochinchine à Tan-an. Relations avec l'épidémie de pneumocoques de l'Ouest Cochinchinois —*Ibid* pp 454-459

A clinical description of cases of endemic typhus under the care of the authors.

These cases all gave a positive Weil Felix reaction and the symptoms described are typical of the disease as met with in other parts of the world except that in a number of cases very definite pulmonary symptoms were noted ranging from slight bronchitis to broncho-pneumonia many of these were fatal These pulmonary symptoms masked the true nature of the disease which was however revealed by the rash and the positive Weil Felix reaction Louse-borne typhus is unknown in Cochinchina D H

MESVARD (J) & DELBOVE (P) Existence dans l'encéphale des rats de Saigon d'un virus rappelant le virus du typhus exanthématique. [A Typhus-like Virus in the Brains of Rats of Saigon.]—*Bull Acad Méd* 1934 July 24 98th Year 3rd Ser Vol 112 No 28 pp 168-171

In October 1933 86 rats which were caught in Saigon Cochinchina were killed and emulsions of the brains inoculated into guineapigs Three strains of virus were isolated this virus gave in guineapigs the picture of a rat typhus virus, i.e. fever scrotal reaction and few brain lesions. The authors also noted that in infected guineapigs a rash appeared on the skin of the scrotum in male guineapigs and on the vulva of the female thus rash they consider to be diagnostic Unfortunately owing to difficulty of transport of infected animals it was not possible to carry out crossed immunity experiments Cases of endemic typhus fever had already been noted in the native hospital in the city of Saigon D H

MOREIRA (João Afonso) & DE MAGALHÃES (Octavio) Typhus exantemático em Minas Gerais. [Typhus Fever in Minas Gerais]—*Mem Inst Oswaldo Cruz* 1934 Vol 28 No 2 pp 225-234 With 7 graphs & 2 plates.

In a previous note the authors had stated that inoculation of 283 guineapigs with the virus of Minas Gerais typhus killed 69.2 per cent of the animals

Since then with increase in the number inoculated, the fatality rate has considerably increased so that amongst 692 animals inoculated the rate was 90.6 per cent which according to PARKER is the same as

that of guineapigs inoculated with the virus of Rocky Mountain spotted fever

In the present paper the authors record a series of experiments on guineapigs bearing on the problem of crossed immunity in relation to the viruses of Minas Geraes, São Paulo typhus and Rocky Mountain spotted fever

Their conclusions are as follows —

1. Rocky Mountain spotted fever vaccine does not protect guineapigs against the virus of Minas Geraes typhus.

2. Guineapigs which have recovered from Minas Geraes typhus may be killed by inoculation with São Paulo typhus, or Rocky Mountain spotted fever

3. Minas Geraes convalescent serum protects guineapigs when it is injected immediately after inoculation with the virus of São Paulo typhus Rocky Mountain spotted fever or Minas Geraes typhus.

J. D. Rolleston

EPSTEIN (H.) & SILVERS (I. L.) Ueber den sogenannten endemischen Flecktyphus der Moskauer Ratten [The so-called Endemic Typhus of Moscow Rats.]—*Giorn. d. Batter. e Immunol.* 1931 Apr. Vol. 12, No. 4 pp. 593-612. With 2 figs. English summary (5 lines)

One hundred rats captured in Moscow were killed and emulsions from the brains of groups of six rats were inoculated into guineapigs. 32 per cent. of these developed fever

The fever in the guineapigs is described in detail as regards incubation period, duration of fever, scrotal reaction and mortality. *Rickettsia* was demonstrated in the tunica.

Of 80 rats examined 37 per cent. gave a positive Weil-Felix reaction and 80 per cent. of the positive results in guineapigs were obtained from the rats with positive Weil-Felix reaction. It was also found that in guineapigs inoculated with the virus of epidemic (historical) typhus the Weil-Felix reaction was never positive whereas in guineapigs inoculated with the rat typhus virus the Weil-Felix reaction which was negative in the normal animals became positive although not in any higher dilution of the serum than 1/40. As regards crossed immunity experiments with the various strains of virus it was found (1) that the strain of rat virus isolated by the authors protected one-half of the inoculated guineapigs against another Moscow strain. (2) that inoculation of guineapigs with the human typhus virus protected 30 per cent. of the guineapigs against the rat strain. (3) the rat strain of typhus virus did not protect guineapigs against the human typhus virus.

An interesting point was that guineapigs infected by means of an emulsion of fleas fed on infected rats were found to be protected against the local strain of human typhus virus.

D. H.

NICOLLE (Charles) & SPARROW (Hélène) Etude d'un virus typhique murin isolé des rats du port de Tunis. [Study of a Typhus Virus Isolated from Rats in the Port of Tunis.]—*Arch. Inst. Pasteur de Tunis* 1934 Aug. Vol. 23, No. 3 pp. 247-303. With 9 charts. [Summary appears also in *Bulletin of Hygiene*.]

A Weil-Felix reaction carried out on the sera of 880 rats in the Port of Tunis was positive in a titre of 1/80 or over in 4.4 per cent., and in a titre of 1/40 or over in 9.9 per cent.

Weigl's method of using for agglutination a *Rickettsia* suspension from the intestines of lice instead of *Proteus* X19 was found to be very satisfactory. The test seemed to be slightly more sensitive and the titre against a Mexican (rat) virus was sometimes rather higher than against the classical European virus thus giving a clue to the probable nature of the infecting agent.

Two strains of virus were isolated from rats and studied carefully. They were similar to murine viruses described in other parts of the world. They caused fever and orchitis in guinea-pigs. In rats they gave rise to a fever of short duration and led in about one third of these animals to the development of a positive Weil-Felix reaction. Their pathogenicity to man appeared to be relatively feeble and persons who contracted infection in the laboratory suffered only mild attacks of typhus.

G. S. Wilson

SAVOUR (Sadashivarao R.) & VELASCO (Roberto) The Survival of Varieties of Typhus Virus in Mouse Passage, with Particular Reference to the Virus of Brill's Disease.—*Jl Experim Med* 1934 Sept 1 Vol 60 No 3 pp 317-322 With 1 chart

Three different viruses were employed in this research —

- 1 A Mexican murine virus
- 2 A true typhus virus obtained from Europe
- 3 A virus obtained from a case of Brill's disease in Boston U.S.A.

Virus No. 1 gave the usual reactions of a murine or endemic typhus virus in guinea-pigs and rats. Nos. 2 and 3 gave the reactions of the human or old world historic virus in the same animals. The 3 viruses were tested by inoculation into mice and the results of the experiments show that the European typhus virus cannot be maintained for more than two generations in mice by brain peritoneum passage whereas the murine Mexican variety can be carried on by this method in mice for at least eleven generations. The virus of Brill's disease from three different sources behaved like the European virus an observation which strengthens the opinion expressed by ZINSSER that Brill's disease represents an imported strain of the classical European infection. (If it is generally accepted that Brill's disease as it occurs in New York and Boston is due to the European virus (historic or human type) and as suggested by ZINSSER is not carried by the rat flea or the louse it would be necessary to distinguish between Brill's disease and endemic typhus the latter term being reserved for the typhus-like disease which occurs in America in Mexico in Europe and in other parts of the world and is caused by the murine virus and is carried from the rat to man by the rat flea.)

D. H.

MONTENIRO (J. Lemos) Etude comparative entre le typhus exanthématique de Sao Paulo (rickettsiose néotropicalique) et le typhus exanthématique Chilien (rickettsiose épidémique) par l'épreuve de protection avec des sérums de convalescents. [Comparative Study of the Virus of São Paulo Typhus (R.M.F.) and Epidemic Typhus of Chile.]—*C. R. Soc Biol* 1934 Vol. 116 No 26 pp 1131-1132.

Five sera from cases of epidemic typhus in Chile were tested for action on the virus of São Paulo fever. They were mixed with varying quantities of virus and injected into guinea-pigs. No protective action whatever was noted.

This negative result shows that the typhus of Chile is a true typhus and not allied to Rocky Mountain fever D H

LÉPINE (P.) Neurotropisme et adaptation du virus murin du typhus exanthématique. [Neurotropism and the Adaptation of the Murine Virus of Typhus.]—*Bull Soc Path Exot* 1934 June 13. Vol. 27 No. 6 pp. 536-540

The author has noted in his investigation of rat typhus viruses in the Mediterranean area that these vary in virulence for guinea pigs and rats. Strains of virus which have at first produced fever and marked scrotal reaction and no brain lesions, may when they lose virulence, cease to produce orchitis but produce marked brain lesions, *i.e.*, they become neurotropic. Strains isolated from wild rats during non-epidemic periods are of this latter type they resemble the true or historic typhus virus in their action on experimental animals. During epidemic periods the virus isolated from rats is virulent for guinea pigs and produces orchitis.

The author suggests that in non-epidemic periods the virus shelters in the brains of rats. He also suggests that a like change in the rat virus may take place when it is taken up by the louse and passed from man to man *i.e.*, the endemic virus is transformed into the epidemic, the "rat" virus into the "historic." D H

ROUSE (Marguerite) Adaptation du virus du typhus murin aux mulots et aux pigeons. [Adaptation of the Virus of Rat Typhus to Field Mice and Pigeons.]—*C. R. Soc Biol* 1934 Vol. 116 No. 19 pp. 358-360

Field mice were inoculated with the virus and later guinea pigs were infected from them. Pigeons were also shown to be susceptible. D H

DYER (R. E.) Endemic Typhus Fever. Susceptibility of Woodchucks, House Mice, Meadow Mice, and White-footed Mice.—*Public Health Rep* 1934 June 22. Vol. 49 No. 25 pp. 723-724

Woodchucks (marmots) house mice, meadow mice and white footed mice were all found to be susceptible to the virus of endemic typhus fever D H

VARELA (Gerardo) & GAY (M. A. Parada) Production d'orchite au moyen de la souche tunisienne de typhus épidémique. [Orchitis produced by a Tunis Strain of Epidemic Typhus.]—*C. R. Soc. Biol.* 1934 Vol. 116 No. 23 pp. 731-732.

Professor NICOLLE had supplied the authors in Mexico with a strain of typhus virus (old world) from Tunisia. By employing a special method, inoculation of the virus intraperitoneally into rats followed by daily inoculations of fresh guinea pig blood and then inoculation of the washings of the peritoneum of these rats into guinea pigs, the virus after 12 passages lost its original characters and gave the reactions of a rat typhus virus, *i.e.* scrotal reaction in guinea pigs and fever in rats. This virus retained these characters for a further 12 passages without inoculations of fresh blood.

The authors claim that they have demonstrated that the historic typhus virus can be changed into a rat typhus virus the non-orchitic into the orchitic.  
D H

JELIN (W) LINETSKAJA (A) & GROSESMANN (J) Die Bedeutung des retikuloendothelialen Systems bei Flecktyphus [The Role of the Reticulo-Endothelial System in Typhus Fever]—*Arch f Schiffte u Trop Hyg* 1934 May Vol. 38 No 5 pp 202-206  
With 6 figs.

The authors refer to previous work on the same lines in bacterial and protozoal diseases they find that if the spleen is removed and the remainder of the reticulo-endothelial system blocked by means of India ink rabbits develop a marked febrile reaction when inoculated with typhus virus and also lesions are found in the brain and internal organs whereas only inapparent infection occurs in rabbits not so treated. Guinea-pigs treated in the same way develop a much more severe illness than is shown in untreated animals. The R.E.S. therefore plays a prominent part in the mechanism of infection and immunity in typhus fever  
D H

RONSE (Marguerite) Infection exanthématique par voie digestive [Typhus contracted by the Digestive Tract]—*C R Soc Biol* 1934 Vol. 118 No 19 pp 360-363

The author repeated the work of NICOLLE with typhus virus and has shown that rats voles dwarf mice rabbits and hedgehogs can be infected by the digestive route.

Bread was soaked in emulsion of the brain of infected guinea-pigs and the animals were fed on this. Infection was proved by injection of the brain of the experimental animals into normal guinea-pigs which reacted with fever and swelling of the scrotum. No fever was noted in the rats which had an inapparent infection  
D H

ERSTEIN (H) TURKOWITSCH (E. I) & EXEMPLARSKAJA (E. W) Zur Mikroskopie des Flecktyphus [Microscopic Appearances in Typhus]—*Giorn Battori e Immunol* 1934 Apr Vol. 12 No 4 pp 658-667 English summary (2 lines)

Demonstration of Rickettsia bodies in the cells of the blood of typhus patients

By special differential staining methods and examination by means of dark ground illumination the authors claim that they can demonstrate Rickettsia bodies in monocytes in the blood of typhus patients and that they can distinguish these from normal granules in the cells they consider that these bodies are identical with Rickettsia bodies seen in the endothelial cells of the tunica of infected guinea-pigs and in the cells of the intestines of lice  
D H

LÉPINE (P) & BILFINGER (F) Rickettsia et typhus exanthématique [Rickettsia and Typhus]—*Bull Soc Path Exot* 1934 Apr 11 Vol 27 No 4 pp 298-304

The authors have repeated their investigations on the filterability of the virus of typhus. They find that this virus does not pass through

filter candle LS contrary to what has been recently stated by PARAY OTATOU [this *Bulletin* Vol. 91 p 245] the same investigator has also stated that *Rickettsia* can be readily demonstrated in smears from the spleen of infected guineapigs this is contrary to the experience of the authors who found that although emulsions of spleen from infected guineapigs were highly infective no *Rickettsia* could be found in smears made from the spleen an interesting observation and one which points to an ultra microscopical form of the *Rickettsia*. In rats dead of typhus infection numerous *Rickettsia*, readily stained, appear in the peritoneal cavity these bodies rapidly disappear and cease to take the stain yet the fluid retains its virulence. In the spermophile an animal readily infected and the tissues of which are highly infective, *Rickettsia* are rarely seen in the glands or tissues also the tissues (brain and spleen) of guineapigs are infective before *Rickettsia* appear in the peritoneum or scrotum In spite of these findings the authors are convinced that *Rickettsia* and the virus of typhus are one and the same but there is much yet to be explained Certain cells are found in the spleen of infected animals which show numerous granular inclusions which stain in the manner of *Rickettsia* but are not included *Rickettsia* these cells have not been noted in control animals. It is suggested that there are two forms of *Rickettsia*, the ordinary bacillary form and the granular intracellular form. D H

ZIA (Samuel) The Cultivation of Mexican and European Typhus *Rickettsiae* in the Chorion-Allantoic Membrane of the Chick Embryo. —*Amer Jl Path* 1934 Mar Vol 10 No 2. pp 211-218. With 3 figs on 1 plate.

Emulsion of tunica from guineapigs infected with typhus virus was dropped on to the exposed membrane of eggs containing live chick embryos, these were incubated and a reaction resulted material from the thickened membrane produced infection when injected into guineapigs also *Rickettsia* could be demonstrated in smears made from the thickened membranes Similar results were obtained with Mexican and European typhus virus Some figures are given showing the histological changes produced by the virus in the membranes of the chick embryo D H

I. NISHIBE (Masujiro) & MIYAKAWA (Masaei) On the Growth Inhibiting Action of Immune Tissues and Plasma on *Rickettsia orientalis*. A Study with Tissue Cultures. —*Trans Soc Path Japan* 1935 Vol. 23 pp 747-750

II. YOSHIDA (S) & UEDA (M) Tissue Culture of the So-called Manchurian Typhus Fever Virus. Part I. The Relation of Virulence and *Rickettsia* according to the Kinds of Cultured Tissues. —*Ibid* pp 753-754

I. The cultures were inoculated with rabbit testicle cells containing *R. orientalis* and (1) normal tissue, i.e. rabbit testicle, (2) testicle of immune rabbits (3) immune plasma

It was found that the multiplication of the *Rickettsia* was marked in the tubes to which normal tissue had been added, much less in the tubes with immune plasma and hardly any in the tubes to which immune tissue had been added

11. The medium employed was heparin plasma with infected tissue cells and normal tissue. Omentum lung spleen marrow etc were employed as the normal tissue and it was found that omentum gave much the best results that is the multiplication of *Rickettsia* was greatest in the tubes with omental cells. D H

KLIGLER (I J) & ASCHNER (M) Immunization of Guinea Pigs with Formalized Cultures of European Strain of Typhus *Rickettsia*.—*Proc Soc Experim Biol & Med* 1934 Apr Vol 31 No 7 pp 808-809

The authors have recently shown that it is possible to cultivate *Rickettsia* *in vitro*. Guinea pigs have now been successfully immunized with formalized suspension of fresh virulent culture as well as with older cultures which were no longer infective for guinea pigs. Ten days after the last injection of the vaccine the guinea pigs received a test dose of 80 infective doses of brain virus and 16 days later 800 doses were given without any reaction. All non vaccinated controls reacted.

D H

BLANC (Georges) NOURY (M) BALTAZARD (M) BRUNEAU (J) & BARNEAUD (J) Nouvelles expériences de vaccination humaine contre le typhus exanthématique par vaccin vivant. Infection et immunité [Vaccination of Man against Typhus with Living Vaccine].—*Bull Acad Méd* 1934 May 1 93th Year 3rd Ser Vol 111 No 16 pp 582-592 With 6 figs

This living vaccine is prepared by emulsifying material from the spleen and tunica of guinea pigs infected with a mild strain of endemic typhus. It has been proved that passage of this mild virus through a series of animals does not increase the virulence. The emulsion of the virus in normal saline is treated by contact with ox bile for two hours. The vaccine is diluted 1 000 times and inoculated in doses of 2 cc.

The authors are of opinion that it is not possible to vaccinate against typhus without causing an infection. Inoculation with the living bile treated vaccine causes an inapparent infection with subsequent immunity. 1 000 people can be vaccinated with the material obtained from an infected guinea pig.

D H

SUZUKI (K.) Untersuchung ueber *Rickettsia* Infektion (sogenanntes Rattenfleckenfieber Virus) und Weil Felix Reaktion bei Ratten in Hamburg [Research on *Rickettsia* Infection (so-called Rat Typhus Virus) and the Weil-Felix Reaction in Rats in Hamburg].—*Taiwan-Igakkaï Zasshi* (*Jl Med Assoc Formosa*) 1934 Apr Vol 33 No 4 (349) [In Japanese. German summary pp 58-76 With 25 figs [21 refs]]

The author refers fully to recent work on the same lines in America and in Europe. The sera of ten rats (1 ship rat and 9 *decananus*) were tested. 1 agglutinated OX19 in a dilution of 1 in 50 and 4 agglutinated X19 (sic) in 1-200. Emulsions of the brains of the rats were injected intraperitoneally into male guinea pigs. In 3 instances positive results were obtained, i.e. fever and orchitis. These strains were passaged in guinea pigs and numerous temperature charts are given in the text along with photographs of the scrotal condition showing rickettsia in the cells of the tunica. These rickettsia were not observed in the guinea pigs directly inoculated from the rats but appeared about the



3rd or 4th passage. It is also stated that a positive Weil-Felix reaction up to a dilution of 1/200 was obtained in the infected guineapigs. [See papers by DURAND] D H

LAIGRET (Jean) & DURAND (Roger) Sur les caractères antigéniques d'une souche tunisienne de *B. proteus*. [Antigenic Characters of a Tunis Strain of Proteus].—*C. R. Soc. Biol.* 1934 Vol. 116. No 17 pp 119-120

This strain of Proteus (S24) was isolated from the blood of a mouse which had died of an infection with the bacillus. The O form of S24 was readily agglutinated by the serum of cases of typhus fever to the same titre as O\19. S24 is apparently identical with that classical strain except that when OS24 is inoculated into rabbits their serum agglutinates S24 and \19 and also \K, whereas \19 does not produce agglutinins for \K. S24 resembles the strain of Proteus recently isolated in Lima and associated with the São Paulo type of Rocky Mountain fever which also produces agglutinins for \K when inoculated into rabbits. D H

DURAND (Roger) Réaction de Weil et Félix positive chez le cobaye typhique. [Positive Weil-Felix Reaction in Guinea-pigs with Typhus].—*C. R. Soc. Biol.* 1934 Vol. 116 No 17 pp 118-119

In man and in rabbits a positive Weil-Felix reaction has been noted but so far although guineapigs react to the virus the serum does not give a positive reaction.

The authors have however shown that if the virus (emulsion of brain of infected guineapig) is inoculated directly into the heart of the guineapig a positive reaction is obtained although only in low titre 1/50. If the animal is at the same time inoculated intraperitoneally with starch (tapoca) a slightly higher titre can be obtained, 1/100 D H

DURAND (Roger) Agglutination du proteus dans le typhus écanthématique du cobaye. [Proteus Agglutination in Typhus of Guinea-pigs].—*Arch. Inst. Pasteur de Tunis* 1934 July Vol. 23. No 2 pp 155-237 With 1 chart. [71 refs.]

This is a record of a most careful research on the question of the Weil-Felix reaction in guineapigs. The first part of the paper deals with the Weil-Felix reaction in general and the necessity of utilizing only O emulsions of Proteus.

Practically all cases of true typhus give a positive Weil-Felix reaction as do also monkeys, rabbits and rats when inoculated with the virus or in the case of the last when infected in nature but although guineapigs are the animals most commonly employed and most useful in experimental work on typhus their serum does not agglutinate Proteus \19 or any of the other strains of Proteus utilized in typhus work yet when the virus of typhus is inoculated into guineapigs they develop a marked fever which is followed by immunity but not by production of agglutinins for Proteus. Also if the animals are inoculated with cultures of Proteus they develop agglutinins for that bacillus just as readily as do rabbits or rats. It was noted that if guineapigs which have recovered from an attack of experimental typhus are inoculated with living emulsions of Proteus they produce agglutinins for the homologous

bacillus but not to such a high titre as do guineapigs which have not previously been infected with typhus virus on the other hand in guineapigs which have been inoculated with *Proteus* and are subsequently infected with typhus virus the agglutinins for *Proteus* are in no way affected.

The sera of typhus guineapigs was also tested for other reactions besides agglutination but neither flocculation precipitation nor complement fixation was detected neither could any agglutinins for *Br. abortus* or allied bacteria be found.

It might be thought that there was an inhibitory substance for typhus agglutinins in the sera of guineapigs but the authors state that this is not the case several reasons for this opinion are given —

1 *Proteus* X19 treated by the serum of guineapigs retains its agglutinability by other typhus sera.

2 Guineapig serum does not remove or reduce the agglutinins from other typhus sera man or rabbit In addition to the serum of typhus guineapigs the whole blood, plasma and spleen pulp also give negative results when tested for the Weil-Felix reaction Different methods of inoculating the virus into the animals were tried to ascertain whether a positive Weil Felix reaction could be obtained intracerebral and intraperitoneal inoculation of the virus were both followed by negative results but when the virus was inoculated directly into the heart there was evidence of some slight but quite distinct agglutination of *Proteus* X19 after the fever but not in higher titre than 1/25

Finally after trying out various methods without success it was found that if the animals are cholesterolized so that the cholesterol content of the blood is high and if powdered tapioca is introduced into the peritoneum and the virus is then inoculated intracardially a positive Weil Felix reaction is produced in the sera of the guineapigs D H

i DE ASSIS (Arlindo) Estudos sobre *Proteus* XI I Analyse agglutinante [Agglutination Reactions of *Proteus* XI.]—*Brasil Medico* 1934 Apr 14 Vol 48 No 15 pp 253-256 English summary

ii — II Agglutinabilidade em sôros humanos —*Ibid* No 16 pp 274-275 English summary

1. The sera of rabbits immunized with OXL (Lima São Paulo strain) develop agglutinins for OXL and OX19 indeed OX19 may be agglutinated in higher titre than OXL Group agglutinins for OX2 and O *Proteus Americanus* (OXA) were also noted but no agglutinins for OXK were produced.

2 From agglutination tests on 270 human sera taken from cases of fever such as typhoid tubercle malaria and syphilis slight non specific agglutination of the O variant of *Proteus* OXL (strain of Lima, São Paulo) was noted This non-specific agglutination of OXL was quite distinct from the true Weil-Felix reaction In this respect OXL and OX19 differ from OXK D H

DINGER (J E) Infecties met *proteus* van het type Klagsbury [Infections with *Proteus*, Type Klagsbury]—*Geneesk Tijdschr v Nederl Indië* 1934 May 22 Vol 74 No 11 pp 661-672 English summary

Two cases of infection of the bladder are described in which cultures of *proteus* organisms were obtained. These strains were proved to be

culturally identical and serologically similar to the Kingbury strain XH. One strain showed relationship both with the O and H antigen the other differed in the H antigen and was only partially related in the O. In both cases the patients' sera contained agglutinins for OXK. In neither was there any symptom of typhus fever. D H

DE ASSIS (Arlindo) Estudos sobre *Proteus americanus* Pacheco (Proteus VA) I Agglutinabilidade da variante OXA nas rickettsioses humanas. [Studies on *P. americanus* (XA)]—*Brasil-Médico* 1934 July 14 Vol. 48 No. 28 pp. 532-534. English summary

The sera of 6 patients suffering from typhus fever of São Paulo and of 3 convalescents from true or epidemic typhus of the Argentine were tested for agglutinins against emulsions of *Proteus americanus* OXA and also OX19 OX2, OXL and OXK. The results reveal a close relationship between OXA and OXK the Kingbury strain. D H

DE ASSIS (Arlindo) Estudo sobre *Proteus americanus* Pacheco (Proteus VA) II Estudo geral do agglutinogenio flagellar (HO) [*Proteus americanus* (Proteus XA) its H Agglutinins]—*Brasil-Médico* 1934 Aug 11 Vol. 48. No. 32. pp. 635-636. English summary

The author cultivated the organism for six months on agar and found that this species exhibited a tendency to revert to the O type of agglutinin. The sera of rabbits immunized with living cultures proved to contain also group agglutinins for HXK and vice versa, sera of animals immunized with HXK cultures contained group agglutinins for Proteus VA. Absorption tests showed that the flagellar agglutinins for each were quite distinct those of Proteus VA seemed definitely more complex. Proteus VA sera did not agglutinate flagella variants of Proteus V19 V2 and VL. A so-called *Pr. mirabilis* N.2 strain had flagellar agglutinogens identical with those of *Pr. americanus* and this (*Pr. mirabilis* N.2) has been isolated from the nasal discharges of a man who had never suffered from any disease resembling typhus, and *Pr. americanus* has also been isolated from the blood of a man with an infection apparently having no connexion with any known Rickettsial disease. H H S

KYU (U F) Clinical Observations on the So-called Two-Weeks Fever (or Sporadic Eruptive Fever) in Formosa.—*Taiwan Igakkyo Zasshi* (*Jl Med Assoc Formosa*) 1934 May Vol. 33 No. 5 (360). [In Japanese. pp. 832-852. With 5 charts [25 refs.] English summary pp. 88-89.]

KOJIMA (T) YAMANAKA (S.) & KYU (U F) Studies on the So-called Two-Weeks Fever (or Sporadic Eruptive Fever) in Formosa.—*Ibid.* [In Japanese pp. 853-872. With 5 figs. (4 coloured) on 1 plate. [21 refs.] English summary pp. 89-90.]

For many years a disease known locally as two weeks fever has been known to occur in Formosa. It is a typhus-like disease of mild form and the serum of patients gives a positive Weil-Felix reaction. The authors have isolated a virus from cases which in its effects on

gumepaga resembles the virus of rat typhus. *Rickettsia* were readily found in the lesions in the scrotum. It has also been possible to test the local virus against a virus of true typhus and crossed immunity has been demonstrated.

A similar virus has also been isolated from rat flea, caught on rats on premises where cases of the two weeks fever had occurred. D H

CUMMING (James G.) Rocky Mountain Spotted Fever invades the East.—*Southern Med J* 1934 Sept Vol 27 No 9 pp 783-788 With 5 figs (1 map)

MILAN (D F) Rocky Mountain Spotted Fever in North Carolina.—*Ibid* pp 788-792

These two papers deal with Rocky Mountain fever as it occurs in the Central and Eastern sections of the United States especially in N and S Carolina. A full clinical description of the disease is given with excellent photographs showing the appearance of the rash.

As regards prevention it is pointed out that although destruction of small rodents and keeping of fowls around homesteads may aid in the reduction of ticks yet the best method is by means of the vaccine prepared from infected ticks.

The tick which causes the disease in man in the Eastern States is the common dog tick of America *Dermacentor variabilis*. This tick in the larval form feeds on small rodents, squirrels, field mice, rabbits, etc. and in the adult form on dogs and occasionally on man. A warning is given of the danger involved in removing ticks from dogs and crushing them in the fingers since infection has been carried in this way in Rocky Mountain fever and boutonneuse fever. D H

MILAN (D F) Rocky Mountain Spotted Fever in North Carolina.—Reprinted from *Southern Med & Surgery* 1933 Sept Vol 95 No 9 4 pp & 1934 Feb Vol 96 No 2 2 pp

In 1833 18 cases of Rocky Mountain fever were reported in North Carolina previously only one case had been recognized probably cases had been diagnosed as typhus fever.

In the present series it was noted that the rash covered the entire body including the palms and soles.

Sources of infection.—Small wild rodents are the reservoir of the virus and ticks as larvae and nymphs feed on these and become infected the adult ticks still infective feed for preference on the dog the horse and man these adult ticks lay eggs in which the infection is maintained. The tick season is the fever season.

A table is shown giving the chief differential points between Rocky Mountain fever and endemic typhus.

#### *Rocky Mountain Fever*

#### *Endemic Typhus*

#### *Epidemiology*

- |  |                              |
|--|------------------------------|
| 1 Rural  | Urban.                       |
| 2 History of tick bite in 75 per cent of cases | Premises infested with rats. |
| 3 More children attacked.                      | Adults middle age            |
| 4 One or two cases in same family              | Sporadic                     |

## Rocky Mountain Fever

## Endemic Typhus.

## Clinical.

- |   |   |
|---|---|
| 1 Onset sudden.   | Onset sudden.   |
| 2. Fever up to 107° lasts about 3 weeks, lysis.                             | Fever lower crisis end of 2nd week.   |
| 3. Rash first on wrists and ankles then general, including palms and soles. | First on trunk, flexor surface of limbs, rarely on face or palms and soles. |
| 4 Pulse rate higher   | Pulse rate lower  |
| 5 Fatality 25 per cent. in eastern type                                     | Under 5 per cent.   |

Thirty-seven cases noted in 1934 varied from very mild to severe and fatal. Inoculation of blood taken from one of these mild cases gave a positive reaction in a guinea pig.

The local medical men are of opinion that this is no new disease in the district but that similar cases have been met with for 20 years and diagnosed as typhus. There is, however, probably an increase in the number of cases as well as in that of endemic typhus. D H.

GIMBERT ANDREOLI HOUSIAUX & FOURNET Fièvre boutonneuse grave Début conjonctival. Forme délirante ataxodynamique. Abcès de fixation Sérum de convalescent Guérison. [Severe Form of Boutonneuse Fever of Conjunctival Onset.]—*Bull d'Ass. Soc. Méd. Hôp. de Paris* 1934 May 14. 3rd Ser 50th Year No 15 pp. 614-615

A very severe case of boutonneuse fever the initial lesion being in the conjunctiva. The nervous symptoms were particularly alarming. Two doses of convalescent serum were given, followed by recovery. D H.

RAYBAUD (A.) Comment l'appellerons-nous fièvre boutonneuse, exanthématique, dothiendermie? [Nomenclature of Marseilles Fever]—*Marseille Méd* 1934 June 5 Vol. 71 No. 18 pp. 693-695

In an article in the *Lyon Médical* of May 1934 CHALIER PLAUCHU & BADINARD have proposed that the disease at one time known as exanthematic fever of Marseilles should now be called dothiendermie aiguë. Raybaud points out that after a full discussion by a Commission of the International Congress of Hygiene of the Mediterranean it was decided that this disease should be known as "boutonneuse" fever the name originally given to it by COVOT and BRUCH in Africa in 1910. Raybaud therefore deprecates the proposal to give still another name, one which, as he points out, has no advantages other than its derivation from the Greek. D H.

PIJPER (Adrianus) Tick Bite Fever A Clinical Lecture.—*South African Med. J.* 1934 Aug 11 Vol. 8 No. 15 pp. 551-556.

This paper is a clinical lecture on and demonstration of a typical case of "tick bite fever". The author prefers to retain the name of "tick bite fever" originally given to the disease by NUTTALL, although he agrees that it may give rise to confusion with "tick fever" i.e., relapsing fever carried by ticks.

The present case showed a very definite primary sore similar to the "tache noire" of boutonneuse fever which disease tick bite fever resembles in many respects although they are not identical.

The disease in South Africa is a mild one with fever lasting ten days and severe headache and a rash of maculae or maculopapules but it may occur in forme fruste with primary sore and inflamed lymphatics without fever. The Weil Felix reaction is positive but may only appear after the fever is over. D H

LANTJES (L. J. M.) Een geval van tropical ("shop") typhus met primair affect [Tropical ("Shop") Typhus with a Primary Lesion.]—*Geneesk. Tijdschr. v. Nederl. Indië* 1934 July 3 Vol. 74 No. 14 pp 876-879

Scrub typhus and mite fever give a serum reaction of agglutination with the Kingsbury strain of *Proteus* while shop typhus serum agglutinates *Proteus* OX<sub>19</sub>. Again mite fever exhibits a primary lesion while scrub typhus does not nor has any such primary lesion been described in shop typhus. The interest of the present case lies in the fact that it was a typical case of typhus fever the serum agglutinated *Proteus* OX<sub>19</sub> and was negative to the Kingsbury strain and there was a well marked primary lesion. The conclusion is therefore reached that shop typhus may have a primary lesion as illustrated by this unique case but that in all probability it is usually evanescent.

On the day that the patient fell ill he noticed a small round swelling on the scrotum which was oozing a little and was itchy and burning. On admission to hospital there was found an ulcer 7 by 5 mm with a sharp pale margin small surrounding red halo and dirty yellow grey base on the middle of the scrotum just under the root of the penis. There was no induration and the regional lymph nodes were moderately swollen. This was the primary lesion. No history was forthcoming of its origin. Trauma and venereal infection were excluded.

W. F. Harvey

HAYASHI (Naosuke) MATSUOKA (Shigeji) KATO (Taro) & OKAMOTO (Nuchuzo) Studies on Tsutsugamushi Disease. Report for 1932. —*Trans. Soc. Path. Japan* 1933 Vol. 23 pp 735-738 With 1 coloured fig.

*The morphology of R. tsutsugamushi*—Exceedingly minute forms have been noted 0.2 to 0.25  $\mu$  in diameter. In the opinion of the author these are the initial forms they increase in size and finally divide.

*Etiology*—*R. tsutsugamushi* has been demonstrated in the spleens of wild rats caught in areas where the disease is epidemic. The same condition has been noted in the case of guinea-pigs placed in infected areas of the country and bitten by mites.

*Prevention*—Vaccination by means of injection of infected tissues has been employed. D H

KO (Tōnu) *Klimatische Beobachtungen in 100 Fällen von Tsutsugamushi Krankheit*. [Clinical Observations on 100 Cases of Tsutsugamushi Disease.]—*Taiwan Igakkaï Zasshi (Jl. Med. Assoc. Formosa)* 1934 Apr. Vol. 33 No. 4 (349) [In Japanese German summary p. 51]

During the 20 years 1911-1931 the author has had under his care 100 cases of this disease.

The cases occurred every year in the summer season among field workers and their families, the ages of the patients varying from 1 year to 76 years. The fatality rate was about 20 per cent. D H

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CHIARENSE (Raffaele) Due casi di febbre esantematica ostiva del Litorale Medit-  
erraneo.—*Terapia* 1934 Apr Vol. 24 No. 178 pp 109-116 [2  
refs.]

DORRÉ (C. Soler) & COMBARRO (A. Valls) Observaciones locales de fiebre exan-  
temática mediterránea.—*Rev Med. Barcelona*, 1934 Oct. Year 11.  
Vol. 22. No 130 pp 289-294 With 2 charts & 2 figs on 1 coloured  
plate.

FUNK (William H) A Case of Endemic Typhus or Brill's Disease in the Philip-  
pine Islands.—*U.S. New Med Bull* 1934 Oct. Vol. 22. No. 4. pp.  
517-518.

## DENGUE AND SANDFLY FEVER

HOFFMANN (J M) MERTENS (W K.) & SNIJDERS (E P) The Transport of the Javanese "Endemic Dengue" to Amsterdam.—  
Reprinted from *Proc Acad Sci Amsterdam* 1932 Vol 35 No 6  
pp 800-910

Blood was taken from dengue patients in Java on the second day of the disease. The serum was dried placed in a refrigerator and brought to Amsterdam. The dried serum was redissolved and inoculated into volunteers 285 days after it had been taken in Java. One of these volunteers developed a typical attack of dengue and the disease was passed to other volunteers. It is now proposed to compare the virus from Java with that already obtained from Sumatra [see this *Bulletin* Vol 28 p 619]  
D Harvey

JESIORAN (R) La dengue dans le bassin méditerranéen (Dengue in the Mediterranean Basin.) [Thesis University of Algiers]—  
116 pp [16 pages of refs] 1933

In this comprehensive and detailed review of the subject of dengue in Southern Europe over 200 papers on the subject have been consulted most of which have already been summarized in this *Bulletin*

D H

GRÉAUX (H) Au sujet de quelques cas de fièvre rouge à la Guadeloupe. ['Fièvre rouge' in Guadeloupe.]—*Bull Soc Path Exot* 1934 May 9 Vol. 27 No 5 pp 475-482

A similar fever has already been described in the Congo under the name of fièvre rouge congolaise. This disease closely resembles measles but Koplik's spots were not present. It differs from dengue in that muscle and bone pains are not marked. (French writers are of opinion that fièvre rouge is dengue.)  
D H

SHORTT (H E) POOLE (L T) & STEPHENS (E D) Sandfly Fever on the Indian Frontier. A Preliminary Note on Some Laboratory Investigations.—*Indian J Med Res* 1934 Apr Vol 21 No 4 pp 775-788 With 5 charts [10 refs]

Blood was taken from cases of sandfly fever in Peshawar on the first and second day of the disease and despatched at once to Kasauli where sandfly fever does not occur. Sixty hours later the blood was inoculated into volunteers with the following results:—

	Blood samples	Positive	Typical fever	Modified
1st day	10	7	6	1
2nd day	4	2	1	1
	14	9	7	2

Six samples of blood were filtered through L3 and L5 Chamberland filters and were found to be infective in three instances



Sandflies fed on cases of sandfly fever and sent to Kasanli and there fed on volunteers produced a typical attack of fever in one case at least.

Monkeys which had been inoculated with the blood of patients showed a definite rise of temperature and the blood of a monkey taken during the fever produced fever in man

D H

POOLE (L. T.) & SACHS (Albert). Preliminary Results of an Investigation into the Aetiology of Sandfly Fever.—*Jl Roy Army Med Corps* 1934 Aug Vol. 63 No 2, pp. 73-79 [11 refs.]

The strength of the troops in the Peshawar district is about 19,000. In one year as many as 2,000 cases of sandfly fever occurred this high figure is accounted for by the arrival in the district of troops recently landed from England or from other parts of India where sandfly fever is not prevalent among salted troops the incidence is low

The object of the present investigation was twofold (1) to show that the short fever met with in the district is true sandfly fever (2) to show that the disease is not due to a leptospira or other blood parasite.

Clinically the cases conform to the classical description of sandfly fever 3 days fever slow pulse, flushed face, injected eye, frontal headache, etc.

In a previous investigation in 1932 by one of the authors a spirochaete was discovered in culture from the blood of 3 cases this resembled *T pallidum* but with more open coils it was successfully subcultured.

In 1933 in 470 cases blood taken on the first day of the fever was cultivated in Fletcher's leptospira medium 0.5 cc. of blood was injected into small capsules containing 4 cc. of the culture medium, the capsules were at once sealed and incubated at 25°C. for 15 days and were then examined and if nothing was found incubated for a further 15 days. In not a single case was a leptospira found 70 per cent. of the cultures were sterile, the others were contaminated by air-borne organisms only one capsule contained a pathogenic organism, staphylococcus from a septicæmic case. Direct examination of the blood by dark ground illumination and stained film failed to reveal any organism.

*Animal experiments.*—Whole blood of cases cultures after incubation and emulsions of sandflies fed and unfed were injected into rats, rabbits and guinea-pigs none developed fever and none showed any signs of disease. Sandflies both fed and unfed were examined by dark ground illumination and by stained smear but no leptospira was seen.

*Conclusions.*—1 The short fevers of the Peshawar district are sandfly fever 2. The causal agent is not a leptospira or other visible organism.

D H

## RABIES

## A REVIEW OF RECENT ARTICLES XXII\*

i. *Virus*

It will be remembered that LEVADITI and SCHÖN<sup>1</sup> (this *Bulletin* Vol. 31 p. 145) described oxyphil corpuscles which they had observed in the corneal epithelium. As these cells are not neurones though intimately connected with the terminations of the ophthalmic branch of the trigeminal nerve these authors<sup>1</sup> have examined other ectodermal structures such as the conjunctiva the nasal mucous membrane the tongue and the intestinal mucous membrane. In none of these were oxyphil corpuscles found, though all constitute a favourable place of entry from which the virus of rabies may be dispersed. From this point of view the corneal epithelium is that which approximates most closely to certain neurones which in virtue of their neuro-ectodermal origin facilitate the intracellular evolution of the virus and thus allows of the development of the visible phase of its cycle of evolution (of the Negri body).<sup>2</sup>

NICOLAU and KORCOWSKA<sup>3</sup> have continued their studies on the effects of rabies virus introduced into the sciatic nerve (this *Bulletin* Vol. 31 p. 841). They have now directed their attention to the morphogenesis of Negri bodies following this procedure. Negri bodies appear in the neurones of the spinal ganglia of the appropriate segment on the seventh day after infection. The phenomena which precede their appearance have been studied on animals killed at earlier periods. The successive phases of negriogenesis are found to be—(1) agglutination of Nissl granules (2) flocculation into more or less chromophilic masses (3) the masses become rounded and more regular and appear to be slightly basophil (4) these become oxyphilic under the influence of the germs and changed in various ways until they assume the form of Negri bodies. The later changes may be (a) the appearance of a small reddish centre which extends throughout the mass (b) the masses become more oxyphilic or (c) a number of oxyphilic points appear which finally form the Innenkörper of the Negri body. The Negri bodies are formed as a result of the defence of the cell. When inclusions appear in the cell the cell maintains its morphological and staining integrity. When the cell does not react by the formation of inclusions the germ multiplies and degeneration and necrobiosis follow.

From an examination by serial section of the whole brains of 60 mice infected with rabies and killed at various periods during the course of the disease MURATOWA<sup>4</sup> finds that the first appearance of Negri bodies is not in the horn of Ammon but in the mesencephalon in the neighbourhood of the central canal. Even when the disease is fully

\* For the twenty first of this series see Vol. 31 p. 637.

<sup>1</sup> LEVADITI (C.) SCHÖN (R.) & LEVADITI (J.) Evolution du virus rabique des rocs dans les éléments épithéliaux dérivés de l'ectoderme et de l'endoderme.—C. R. Soc. Biol. 1934 Vol. 117 No. 34 pp. 767-770.

<sup>2</sup> NICOLAU (S.) & KORCOWSKA (L.) Etude sur la morphogénèse des corps de Negri.—Ann. Inst. Pasteur 1934 Oct. Vol. 53 No. 4 pp. 418-437. With 12 coloured figs. on 1 double plate. [Refs. in footnotes.]

<sup>3</sup> MURATOWA (A. P.) Ueber die Morphologie des Lyssavirus.—Zool. f. Bakt. I. Abt. Orig. 1934 July 2 Vol. 152 No. 1/2 pp. 65-77. With 22 figs.

developed Negri bodies may be absent in the horn of Ammon and in the cerebellum though present in other parts of the brain. [In this connexion the reviewer would recall the findings of THOMAS and JACKSON and of NICOLAU and KOPCOWSKA (this *Bulletin* Vol. 28 p. 744 Vol. 29 p. 600 and Vol. 30 p. 575)] The author believes that he has observed indications of a definite cycle of development of the parasite of rabies. He believes that the saliva introduced at the time of biting contains very small structures either free or in the form of the Innenkörper of the Negri body. In the muscle the parasite becomes enclosed in a thick membrane and under favourable circumstances reaches a nerve ending. It passes along the nerve to the brain, and becomes freed from its envelope. The freed forms then divide and (mainly in the medulla) form morulae. These spread through the brain, probably along the blood vessels, and penetrate the nerve cells. At this stage they are basophilic, but later they become oxyphilic and take the form of Negri bodies. At a later stage the Innenkörper are freed and spread to other parts of the brain forming new Negri bodies. The article is illustrated.

The effect of low temperatures on the virus of rabies has been studied by REMLINGER and BAILLY.<sup>4</sup> They find that when kept in the refrigerator in a frozen state, fixed virus maintained its virulence up to 768 days, and street virus up to 775 days. Also a brain kept in glycine at + 6°C. remains virulent after 901 days.

It may be remembered that NICOLAU and KOPCOWSKA (this *Bulletin*, Vol. 28, p. 247) showed that the virulent moiety of rabies brain emulsion is negatively charged and migrates during cataphoresis towards the positive pole and that GLEUMAN, GORPUNKEL and SOLOWIEVA (*loc. cit.*, Vol. 29 p. 185) confirmed this observation. The pH range within which this phenomenon was observed was in the case of the former observers between 6.0 and 9.3 and in the case of the latter between 5.8 and 7.4. Further observations are now put forward by SANKARAN, IVENGAR, and BEER,<sup>5</sup> and McCARRISON, SANKARAN and BEER.<sup>6</sup> These were carried out at a pH of 7.38. Thirty of 33 animals inoculated with material collected from the positive cell developed rabies, whereas none of 33 inoculated with material from the negative cell died. GLEUMAN and his co-workers found no evidence of a separation of the virus from the material to which it is attached. McCARRISON and his colleagues have found evidence of a considerable degree of separation. The matter is complicated by the fact that at a pH in the neighbourhood of 7.3 most proteins carry negative charges.

The action of various pancreatic ferments on rabies virus has been examined by HIRAKO.<sup>7</sup> He finds that the virus is destroyed completely by a 4 000 fold dilution of lipase, and incompletely by an 8 000 fold dilution. The virus on the whole resists the action of trypsin and

REMLINGER (P.) & BAILLY (J.). Action de la congélation sur le virus rabique.—*C. R. Soc. Biol.* 1934. Vol. 118. No. 20. pp. 407-408.

<sup>5</sup> SANKARAN (G.) IVENGAR (K. R. B.) & BEER (W. A.). A Preliminary Note on the Electrical Charge carried by the Rabies Virus.—*Indian J. Med. Res.* 1934. Apr. Vol. 21. No. 4. pp. 809-816. With 2 figs.

McCARRISON (Robert) SANKARAN (G.) & BEER (W. A.). Electrophoretic Experiments with the Virus of Rabies.—*Indian J. Med. Res.* 1934. Apr. Vol. 21. No. 4. pp. 817-834.

HIRAKO (Norihisa). On the Resistance of Rabies Virus to the Action of Some Ferments.—*Kokugakuin Zasshi, Exptl. Med.* 1934. July. Vol. 11. No. 3. pp. 246-252.

diastase though in low dilution it may be influenced by these ferments. It was not possible to demonstrate the action of pepsin as it was found that the virus was completely destroyed by the action of 0.01 per cent hydrochloric acid alone at 37°C. for two hours. The author concludes that the rabies virus is composed mainly of a substance which is easily decomposed by pancreatic lipase.

JANSEN<sup>8</sup> has succeeded in transmitting the virus of the pseudorabies of AUJESZKY through 17 passages in the mouse by intracerebral inoculation. The inoculation period was at first 4½ days and finally was reduced to 3 days. In every case the animal died of the disease. Itching was not an invariable symptom but it was observed in a considerable proportion of the cases. Subcutaneous inoculation into other mice in no case transmitted the infection but when large doses were given they conferred some degree of immunization. It is the intention of the author to continue this series up to 100 passages.

HURST<sup>9</sup> has continued his study of pseudorabies (this *Bulletin* Vol. 31 p. 146). From a series of experiments he shows that the Iowa strain of virus reaches the nervous system by way of the peripheral nerves although it is circulating also in the blood. For example he found that the salivary glands are often infective after intracerebral inoculation or after subcutaneous inoculation into the base of the ear and rarely if infection is practised subcutaneously in the flank or foot. The adrenals are frequently infective after subcutaneous inoculation into the flank, but not after injection into the leg or ear. Centrifugal spread from the infected nervous tissues by the neural route also occurs. The Aujeszky strain invades the blood stream more readily than does the Iowa strain but possibly after repeated passage the latter is approximating in this respect more closely to the classical Aujeszky strain. After intravenous inoculation effective with even small doses virus is rapidly removed from the blood and multiple infective foci are established in various organs thence ascent of the virus by the peripheral nerves leads to infection of the central nervous system. No evidence has been found that the virus can penetrate the haemato-encephalic barrier directly. After subcutaneous inoculation into an area deprived of its nerve supply the ability of the virus to invade the blood permits it to establish infective foci in the various viscera and after a predictable delay the course of infection resembles that following intravenous injection. The virus is pantropic i.e. it readily attacks cells derived from any embryonic layer.

Following upon a summary of their experiments on the virus of the pseudorabies of AUJESZKY (this *Bulletin* Vol. 31 p. 639) REMLINGER and BAILLY<sup>10</sup> discuss the nature of this virus in the light of these experiments. There are three possibilities (1) it may be a protozoon having a cycle of evolution one stage of which is filtrable (2) it may be a very minute bacterium or (3) it may be an enzyme. The facts are

<sup>8</sup> JANSEN (Jac.) De gevoeligheid van de muis voor het virus van de ziekte van Aujeszky.—*Tijdschr. v. Diergeneesk.* 1934 July 15 Vol. 61 No. 14 pp. 761-763. English summary (9 lines).

<sup>9</sup> HURST (E. Weston) Studies on Pseudorabies (Infectious Bulbar Paralysis Mad Itch). II. Routes of Infection in the Rabbit with Remarks on the Relation of the Virus to Other Viruses affecting the Nervous System.—*J. Experim. Med.* 1934 June 1 Vol. 59 No. 6 pp. 729-749 [28 refs.]

<sup>10</sup> REMLINGER (P.) & BAILLY (J.) Contribution à l'étude de la nature du virus de la maladie d'Aujeszky.—*C. R. Soc. Biol.* 1934 Vol. 117 No. 31 pp. 406-411.

that the virus if filtrable, is diffusible, is not brought down by centrifugation and can reproduce the disease in series. The diffusibility excludes the virus from the protozoa and the bacteria, and brings it into approximation with chemical substances. In agreement with this view is the insensitiveness of the virus to centrifugation. The virus, however, can only traverse porcelain filters of a certain porosity and has in addition the property of reproducing the disease in series, a property which is possessed by bacteria. The authors ask themselves whether it is possible that the virus occupies an intermediate position between the visible microbes and the diastases. REMLINGER has made a similar suggestion with regard to the virus of rabies (*Bull. Acad. M.* 1918 Vol. 79 p 137).

A strain of the virus of Aujeszky has been isolated in Rumania by JONKESCO<sup>11,12</sup>. Its properties are described. It was transmitted to the cock. In one case an inoculated cock developed symptoms 72 hours after infection. These persisted for 5 days, after which the animal recovered. The blood of this animal inoculated intracerebrally into rabbits reproduced the disease in a fatal form. Various pathological observations are recounted. In dogs a marked leucocytosis was observed the white cells numbering 27 000 per cubic millimetre: a differential count showed 62 per cent. of polymorphs, 4 per cent. of neutrophil metamyelocytes, 8 per cent. of lymphocytes, 12 per cent. of monocytes, and 5 per cent. of plasma cells. The polymorphs contained few granules, and showed degenerative changes. The histological appearances in the tissues are also described.

## ii. Symptomatology and Diagnosis.

WINTER<sup>13</sup> reports upon an outbreak of rabies amongst animals in Barrackpore (Bengal) upon which one fatal case of hydrophobia in a woman supervened. In her case the period of incubation was 41 days as she had not been bitten and she stated that she had not been licked, no treatment was given. Further evidence however showed that she had in all probability been licked.

JONKESCO<sup>14</sup> compares results obtained by subdural inoculation of 0.2 cc. of rabid brain emulsion into rabbits with those obtained by intracaudal inoculation of 0.1 cc. of the same emulsion into mice. In all cases the emulsion contained street virus. The results were as follows. By subdural inoculation of 30 rabbits, 3 became paralysed in less than 7 days, 12 between the 8th and the 15th days, 11 between the 16th and the 28th days, and 4 between the 28th and the 48th days. Of 56 intracaudally inoculated mice 3 became paralysed in less than 7 days, 38 between the 8th and 15th days and 10 between the 16th and 28th days. He therefore recommends the latter method as being almost as sure, more economical, and often more rapid than the former. Two mice should be inoculated on each occasion.

<sup>11</sup> JONKESCO (Dimitre) Recherches sur la maladie d'Aujeszky.—*C. R. Soc. Biol.* 1934 Vol. 116 N. 26. pp. 1184-1185.

<sup>12</sup> JONKESCO (Dimitre) Contribution à l'étude de la maladie d'Aujeszky.—*Ann. Inst. Pasteur* 1934 Nov. Vol. 53, No. 8. pp. 554-563.

<sup>13</sup> WINTER (H. G.) Hydrophobia.—*Jl. Roy Army Med Corps* 1934 Aug. Vol. 63 No. 2 pp. 122-125.

<sup>14</sup> JONKESCO (Dimitre) Diagnostic de la rage au moyen de l'inoculation intracaudale chez la souris.—*C. R. Soc. Biol.* 1934 Vol. 116 No. 21 pp. 545-548. With 1 chart.

## in Pathology

The histological appearances in the brains of 16 cases of human rabies are described by VERHAART<sup>15</sup>. In all cases there was severe inflammation in the medulla oblongata and the pons in particular in the tegmentum the cranial nerve nuclei and the reticular nuclei. In one atypical case with a prolonged course the olive and the pons pontes were more affected than the tegmentum. Of the 16 2 showed definite and 7 slight inflammation in the mesencephalon in particular in the red nucleus and the corpora quadrigemina, whilst in one case the substantia nigra was alone affected. No inflammation was observed in the diencephalon unless the mesencephalon was also affected nor in the mesencephalon unless the pons and medulla were also affected. The inflammation took the form of perivascular and diffuse infiltration by lymphocytes polymorphonuclear leucocytes and enlarged microglia.

The effects of various processes which affect the haemato-encephalic barrier have been studied by FUKAYAMA<sup>16 17</sup>. Injection into the sub-arachnoid space of horse serum dog serum a 5 per cent solution of sodium aleuronate or pumping along with intracerebral injection of various fixed virus strains did not induce rabies in the case of strains of fixed virus of incubation 5 and 6 days but induced symptoms in an 8-day strain. It was also noted that the alteration in the haemato-encephalic barrier had no effect on fixed virus which had been introduced into the circulation.

REMLINGER and BAILLY<sup>18</sup> extend their observations on the presence of rabies virus in the lung (this *Bulletin* Vol 31 p 640). They have now succeeded in demonstrating its presence 9 times out of 24 i.e. 37.5 per cent. The lung must thus possess a sufficient number of infected neurones to produce these infections. They may be situated in the nerve endings of the muscular and mucous coats of the bronchioles in the nerve endings in the vessel walls or in those in the alveolar epithelium described by RETZIUS.

MATSUDA<sup>19</sup> has carried out a series of experiments on the irritability of the intestinal sympathetic and parasympathetic nerve endings during the course of infection with rabies virus. He ascribes the results which he obtained to the presence of inflammation in the intestinal canal, and to invasion by the virus of the whole nervous system from the nerve centres down to the nerve endings. As regards the parasympathetic half the cases were sensitive to acetylcholine and atropine as regards the sympathetic half were in the early stages sensitive to

<sup>15</sup> VERHAART (W. J. C.). De encephalitis bij de menscheelijke lyssa.—*Geneesk. Tijdschr. v. Nederl. Indië* 1934 May 22 Vol. 74 No. 11 pp 681-687. German summary.

<sup>16</sup> FUKAYAMA (Jun-Itchi). Contribution à l'étude de la rage expérimentale.—*Oriental J. Dis. Infants* 1934 May Vol. 15 No. 3 [In Japanese [24 refs.] French summary pp 43-46].

<sup>17</sup> FUKAYAMA (Jun-Itchi). Contribution à l'étude de la rage expérimentale.—*C. R. Soc. Biol.* 1934 Vol. 116 No. 26 pp 1170-1172.

<sup>18</sup> REMLINGER (P.) & BAILLY (J.). Sur la présence du virus rabique dans le poulmon.—*Ann. Inst. Pasteur* 1934 July Vol. 63 No. 1 pp 43-50.

<sup>19</sup> MATSUDA (Shoiten). The Contribution on the Knowledge of the Experimental Rabies (Report I). The Investigation of the Intestinal Canal of Rabid Rabbits. I. The Change of the Irritability of Autonomus Nerves System and Involuntary Muscle in Intestinal Canal of Rabid (Hydrophobic) Rabbits.—*Oriental J. Dis. Infants* 1934 July Vol. 16 No. 1 [In Japanese. English summary pp 1-4].

adrenaline, this sensitiveness disappearing as pressure set in. Further observations on the sympathetic nerve endings of the vessels indicated an increase in sensitiveness, which in certain cases weakened as pressure set in. (This précis is made from an English summary which is difficult to interpret and its accuracy cannot be vouched for.)

#### iv *Methods of Treatment and Statistics.*

During the year 1933 132 cases of persons bitten by dogs have been reported in Germany<sup>20</sup> as compared with 64 in the previous year. Of the 132, 2 died of rabies and in neither case had treatment been given. Actually 153 persons were treated during the year: 47 in Berlin, 97 in Breslau, 1 in Munich and 8 in Dresden. Of these none contracted rabies, and no paralytic nor other sequelae were observed. Attention is drawn to the increase in the prevalence of rabies in Germany and especially in the Eastern districts bordering on Poland and Czechoslovakia.

VIALA<sup>21</sup> reports that during the year 1933 443 persons were treated at the Pasteur Institute at Paris. There were no failures of treatment, nor were any post vaccinal sequelae observed.

#### v *Rabies in Animals.*

REICHEL and SCHNEIDER<sup>22</sup> recommend intra lingual inoculation of the test dose in estimating degree of immunization. They consider a protection test to be satisfactory when at least 80 per cent. of the vaccinated animals survive while 60 per cent. or more of the controls die of the intra-lingual infecting dose. From a series of experiments on rabbits they found that when given in single doses, formalin-killed and autoclave-killed vaccines failed to pass the test, whilst live vaccine, chloroform-killed and phenol killed vaccines all passed the test.

In a second communication<sup>23</sup> the test is further applied. Treatment for 14 days with both carbolyzed and chloroform treated vaccines gave adequate protection. They then compared the immunizing properties of carbolyzed vaccines kept at room temperature for various periods. The results of this experiment are as follows:—

Date of preparation of vaccine	Number treated	Died of rabies
1929	5	5
1930	5	5
1931	4	1
1932 (1st 6 months)	3	0
1932 (2nd )	4	0
1933	5	2
Normal rabbit brain	4	3
Controls	35	29

(Doses of 2 cc. of a 5 per cent. emulsion were given daily for 7 days in each case.)

<sup>20</sup> REICHEL-GESUNDHEITSLATT 1934 Oct. 31 Vol. 9 No. 44 pp. 693-933—Die Tätigkeit der deutschen Wertschutzstationen im Jahre 1933.

<sup>21</sup> VIALA (Julien) Les vaccinations antirabiques à l'Institut Pasteur en 1933—*A = Inst Pasteur* 1934 June. Vol. 52. No. 6. pp. 708-712.

<sup>22</sup> REICHEL (John) & SCHNEIDER (J. E.) Rabies Vaccine Protection Test—*J Amer Vet Med Assoc* 1934 May Vol. 84 No. 5 pp. 753-756.

<sup>23</sup> REICHEL (John) & SCHNEIDER (J. E.) Rabies Vaccine Protection Tests—*Amer J Pub Health* 1934 June. Vol. 24 No. 6. Pt. 1 pp. 625-628.

The authors conclude that Rabies vaccine (phenol killed) kept at room temperature for 2 years satisfactorily passed the protection test supporting the contention that rabies vaccine can be dated for 2 years from the date of issue.

The effects of single dose administration of various vaccines as a prophylactic against rabies have been examined by BARNES METCALFE MARTINDALE and LEVITZ.<sup>24</sup> The conclusions arrived at are stated to be tentative. They found that administration of single doses of 4 carbolized vaccines to 4 groups of 10 dogs gave no protection—33 of the total of 40 contracted rabies (i.e. 82.5 per cent) whereas 13 of 16 untreated succumbed (81.3 per cent). A second series of experiments in which chloroform treated vaccine was used gave somewhat more encouraging results but not sufficient to warrant confidence in it to the exclusion of police and sanitary measures. In this case of 20 vaccinated dogs 7 (35 per cent) died of rabies whereas of 20 controls 11 (55 per cent) succumbed.

#### VI. Post vaccinal Paralysis

A fatal case of transverse myelitis following antirabic treatment at the Instituto de Semologia (Argentina) is described by URAONDO SANGUINETTI and ZUNIGA.<sup>25</sup> The patient was a veterinary surgeon. He had been in contact with a dog suffering from furious rabies but had not been bitten or scratched by it. He had disinfected his hands immediately after he had handled the animal. He commenced treatment 8 days after and 14 days thereafter symptoms set in. These were mainly of the nature of an ascending anaesthesia with paralysis of the lower limbs. After an illness of seven days the patient died and the histological appearances (which are illustrated) were those of a subacute necrotic transverse myelitis in the cervical region. A discussion of the aetiology of paralytic accidents follows.

MARINESCO and DRAGAVESCO<sup>26</sup> discuss a case of paralytic accident which exhibited the symptoms of the Landry type and terminated fatally. The patient had been treated by heated emulsions according to the method of Babes. Symptoms appeared on the 15th day and death followed 5 days later. The tissues were examined. Rabbits inoculated subdurally with the nerve tissue developed paralysis on the third day and died after the 5th or 8th day. The authors draw attention to the view of RUMLINGER that cases in which the presence of rabies virus is proved by animal experiment should be excluded from the category of paralytic accident and should be ascribed to errors of manipulation in the laboratory. The authors do not with regard to this particular case subscribe to this generally accepted view. They state that this virus vaccine though admittedly virulent has been employed without ill effects on a large series of cases. They suggest that in this case a reinforced strain of street virus may have been operating.

<sup>24</sup> BARNES (M. F.) METCALFE (A. M.) MARTINDALE (W. E.) & LEVITZ (W. J.) Canine Rabies Experimental Vaccination. Second and Third Reports—*Jl Amer Vet Med Assoc* 1934 May Vol. 84 No. 5 pp 740-751.

<sup>25</sup> URAONDO (C. Honorio) SANGUINETTI (Licio V.) & ZUNIGA (Licio V.) Mielitis mortal por vacunación antirábica—*Prensa Méd Argentina* 1934 Aug 22 Vol. 21 No. 34 pp 1565-1570 With 3 figs. [22 refs.]

<sup>26</sup> MARINESCO (G.) & DRAGAVESCO (St.) Étude anatomoclinique et expérimentale d'un cas d'encéphalomyélite rabique survenue au cours d'un traitement pasteurien—*Bull Acad Méd* 1934 July 31 88th Year 3rd Ser Vol. 112 No. 29 pp 181-189.



## vii. Miscellaneous

PROCA BONES and JONESCO<sup>17</sup> have continued their studies in which they employ intraplantar inoculation as the mode of transmission (this *Bulletin* Vol. 31 p. 642). This method is peculiarly suitable for the study of the effects of local treatment. They find that, when antirabic serum is injected in the same locality it has a definite preventive action: twelve out of sixteen treated animals survived. When formate and salicylate of sodium were added to the serum the action of the serum was reinforced, but on the contrary the action was diminished when the serum was kept for some time in dilution in the presence of an antiseptic, such as phenol, formate or salicylate of soda.

GONZÁLES<sup>18</sup> continues the memoir on rabies, the earlier part of which has already been reviewed, by a section on the clinical aspects of fatal human cases. Twenty-eight case histories dating from 1919 to 1931 are given in detail.

A. G. MacKendrick

<sup>17</sup> PROCA (P.) BONES (B.) & JONESCO (D.) Ser quelques essais de sérothérapie locale de la rage—*C. R. Soc. Biol.* 1934. Vol. 117. No. 22. pp. 133-135.

<sup>18</sup> GONZÁLES (Hernán D.) La rabia humana—*Semanas Méd.* 1934. May 2. Vol. 41. No. 18 (2103). pp. 1273-1293. With 28 charts. (59 refs.)

## TROPICAL DERMATOLOGY

## A REVIEW OF RECENT ARTICLES I

**Blastomycosis**—CASTELLANI and JACONO<sup>1</sup> have analysed the characteristic features of fungi isolated from cases seen in North America and Europe. In dealing with the vexed question of diagnosis they make the following definition—The term *blastomycosis* is used to indicate any disease due to fungi which appear in the lesions as roundish or oval cells at times budding with complete absence of mycelium. Under this ruling there are two main types (1) *Blastomyces* with well-defined membranes double contours and well marked fat-droplets (2) Cryptococcol type of smaller cells with the double contours much less marked and the spherules finer. In the series under discussion there were six cases of pulmonary and 23 of dermal infection. Full histological and cultural details are given of the 25 fungi isolated, the five principal organisms being *Geotrichum immisile* *G. dermatitidis* *Monosporium tulanense* *Glenospora lanuginosa* and *Acrotheca pedrosoi*. The paper also includes an account of the experimental results obtained in skin tests with a blastomycetin prepared in the same way as old tuberculin. In experimentally infected rats scratch and intradermic tests always gave positive flares. Seven healthy controls gave negative results whilst four affected patients yielded two positive and one doubtful reactions. REDAELLI and CIFERRI<sup>2</sup> studied the cultural morphological biochemical and pathogenic properties of four strains obtained from cases of Gilchrist's disease seen in North and South America. These fungi had been labelled *Endomyces dermatitidis* *E. capsulatus* Rewbridge *E. capsulatus* var. *isabellinus* and *Blastomyces gilchristi*. They seemed to be identical. The authors examine the whole genus *Blastomyces* and as a result separate a genus to which they give the name *Gilchristia dermatitidis* and which has eleven different synonyms. This group differs from the *Endomyces* in the possession of 8-spored asci, absence of fermentative power cultural reversible dimorphism etc. ROTTER and CHAVARRIA<sup>3</sup> describe three cases seen in Costa Rica. The first occurred in a 70-year old agricultural labourer. The appearance presented by the right hand and forearm were clinically typical. There was no glandular involvement and *Hormodendron lagonense* was cultivated. In a male negro lesions first appeared round the mouth and thence gradually spread to the neck and back. The case corresponded in every way to those described as Brazilian Paracoccidioidosis. The third case is interesting in that the lesions occurred on the forehead shortly after a wasp sting in that area.

<sup>1</sup> CASTELLANI (Aldo) & JACONO (Igino). Observations on Fungi Isolated from Cases of Blastomycosis Cutis and Blastomycosis Pulmonalis in North America and Europe. Remarks on Blastomycetin.—*J Trop Med & Hyg* 1933 Oct. 18 Vol. 36 No 20 pp 297-321 With 56 figs. & 1 coloured plate. [78 refs.]

<sup>2</sup> REDAELLI (P.) & CIFERRI (R.). *Gilchristia dermatitidis* (Gilchr et Stokes) Clf et Red the Causative Agent of the American Gilchrist Disease (Dermatitis Vermicosa).—*J Trop Med & Hyg* 1934 Sept. 15 Vol. 37 No. 18 pp 280-282. [21 refs.]

<sup>3</sup> ROTTER (Werner) & CHAVARRIA (A. Pella). Weitere Untersuchungen ueber Blastomykosen in Costa Rica.—*Arch f Schiffs u. Trop Hyg* 1934 Oct. Vol. 38 No 10 pp 406-417 With 11 text figs.

New patches of infection have since involved the right ear and neck. The causative organism in this case is to be the subject of a later communication.

*Lymphostatic verrucosis*.—LOEWENTHAL<sup>4</sup> has also endeavoured to clarify the confusion which exists in our knowledge of the fungus diseases. He deals in particular with "Mossy foot," *Dermatitis verrucosa* and *verrucois* associated with chronic oedema, a name given to cases seen in Uganda. He studies this last type in particular and describes 11 such examples. These have a prodromal stage of velvet skin succeeded by oedema and sharply defined verrucosity. There is no tenderness but ulceration and fibromata occur later. In eight of the cases no cause could be found for the oedema apart from the local lesion. Microscopically there are no giant-cells and no obvious organisms. For this Uganda type he suggests the name "Lymphostatic verrucosis." In "Mossy foot" the presence of an organism is also probable but unproven, but the clinical features serve to distinguish the two diseases, whilst *dermatitis verrucosa* is of course a synonym for blastomycosis.

*Mycetoma*.—MONTPELLIER and CATANEI<sup>5</sup> obtained material from the amputated foot of a native in Algiers. There was a regular swelling of the ankle which had existed for several months, together with some cicatricial nodules and others of a dirty grey colour containing small abscess cavities. The organism proved to be *Acremonium foveum*. With GOIXARD<sup>6</sup> CATANEI describes a second case in a native male aged 30. Here the foot showed diffuse swelling particularly of the sole on which there were 30 or so small brownish papules, a few fistulae and some scarring. *Allotrichia boydii* Shear 1921 was isolated. In his third publication CATANEI<sup>7</sup> adds a third example this time in a male native 40 years of age. When seen, five years after onset, there was hypertrophy of the dorsum of the foot with numerous nodules of varying induration and some fistulae. *Acetabaria maderas* was proved to be responsible, as is usually the case in Algeria. Another case is reported from Brazil by GONZAGA & LEÃO<sup>8</sup>. A man, 24 years of age who had lived practically all his life in S. Paulo developed small subcutaneous nodules near the tibial tuberosities of both legs. These were painful and attached to the skin but were movable over the deeper tissues. The lesions on the left leg broke down to form ulcers discharging a yellowish, viscid pus. The patient became pale and weak, whilst the spleen could be felt three fingers breadth below the costal margin. The presence of fungus was proved. The article also

<sup>4</sup> LOEWENTHAL (L. J. A.) On the Probable Inclusion of Several Diseases in the Title "Mossy" Foot.—*Ann. Trop. Med. & Parasit.* 1934 Mar 29 Vol 28 No 1 pp 47-62 With 5 figs ("coloured") on 3 plates. [37 refs.]

<sup>5</sup> MONTPELLIER (J.) & CATANEI (A.) Résultats de l'étude d'un nouveau mycetome du pied observé à Alger.—*Bull. Soc. Path. Exot.* 1934 Mar 14 Vol 27 No 3 pp 209-214 With 1 fig.

CATANEI (A.) & GOIXARD (P.) Un nouveau cas algérien de mycetome du pied.—*Bull. Soc. Path. Exot.* 1934 Feb 14 Vol 27 No 2 pp 176-178 With 2 figs.

<sup>7</sup> CATANEI (A.) Étude parasitologique de trois mycetomes du pied observés en Algérie en 1933.—*Arch. Inst. Pasteur d'Algérie* 1934 June Vol 12 No 2 pp 166-180 With 7 figs. & 1 plate.

<sup>8</sup> GONZAGA (A. G. do) & LEÃO (A. E. Arês) Acremoniose (mycetoma por *acromonium*).—*Rev. Med. Cirurg. do Brasil* 1934 Jan Vol 42 No 1 pp. 4-32 With 12 figs. (11 on 4 plates)

contains histological and cultural details etc of the two species *Acremonium mulhuoni* and *A. poltroni*

**Actinomycosis**—A very well illustrated article by CHIN<sup>9</sup> describes three cases seen in Peiping China. A Greek farmer aged 55 years gave a six months history of fever and cough. Empyema necessitated thoracostomy which left the patient with thickened pleura and some fluid in the left chest. Scarring was present together with a few sinuses discharging a thin yellowish foul pus. Death ensued despite treatment and it was only post mortem that the fungus was found in abscesses of the pleura and lung. The second case occurred in a Chinese girl student aged 22 who had had some swelling of the right side of the face for five weeks. There were no sinuses but X rays revealed osteomyelitis of the mandible. The lesion was incised and drained, typical granules being found in the pus. Lugol's solution was given by mouth and local treatment with radium was instituted. Rapid healing followed and there was no relapse six months after the cessation of treatment. Finally there is described the case of a Russian housewife aged 45 who developed a local swelling two months after appendectomy. A second laparotomy revealed a large inoperable mass attached to a sinus which was present at the lower end of the original scar. Pus obtained from this sinus and from the mass post mortem contained typical ray fungi which proved to be *Nocardia brasiliensis* on culture.

**Piedra**—BRUMPT and LANGERON<sup>10</sup> have examined material sent from Venezuela. The specimen proved too old for culture but they are of the opinion that on histological grounds the fungus constitutes a new species. They propose to name it *Piedra venezuelensis*. The authors also discuss the microscopical appearances presented by *P. hortae* and *P. sarmentorum* and demonstrate that in these fungi the asci contain eight ascospores whereas in the new species only four are present. A general historical review points out that this malady differs from Trichomycosis in that the small sand like nodules are found almost exclusively on the hairs of the scalp. In South America the nodules are dark in colour whereas they are light in cases occurring in the Old World, where *Trichosporium* is responsible.

**Tinea tonsurans**—A preliminary statistical note on the incidence of ringworm of the scalp in Spanish Morocco is presented by BAEZA<sup>11</sup>. Children, adolescents and native troops were examined. Of 2708 persons thus inspected 304 were proved to be infected with favus, 156 with *Trichophyton violaceum*, three with *T. sulphureum* and one with both these latter fungi. Of the 464 infections 393 occurred in small boys, 52 in youths, 12 in girls and 7 in soldiers. The author nowhere notes the site of the infection but it is presumed that he is dealing with the scalp. The following three points are worthy of note: the absence of microsporon infections, the high percentage of favus and the small

<sup>9</sup> CHIN (T. L.) A Mycological Study of a Case of Actinomycosis with a Report of Three Cases observed in North China.—*Chinese Med J* 1934 June Vol. 48 No. 6 pp 551-562. With 10 figs on 4 plates. [25 refs.]

<sup>10</sup> BRUMPT (E.) & LANGERON (M.) Considérations sur la piedra de l'Amérique du Sud à l'occasion d'un cas provenant du Venezuela. Description d'une espèce nouvelle *Piedra venezuelensis* n. sp.—*Ann Parasit Humaine et Comparée* 1934 Mar 1 Vol. 12, No. 2, pp 134-161. With 32 figs & 1 plate. [33 refs.]

<sup>11</sup> BAEZA (M.) Note statistique préliminaire sur les teignes du Maroc espagnol.—*Ann Parasit Humaine et Comparée* 1934 Sept 1 Vol. 12, No. 5 pp 405-407.

variety of fungi. The paper by ALDICK<sup>13</sup> deals with an outbreak of *Microsporon audouinii* cases in Schleswig Holstein. There were seen 301 cases of scalp disease, 10 per cent. of the patients also showing lesions of the glabrous skin. The importance of this paper lies in the apparent simplicity and efficiency of the treatment. In pure chloroform there is dissolved 2 per cent. of absolute alcohol and 1 per cent. of cinnamyllic acid. The scalp is painted three times a day with this lotion care being taken to prevent contact with the eyes. Cure occurred in four to five weeks in the vast majority of cases. Failure is reported in 4.3 per cent. of boys and in 14.2 per cent. of girls whose longer hair was apparently never cut in this series.

*Tinea circinata*.—KAMBAYARI<sup>12</sup> reports the laboratory findings in material obtained from a 12 year old Chinese boy living near Shanghai. The lesions are described as typical of *T. circinata* and were situated on the right ala nasi and temple. Very detailed observations are given of the histological and cultural features of the fungus, which also proved pathological to guinea-pigs on subcutaneous and intraperitoneal inoculation. The organism is very like that described in 1925 by the authors whose names are attached to its title, *Malbranchea Bolognesi-Chiurcosi* Vuillemin.

*Tinea imbricata*.—After tracing the history of this disease from Malaya to the adjacent countries, ACTON & GROSH<sup>14</sup> gave details of the first definite example to be recognized in India. This occurred in a Bengali youth, aged twenty who acquired the malady in childhood. He had never left his home district which is bordered by the Garo hills, but it is possible that he gained his infection by direct contact with visitors from these hills. The case was at first thought to be one of generalized exfoliative dermatitis but careful examination revealed some concentric rings on the back. Culture was successful but inoculation into guinea-pigs failed. A volunteer was, however, infected by rubbing an emulsion of the culture into a scarified area of the forearm. It is pointed out that the cultural characteristics vary very greatly both with the medium used and with the oxygen supply. The authors consider that CASTELLANI's creation of the genus *Endodermophyton* is unnecessary. As this particular fungus showed features common to both *E. tropicale* and *E. indicum* they suggest the name *Achorion indicum* Castellani 1911. It is possible, however that all four endophyta are but a single species (i.e., *E. concentricum* and *E. masoni* in addition to the above). If this is proved, the organism should be called *A. concentricum* Blanchard 1901.

*Epidermophytosis*.—NIRO<sup>15</sup> describes a typical case in a Spaniard, the sole of whose left foot was affected. The majority of the lesions were between and near the toes and also on the heel. It is stated that

<sup>13</sup> ALDICK (W.) Ueber eine Mikrosporiocapadocia in Schleswig-Holstein und ihre Behandlung mit Zimtchloroform.—*Arch f Dermat u Syph* 1931 Sept 14 Vol 170 No 4 pp 473-484 With 6 figs.

<sup>12</sup> KAMBAYARI (T.) Ueber ein von einer Species der Malbranchea hervorgerufenes Hautleiden in China.—*Arch f Dermat u Syph* 1934 Apr 20 Vol 170 No 1 pp 97-106. With 80 figs.

<sup>14</sup> ACTON (H. W.) & GROSH (L. M.) *Tinea imbricata* (Tokelus) in Bengal.—*Indian Med Gaz* 1934 Aug Vol 69 N 8 pp 425-430. With 2 plates (1 coloured).

<sup>15</sup> NIRO (Flavio I.) *Epidermofitosis plantar dactilodactiliforme*.—*Rev Inst Clin Quering* 1934 Vol 10 Nos 82 & 83 pp 21-24. With 12 figs.

the condition cleared up after being painted with Tr Iodi and Bio-dermol. Culture proved the fungus to be *Epidermophyton floccosum* Harz. SOUTER<sup>16</sup> discusses his experiences in Hong Kong itself. In cases where secondary infection has occurred it is his custom to deal with this first by means of a staphylococcal antiviral. Thereafter cleanliness and clearance of dead skin are essential. These aims being achieved, Mycosil is most useful. Whitfield's lotion and Castellani's paint earn equally high praise. In the succeeding paper of the same journal HAYES<sup>17</sup> describes the condition as seen in South Africa. The treatment there recommended is a paint of brilliant green in a strength not exceeding 10 per cent.

*Moniliasis*—The intradermic reactions caused by levurine and by a similar monilial preparation are discussed by NEGRONI<sup>18</sup>. Agglutination and intradermic tests both proved unreliable both false negatives and false positives being given. Complement fixation tests were however positive in 38 out of 50 cases.

*Streptococcal dermatitis*—OTHAZ<sup>19</sup> records his results in 54 patients suffering from "streptococcal infections of the skin" who were treated by means of intravenous injections of ammoniacal copper sulphate. At first the daily dose consists of 0.02 to 0.04 gm. this is gradually increased to 0.06 or 0.08 gm. Larger doses require an interval of 48 hours between each. It is stated that the method is satisfactory and that no other local or general measures are required.

*Lupus erythematosus*—Five cases in the Philippines are described by HASSELMANN<sup>20</sup> of these three were Japanese one an American and the other a native girl. Only this last example is noted in detail. She had a typical lesion of the left buttock which cleared up on gold injections and local painting with Tr Iodi. The histology was atypical in that a lymphoid cellular infiltration was more marked than is usual and some Langan's giant cells were seen although no tubercles were present. There were no apple-jelly nodules and no relapse occurred during two years observation.

*Colour Changes*—A most instructive article has been written by LOEWENTHAL<sup>21</sup> who first considers the normal variations in the distribution of pigment in the African's skin e.g. the usual lighter shades seen over the clavicles thoracic spine supraorbital ridges tip of nose etc. Pathological pallor can be produced by masking an effect resultant on the presence of hyperkeratosis oedema stretching and circulatory disturbances of the skin. The actual amount of pigment

<sup>16</sup> SOUTER (J. C.) A Practical Note on Hong Kong Foot or Dhobie Itch.—*Jl Roy Nav Med Serv* 1934 Oct Vol 20 No 4 pp 369-372.

<sup>17</sup> HAYES (G. H.) Epidermophyton Infection or Athlete's Foot.—*Jl Roy Nav Med Serv* 1934 Oct. Vol 20 No 4 pp 372-373.

<sup>18</sup> NEGRONI (Pablo) Réactions biologiques dans les monilioses cutanéomucosales. Leur valeur comparative.—*Rev Sud Américaine de Méd et de Chirurg* Paris. 1934 Feb Vol 5 No 2. pp 65-74.

<sup>19</sup> OTHAZ (Ernesto L.) Tratamiento de las enfermedades estreptocócicas de la piel por el sulfato de cobre amoniacal endovenoso.—*Semana Méd* 1934 June 7 Vol 41 No 23 (2108) pp 1734-1743 With 10 figs.

<sup>20</sup> HASSELMANN (C. M.) Lupus Erythematosus (Discoldeus) in the Tropics. First Report of Cases from the Philippine Islands and Investigations on the Occurrence of Langan's Giant Cells.—*Arch Dermat & Syph* 1934 Apr Vol 29 No 4 pp 585-596 With 6 figs. [20 refs.]

<sup>21</sup> LOEWENTHAL (L. J. A.) The Significance of Colour Changes in the African Skin.—*East African Med Jl* 1934 July Vol 11 No 4 pp 124-131 With 2 figs. [22 refs.]

may be reduced after inflammation has subsided, in neurotrophic lesions, etc. Circulatory changes having this effect are caused by the fevers, pityriasis rosea and urticaria. The mycoses nearly all produce relative pallor as also do vitiligo leprosy late yaws, etc. On the other hand darkening results from extraneous colouring an increase in melanin or keratin and as a sequel to folding of the epidermis. Exposure to sun and pregnancy are included in the physiological causes, whilst moles are of course congenital. Extraneous agents include chemicals and *Tinea nigra*. Lichenification, late yaws and keratosis follicularis have the same effect. *M. Sydney Thomson.*

## AMOEBIASIS AND DYSENTERY

## AMOEBIASIS

TALAMONTI (Luigi) *L'amebiasi in Migiurtinia* [*Amoebiasis in Migiurtinia*].—*Arch Ital Sci Med Colon* 1934 Oct 1 Vol. 15 No. 10 pp 778-784 English summary (5 lines)

Migiurtinia is in the north-east of Italian Somaliland. Diarrhoea is common among the inhabitants. In two years August 1931-July 1933 sixty-two out of 197 deaths were registered as due to enterocolitis. The author, who was pathologist and Director at the Dante Hospital examined in 4½ months the stools of 900 persons, some suffering from diarrhoea but who had not had any treatment for it, others after a saline purge. He found *E. histolytica* in 409 or 45 per cent. He thinks there are three causes for this high incidence of infection: (1) the impure quality of the water—wells liable to contamination; (2) flies, present in enormous numbers during the monsoon period October to April; (3) personal contact between the healthy and those suffering from dysentery or passing the cysts of *E. histolytica* [as regards the risk of these last see this *Bulletin* Vol. 31 p. 734]. H H S

KAWAI (T.) NAGAYOSHI (Y.) & KOO (C.) *A Survey of the Human Intestinal Protozoa in North Formosa*.—*Taiwan Igakkaï Zasshi* (*Jl Med Assoc Formosa*) 1934 Aug Vol. 33 No. 8 (353) [In Japanese pp 1149-1158 [34 refs.] English summary pp 115-118.]

From the examination of a single stool specimen from 616 Chinese coolies and Japanese officials in Formosa the authors have found all the common intestinal protozoa with the exception of *Chilomastix mesnili*. Of *Entamoeba histolytica* there were 103 cases of which 96.12 per cent gave no history of amoebiasis or other similar disease.

C M Wenyon

HAN (Y.) *Results of Fecal Examination for Human Intestinal Protozoa in South Formosa*.—*Taiwan Igakkaï Zasshi* (*Jl Med Assoc Formosa*) 1934 May Vol. 33 No. 5 (350) [In Japanese pp 823-831 [30 refs.] English summary pp 87-88.]

At a small village Hozan, in South Formosa the author examined for intestinal protozoa 40 Japanese marines and 156 Chinese school children. The Japanese showed an absence of *Entamoeba histolytica* and *Chilomastix mesnili*, both of which were encountered amongst the children. Both groups showed *E. coli*, *E. bütschlii* and *E. nana* but an absence of trichomonas.

C M W

HIRAYAMA (Sigeki) *Statistische Betrachtung und morphologische und biologische Studien ueber die parasitischen Amoeben des menschlichen Darmkanals* [*Intestinal Amoebae found in Kyusu, Japan*].—*Fukuoka Ikudagaku Zasshi* (*Fukuoka Acta Med*) 1934 Apr Vol. 27 No. 4 [In Japanese pp 719-832 With 4 plates [129 refs.] German summary pp 35-37.]

A note on the examination for intestinal amoebae of 225 healthy and sick persons in the Kyûsû district of Japan. In 51.1 per cent one



or other of the 6 amoebae of man was found. *E. histolytica* was present in 6.7 *E. coli* in 18.7 *E. nana* in 36.9 *I. bütschlii* in 6.7 and *Disentamoeba fragilis* in 12.  
C M IF

HIMSHAW (H. Corwin) & SHOWERS (Ethel M.) A Survey of Human Intestinal Protozoan Parasites in Philadelphia.—*Amer Jl Med Sci* 1934 July Vol. 188 No 1 pp. 108-116. [11 refs.]

The examination of 535 faecal specimens from 358 patients in the medical wards of a general hospital in Philadelphia during the winter of 1932-1933 revealed all the common intestinal protozoa of man. The highest incidence was 17.4 per cent. infected with *Endolimax nana* and the lowest 0.3 per cent. with *Disentamoeba fragilis*. *Entamoeba histolytica* occurred in 1.1 per cent.  
C M W

ARNETT (John H.) & STABLER (R. N.) *Entamoeba histolytica* Its Incidence in 1060 Philadelphia Students Its Morphological Characteristics.—*Trans College of Physicians of Philadelphia* 1934 4th Ser Vol. 2. No 2. pp 181-182.

In the entire group were found—*Blastocystis* 63.2 per cent. *E. coli* 14.5 *Endolimax nana* 11.4 *Giardia* 7.5 *Disentamoeba* 4.3 *Iodamoeba* 1.0 *Chilomastix* 0.94 *E. histolytica* 4.1 per cent.

H M Harschel

OWEN (William B.) HOWESS (Ralph F.) & STROM (James R.) Protozoal Infestations of American Indian Children.—*Jl Amer Med Assoc* 1934 Mar 24 Vol. 102. No 12. pp 913-915. [11 refs.]

The examination of 83 North American Indian boys in Wyoming has revealed a very high incidence of intestinal protozoa. The results show that 83.9 per cent. were positive for one or more of the common forms. The percentage of infections were *E. coli* 68.8 *E. nana* 55.4, *I. bütschlii* 34.9 *E. histolytica* 28.5 *Giardia* 21.6 *Chilomastix* 2.4.

This high infection rate appeared to be definitely attributable to the very insanitary condition under which the boys live when they return to their homes from the Mission school at which they are resident.

C M IF

ANDREWS (Justin) Incidence of Intestinal Protozoa with Special Reference to the Epidemiology of Amoebiasis in the Population of Fresnillo, Zacatecas, Mexico.—*Amer Jl Hyg* 1934 May Vol. 19 No. 3 pp 713-733 With 1 fig. [25 refs.]

During a survey of the inhabitants of Fresnillo, a small mining town situated 7,000 to 7,500 feet above sea level on a plateau in the State of Zacatecas, Mexico, the author found that of 2,302 inhabitants 78.9 per cent. were infected with one or more of the common intestinal protozoa. The native Mexicans were more commonly infected than the foreign residents, while of the latter those living in the vegetable garden district gave a higher incidence than others. As regards occupational groups the highest *E. histolytica* rate occurred amongst servants in foreign households, while of labourers those employed in the mines were more generally infected than those working above ground. It

appeared from an examination of the data collected that amoebic infection in foreign residents was derived primarily from the servants who owed their high infection rate to the handling of raw vegetables which according to local custom had been subject to freshening with water which had every chance of being contaminated with human faeces. The infection incidence of the miners was due to the lack of satisfactory sanitary arrangements underground. The part played by the water supply taken very largely from wells was difficult to evaluate. It was clear however that during the rainy periods in summer there was opportunity for faecal material to be washed into the wells

C M W

SPECTOR (Bertha Kaplan) & BURY (Florence) — Viability of *Endamoeba histolytica* and *Endamoeba coli*. Effect of Drying — *Public Health Rep* 1934 Mar 23 Vol. 49 No 12 pp 379-385

Employing the eosin test as an indication of viability cysts staining with eosin being regarded as dead the authors have found that cysts of *Endamoeba histolytica* or *E. coli* if smeared on the hands in faeces which are allowed to dry at room temperature die very rapidly. The number of cysts of *E. histolytica* to survive beyond 5 minutes was a very small proportion of those killed while it was exceptional for any cyst to survive beyond 10 minutes. The fouling of the hands was intentionally far in excess of any that would be likely to occur under ordinary conditions.

C M W

ANDREWS (Justin) *The Retention of Endamoeba histolytica Cysts under Finger Nails.* — *Amer Jl Trop Med* 1934 Sept Vol 14 -No 5 pp 439-441

This contribution is relevant to the question as to the part played by food handlers in the transmission of amoebiasis.

SPECTOR and BURY's (1934) experiments led them to state that in spite of conditions which provided for a fouling of the hands far in excess of that which would be likely to occur under ordinary conditions, even with the most untidy or wilfully careless carrier the number of cysts of *Endamoeba histolytica* to survive beyond five minutes was very small in proportion to those killed and it was exceptional that any survived beyond ten minutes. The criterion of viability was alteration of cell wall permeability to a 1:1000 aqueous solution of eosin. SPECTOR and BURY's work was thus a demonstration of the unlikelihood of faecal contamination of fingers of food handlers playing any part in transmitting amoebiasis.

Dr Andrews devised and carried out experiments here reported to determine viability of amoebae lodged under the finger nails. His results show that cysts of *E. histolytica* survive under finger nails as judged by debatable criterion of stainability with eosin for much longer than five minutes that there is less chance of this occurring with short well-manicured nails than with long closely apphed not well manicured nails and that ordinary hand washing with soap and warm water generally suffices especially with short nails to dispose of faecal material which might have lodged under the nails.

The period of time during which the cysts fail to take stain is great enough to permit contamination of cold moist foods or beverages.

H M H

FAUST (Ernest Carroll) & KAGY (Edwin S.) Studies on the Pathology of Amebic Enteritis in Dogs.—*Amer J Trop Med* 1934 May Vol. 14. No 3 pp. 221-233 With 1 fig [14 refs.]

The author describes three stages in the invasion by the amoeba of the gut of the untreated dog

(1) Extensive superficial denudation of mucosa, similar to that in the kitten except that the solitary lymph node in the dog is protected by epithelium and is not usually injured.

(2) Typical deep bottle-neck ulceration unaccompanied by cellular infiltration.

(3) Chronic undermining ulceration with superficial sloughing, frequently complicated by bacterial invasion

The second and third types most nearly correspond to the human amoebic process.

In the dog, the caecum is the earliest site of amoebic attack but in more chronic cases the more evident, and often deeper lesions are found in lower colon and rectum. The earliest superficial tissue changes, as well as the typical bottle neck ulcers and the honeycombing destruction of submucosa, all indicate that lytic action is most important in development of the amoebic process although mechanical action aids the amoebae in their penetration and migration. While bacteria accompanying or following the amoebae complicate the picture, there is adequate evidence that the amoebae alone are responsible for the typical lesion. Amoebae in uncomplicated cases provoke no polymorphonuclear leucocyte infiltration but monocytes may invade the damaged area. The amoebae do not appreciably stimulate the solitary lymph nodes. Where bacteria accompany or follow the amoebae, there is profound leucocytic infiltration and lymph node response.

H M H

MELKINEN (Henry E.) & FAYE (William W.) Studies of *Endamoeba histolytica* and Other Intestinal Protozoa in Tennessee. VII. The Histopathology of Intestinal Amoebiasis in the Kitten and in Man.—*Amer J Hyg* 1934 July Vol. 20 No 1 pp. 64-105 With 6 figs. [10 refs.]

This paper describes fully and illustrates the histological picture of amoebic infection of the colon as disclosed by examination of tissues from 120 kittens and three human autopsies, performed shortly after death.

In the kittens, massive dilatation of submucosal lymph vessels containing necrotic debris, bacteria, and amoebae, was frequently found. Those autopsied several hours after death, and others at known intervals after death, showed only an occasional slight advance of amoebae into the unaltered tissues beyond the lesions.

The three human autopsies showed all types of amoebic lesions, from shallow mucosal lesions to deep abscesses of submucosa. As compared with the kitten lesions, the human showed greater loss of epithelium in the bases of glands without necrosis of stroma or mucosa. (2) less massive coagulation of mucosa. (3) more undermining of mucosa by necrotic lesions in submucosa. (4) extensive migration of amoebae into normal tissue, and the authors believe this migration to be primarily ante-mortem.

H M H

- LEIVA (Lamberto) A Fatal Case of Nondysenteric Amoebiasis.—  
*Philippine Jl Sci* 1934 Feb Vol 53 No 2. pp 159-167  
 With 3 plates [10 refs.]

Necropsy revealed abscess of the liver lung kidney and brain. The intestines were normal, with no scars or ulcers except in the caecum where minute pinhead erosions were visible, and smears from them revealed microscopically trophozoites and cysts of *E histolytica*. In the walls of the abscesses in liver lung kidney and brain trophozoites of *E histolytica* were demonstrated. H M H

- GIORDANO (Mario) Contributo alla terapia dell'amebiasi intestinale [The Treatment of Intestinal Amoebiasis].—*Arch Ital Sci Med Colon* 1934 Sept 1 Vol. 15 No 9 pp 706-720 English summary (5 lines)

The author records 30 cases of amoebic dysentery that is all were passing blood and mucus and in most of them the entamoeba was seen. Thirteen had previously been treated by emetine (some had had more than one course) stovarsol, or yatren without cure. They were then given Vioform (Iodo-oxyquinoline hydrochloride) Ciba, by mouth in doses of 0.75 gm. daily for 10 days the course being repeated after an interval of 5-7 days. In no instance were any toxic symptoms produced, and the entamoebae disappeared. In two patients they were found again later but both of these lived in unhygienic surroundings with every chance of reinfection. H H S

- FAUST (Ernest Carroll) & KAGY (Edwin S.) Studies on the Effect of feeding Ventriculin, Liver Extract and Raw Liver to Dogs Experimentally Infected with *Endamoeba histolytica*.—*Amer Jl Trop Med* 1934 May Vol. 14 No 3 pp 235-255 With 1 fig

Following on preliminary observations of the benefit of feeding raw liver to dogs infected with *E histolytica* the authors undertook the further experiments here recorded.

The results of the experiments demonstrated that ventriculin was consistently harmful to the host it did not check invasion of amoebae and it did reduce resistance of gut wall to bacterial invasion. Liver extract was beneficial to the host and appreciably arrested the amoebic process. Raw liver not only helped in arresting the amoebic process but in some cases produced complete eradication of amoebae. Evidence gathered from these experiments suggests that efficacy of liver feedings consists not in stimulating haematopoietic organs but by direct contact with tissues attacked by the amoebae. It is not amoebicidal but amoebostatic. Furthermore the neutralizing effect of liver on histamin and other degeneration products of proteins in the bowel lumen conceivably aids the healing process and reduces danger of bacterial invasion. H M H

- HOGUE (M. J.) Further Studies on the Effect of Amoebicidal Drugs on Tissue Culture Cells (Arsenious Trithio Salicylic Acid, Carbarsone, Kurehl Bismuth Iodide, Proparsamide, Vioform).—*Amer Jl Trop Med* 1934 Sept Vol. 14 No 5 pp 443-456 With 6 figs

The tissue cultures were of 8-day old chick embryo intestines (Locke-Lewis medium). The five drugs were found to affect the tissues differently. A.T.S. acid was very toxic to all the tissues grown *in vitro*. Carbarsone was not very injurious to tissues of digestive tract

though epithelium was sometimes affected. Kurchi bismuth iodide in low dilutions kills all the tissue culture cells. In higher dilutions it is injurious to fibroblasts but not to epithelium. Proparsamide is very injurious to sympathetic nerves and has little effect on other tissues. Vioform was very toxic to fibroblasts in all the dilutions tried, but the epithelial cells survived in its higher dilutions. Of the three arsenic compounds, carbarsone (28.85 per cent arsenic content, valency 5) was least injurious to the tissue culture cells. proparsamide (28 per cent As. valency 5) affected only the nerves. A.T.S. (13 per cent As. valency 3) was the most injurious to all the cells. H M H

DESCHIEUX (R.) Influence du froid sur les formes végétatives de l'amibe dysentérique. [Influence of Cold on the Vegetative Forms of *E. histolytica*].—*C R Soc Biol* 1934 Vol. 115 No. 8 pp 793-795

— Méthode de culture à des températures alternées, de l'amibe dysentérique. [Cultivation of *E. histolytica* at Alternating Temperatures].—*Ibid* No 10 pp 1072-1073

Working with *Entamoeba histolytica* in cultures the author has found that the survival of the amoeba, as tested by subculture into fresh medium increases with a fall in temperature. Thus, at 23°C. the survival was 5 days at 18°C. 9 days and at 5°C. 11 days. The removal every 48 hours of the liquid portion of the medium and its replacement by liquid from fresh tubes increased the survival at 25°C. from 6 to 8 days. At 0°C. the time was only 56 hours.

In the second paper an account is given of a prolongation of the survival time by alternate exposure of the cultures to high and low temperatures. Thus a culture after 48 hours incubation at 37°C. was exposed to 3°C. for 3 days followed by 1 day at 37°C. and then again by 3 days at 3°C. and so on. The amoebae were still alive at the 18th or 19th day. C M Wynn.

DESCHIEUX (R.) Culture et enkystement de l'amibe dysentérique dans les eaux d'égout. [Growth and Encystment of *E. histolytica* in Drainage Water].—*C R Soc Biol* 1934 Vol. 115 No. 7 pp 701-704

Experimenting with the possibility of cultivating *Entamoeba histolytica* in ordinary water the author has found that in certain cases, as, for instance, when the water has been enriched with material draining from slaughter houses, growth is possible if the temperature reaches a sufficiently high degree, as it may do in the tropics. Moreover under such conditions encystment of the amoeba may take place, for the author has found that this can be brought about by the addition of horse serum to the medium. It would seem possible, therefore that in nature unencysted amoebae escaping from the intestine may survive and multiply for a while if they gain access to suitable water and finally encyst. C M W

TSUCHIYA (H.) Further Studies on the Cultivation of *Entamoeba histolytica* and a Complement Fixation Test for Amoebiasis.—*J. Lab & Clin Med* 1934 Feb Vol. 19 No. 5 pp 495-504 [30 refs.]

For the cultivation of *E. histolytica* the author advocates the use of a broth to which is added for each test tube (8 cc. of broth) two 4 mm.

loopfuls of a sterile mixture of rice starch and animal charcoal in the proportion of 2 : 1. If this medium is inoculated with washed cysts of the amoeba a good growth is obtained. Sub-cultures are made every 48 hours either into the liquid medium alone or into the medium on the surface of a Dorsett's egg slant. It is claimed that other intestinal amoebae will not grow by this method. With amoebae thus cultivated an antigen was prepared by Craig's method. Of 153 persons whose sera were tested 135 known to be free from amoebic infection gave a negative complement fixation test. Of the remainder 8 known carriers of *E. histolytica* 5 cases diagnosed as clinical amoebic dysentery and 4 cases of ulcerative colitis without amoebae were positive while 1 case of clinical amoebic dysentery was negative. C M W

PAVLOFF (P) Recherches sur la présence de kystes à quatre noyaux d'amibes dysentériques dans les selles des porcelets (Note préliminaire.) [Four-nucleated Cysts of the Dysentery Amoeba in the Faeces of Young Pigs.]—*Ann Parasit Humains et Comparés* 1934 Sept. 1 Vol. 12. No 5 pp 394-395

The paper records merely a negative result, namely the failure to discover four-nucleated cysts of the type of those of the dysentery amoeba in young pigs in France after more than 500 examinations. The examination was undertaken in view of KESSEL's statement that in China 30 per cent. of young pigs examined by him revealed such cysts. C M W

### BACILLARY DYSENTERY

FEENSTER (Roy F) Use of Bacteriophage in Diagnosis of Bacillary Dysentery.—*Jl Infect Dis* 1934 Sept-Oct Vol. 55 No 2 pp 190-194

This is an interesting contribution to the laboratory diagnosis of dysentery. It is comparatively rare to be able to isolate the causative dysentery bacillus from a stool which has been sent to a laboratory. This was formerly ascribed to the small number of organisms present in mild cases and to their overgrowth by other bacteria. We have now to add another cause for the sterility of platings—the fact that by the time the stool comes under examination phage with its lytic and inhibitory action has made its appearance. A stool sample usually contains both the bacillus and the bacteriophage and during the interval between the collection of the sample and its arrival at the laboratory the organisms are killed. The author has utilized an institutional outbreak of dysentery of more than 100 cases and 18 deaths in a population of 1 750 to apply the dysentery phage test as a diagnostic procedure in addition to culture and serum agglutination. The bacillus of Y Hiss type was isolated only six times out of 90 stool examinations. Agglutination tests with stock cultures were positive in 36 out of 55 patients for blood samples taken 5 to 36 days after the onset of illness while 17 patients out of 18 gave agglutination at 1-40 six months after the epidemic, with the culture isolated and still higher titres with stock cultures. The phage tests which form the main subjects of this article gave 29 positive determinations out of 81 stool examinations against the 6 out of 90 for bacillus culture. A very interesting table gives the positive results in this phage test week by week. It shows this to have been for the 1st 2nd 3rd and 4th week.

2 out of 6 8 out of 10 5 out of 11 and 2 out of 14 Six months after the epidemic the phage had disappeared from the stools. The technique is as follows —

(1) Cover 1 to 2 gm. faeces with 10-20 cc. nutrient broth. (2) Allow to remain in contact 30 min. or longer to allow phage to diffuse. (3) Decant the broth carefully and filter through a Berkefeld candle. (4) Place 0.5 cc. filtrate and 0.05 cc. 18-hr broth culture of the causal organism in a tube of broth. (5) Set up a control tube with no filtrate. (6) Examine tubes after 24 48 and 72 hrs. for clearing by phage action. (7) Test any doubtful tubes by the method of plating out with a 24-hr broth culture to obtain plaques.

Of course, in cases where the causal organism has not been isolated, it will be necessary to set up the filtrate against a number of organisms of the dysentery group or if the disease is not clinically dysentery with other organisms, such as those of the *Salmonella* group. The length of the series will depend on the clinical picture. [The specificity of the phage does not seem to have been actually investigated.]  
W F Harvey

MCCLEAN (S. D.) & MARSH (Frank) Bacillary Dysentery due to Flexner Type "Z" presenting Some Unusual Features.—*Lancet*. 1934 Sept 8. pp 545-548.

The authors describe a case of dysentery in which at no time was the classic picture of blood, pus, mucus and epithelial cells presented by the stools. The stool was consistently diarrhoeic. Dysentery bacilli of "Z" type were easily isolated and gave characteristic agglutination with Medical Research Council standard sera, while the patient's serum also gave typical agglutination of standard agglutinable type culture "Z." It is thought that the absence of mucus in the stools may have accounted for the ease of isolation of the causal bacterium.  
W F Harvey

REID (P. E.) ANDERSON (M. V.) STUBBLEFIELD (H. I.) & IVY (A. C.) Protective Action of Sodium Thiocyanate against Dysentery Toxin (Shiga). An Experimental Study in Dogs and Rabbits.—*Jl. Infect Dis* 1934 July-Aug Vol. 55 No 1 pp 112-122.

It was discovered by accident that a 4 to 5 weeks previous injection of sodium thiocyanate in dogs appeared to protect them against lethal doses of the toxic filtrate from a Shiga dysentery culture. The matter was investigated further and it was found that there was a definite protection to dogs afforded by 60 mgm sodium thiocyanate orally or 20 mgm intravenously. This protection, however, was not manifest in rabbits. Now it is known that sodium thiocyanate itself is relatively non-toxic, but that it is only slowly eliminated and therefore tends to accumulate when it is administered continuously. A mechanism for the action of the thiocyanate has been sought in the claim that it tends to prevent coagulation of proteins or to render them more "soluble." Some such preventive action may come into play to protect the colloid cytoplasm of cells from the dysentery toxin. The authors, however, prefer to offer no explanation of the action, but they suggest the possibility of thiocyanate as a therapeutic agent in human Shiga dysentery. It may prove to be effective prophylactically, may also be of benefit if given early in the disease but is not likely to be of

use if given during collapse or after extensive bloody diarrhoea. The dosage suggested is, as a prophylactic measure the daily oral administration of 20 mgm per kilogram of body weight in broken doses for three days. This should afford protection against a lethal dose of dysentery toxin for at least a month.

W F Harvey

MURASHIMA (Tetsuo) Instances corroborating the Efficacy of Oral Vaccination against Dysentery and Yekiri—*Jl Public Health Assoc Japan* 1934 July Vol 10 No 7 pp 1-7

[Many of the statistics presented as showing efficacy of a prophylactic vaccine are not comparable in respect of the vaccinated and the non vaccinated. The totals of the non vaccinated who are at risk are not accurately known and in an epidemic the vaccine is often given after the disease has made its appearance and already taken its toll of susceptible individuals who may even be reckoned among the non vaccinated.] In the instance given here the vaccine was administered some two months before a real water borne and explosive epidemic of dysentery broke out. The vaccine was given orally in tablet form and contained three strains of dysentery bacilli in equal portions. One of these strains seems to have been the causative organism in the epidemic which in the course of 12 days attacked 39 households out of 65 90 persons out of the entire population of 316 and 45 children of ages 2 to 14 years out of 95. Of the 45 children attacked 10 out of a total of 30 were vaccinated (33 3 per cent) and 35 out of 65 were non vaccinated (53 8 per cent). The mortality figures were 1 out of 10 for the vaccinated and 5 out of 35 for the unvaccinated.

W F Harvey

#### MIXED AND UNCLASSED DYSENTERY

- LARGE (D T M) Dysentery among Troops in Quetta. Part I and Part II A B C—*Jl Roy Army Med Corps* 1934 Aug & Sept Vol 63 Nos 2 & 3 pp 80-92. With 1 chart 157-167 With 1 chart [9 refs]
- & SANKARAN (O K) Dysentery among Troops in Quetta. Part II D, E.—*Ibid* Oct & Nov Nos 4 & 5 pp 231-237 [4 refs] 303-312 [3 refs]

An epidemiological and laboratory case-survey

During 1932 and 1933 the number of cases examined in the laboratory was 1 536 of which 63 per cent were bacillary the remainder amoebic (166 cases *E histolytica*) or of indefinite nature. A dysentery bacillus was isolated in 70 per cent of the bacillary cases the other 30 per cent. were classed on microscopic examination of the exudate. Of the cases showing a dysentery bacillus Flexner group accounted for 63 5 per cent. Sonne 14-0 Shiga 10-4 para Shiga 3-0 Schmitz 5-6 para Schmitz 2-0

Dysentery in Quetta is characterized by two annual increases May-June and August-September with a marked lull in July the increases preceded by a period during which potentially irritant particles of silica are washed in excess into the water supply by rain and frequent dust-raising winds occur



The usual close relationship between humidity and flies, and flies and dysentery exists. Infection of troops probably also occurred through the medium of mixed cases who had contracted infection in the insanitary and fly infested bazaar and also of mixed cases among children and Indian servants.

*Bact dysenteriae* Sonne was prevalent in the spring months only *Bact dysenteriae* Shiga in the autumn. The better known types of Flexner bacilli are scarce in spring but predominate in autumn. This may have a bearing on vaccine prophylaxis of dysentery. H M H

WEINBERGER (Herbert L.) Dysentery Report of Three Cases in One Family due to Atypical *Bacillus dysenteriae* and *Endamoeba histolytica*—*Jl Amer Med Assoc* 1934 Mar 24 Vol. 102 No 12 pp 916-917

These three cases were all associated with high fever leucocytosis, prostration and signs and symptoms of an acute condition of the abdomen. This is unusual in amoebiasis alone, and is probably due to an associated infection with one or other of the bacillary dysentery group. This proved to be true. In all three cases *Bact dysenteriae* (Schorer and Duval 1904) was isolated 60 days before discovery of *E. histolytica*. Combination treatment by emetine and chinolone proved effective against the amoebiasis. H M H

BOYKE (W M) Rivanol bij dysenterie. [Rivanol in Dysentery]—*Geneesk Tijdschr v Nederl Indië* 1934 Aug 14 Vol. 74 No 17 pp 1065-1080 English summary

Parallel series of cases were treated the one with the ordinary medicaments and the other with rivanol. This was done for both amoebic and bacillary dysentery.

In the series of amoebic dysentery patients in which characteristic motile amoebae carrying erythrocytes were found, twenty were treated with magnesium sulphate on the first day followed by 50 mgm. rivanol three times a day while another twenty were treated from their first day for 5 days with 30 mgm. emetine and 1 gm. yatren three times a day by deep subcutaneous injection and *per os* respectively. These cases are compared for a variety of characters. In both, blood and mucus disappeared from the stools by the 6th day with 7 exceptions in the case of rivanol and 3 in the case of emetine-yatren. The general condition of the patient treated with rivanol sometimes gave rise to anxiety on the 6th day but not so with emetine-yatren. After the use of emetine-yatren erythrocyte-containing amoebae were never found in the stools on the 5th or 6th day whilst for these days with rivanol 9 cases still showed amoebae. In the rivanol series one fatal case occurred. The conclusion is drawn that rivanol is unsuitable for amoebic dysentery in the doses used.

A further series was investigated of cases of bacillary dysentery type Y and dysentery without known cause. They were all cases with blood and mucus in the stools and no amoebae. Series I contained 5 cases treated with bismuth and opium and 25 cases with yatren preceded by a laxative dose of magnesium sulphate. Series II of 30 cases were treated with rivanol preceded by magnesium sulphate and series III also of 30 cases, were treated with magnesium sulphate only.

It was found that the treatment with magnesium sulphate alone gave quite satisfactory results and that these were less satisfactory with rivanol. The treatment with yatren 1 gm three times daily by the mouth gave the best results.

H F Harvey

BYCZOWSKI (Arie) *Lambliia and Trichomonas Enteritis and its Relation to Amoebic Dysentery*.—*Jl Egyptian Med Assoc* 1933 Dec Vol. 16 No 12 pp 1132-1141 [11 refs]

Though flagellate infections of the intestine are very common in Egypt in persons suffering from various forms of enteritis, there is little evidence that they are actually pathogenic, for a careful examination will nearly always reveal an amoebic infection to account for the symptoms present.

C M Henson

LAUDA (E) *Zur Therapie der Lamblienenteritis [Treatment of Lambliid Enteritis]*.—*Wien Klin Woch* 1934 Sept 21 Vol 47 No 38 pp 1132-1133

A patient 33 years of age with symptoms of enterocolitis was found to have a very heavy lamblia infection. By duodenal sound 0.3 gm of meosalvarian in 200 cc of water was introduced into the duodenum. The diarrhoea immediately ceased and by the third day no lamblia could be found in the stools. The patient seemed to have recovered, nevertheless the parasites reappeared in spite of treatment with spirocid. The treatment was repeated. It again brought about the disappearance of the parasites which this time did not reappear. The author argues in favour of the pathogenicity of this flagellate.

C M H

GROSS (AL) *Die Lamblase im Kindesalter [Giardiasis in Children]*.—*Schweiz Med Woch* 1934 June 16 No 24 pp 551-554

Writing of lamblia infections in children in Bern the author takes it for granted that the flagellate is pathogenic and ascribes to it the various symptoms which his cases exhibited—chronic diarrhoea, loss of appetite and the troubles consequent on these. Treatment was carried out by injections of myosalvarian (sulfarsenol) as in syphilis or better by oral administration of spirocid (stovarsol). Rapid improvement with disappearance of parasites from the stools followed and if relapse occurred the illness was not so severe as it had been in the first instance.

C M H

LEONDI (Salvatore) *Anomalie delle cisti di Lambliia intestinalis*. [*Anomalies of Cysts of G intestinalis*].—*Pathologica* 1934 Sept 15 Vol. 28 No 515 pp 607-608 English summary (4 lines)

In a case of lamblia infection the author has seen abnormally large cysts up to 17.5  $\mu$  in length. He thinks it possible that man may harbour more than one species of this flagellate.

C M H

ANDERSON (Hamilton H.) & REED (Alfred C.) *Carbonaceous Rectally in Amoebiasis*.—*Amer Jl Trop Med* 1934 May Vol. 14 No. 3 pp 257-267

ANDERSON (Hamilton H.) & REED (Alfred C.) *Untoward Effects of Anti Amoebic Drugs*.—*Amer Jl Trop Med* 1934 May Vol. 14 No. 3 pp. 269-281 With 1 fig [16 refs.]

## BLACKWATER FEVER.

- i. STEPHENS (J W W) The Distribution of Blackwater Fever (Summary).—*Ann Trop Med & Parasit* 1934 Mar 29 Vol 28 No 1 pp 37-40
  - ii — The Distribution of Blackwater Fever in Central America, South America and the West Indies.—*Ibid* 1933 July 7 Vol 27 No 2 pp 283-307 With 2 maps. [3 pages of refs.]
- i. Stephens gives here a brief summary of his seven previous papers on the distribution of blackwater fever. He considers that it is impossible to give any comparative figures indicating the frequency of the disease in the countries and localities named. He has, however, marked with an asterisk those places where blackwater fever is not an unusual condition. It is impossible to give an adequate summary of this short and valuable paper which itself is a very brief summary of the result of the author's prolonged researches on the geographical distribution of blackwater fever. It must be consulted in the original by those interested.
- ii. This paper consists entirely of a series of tables giving details of the distribution of blackwater in the areas mentioned in the title, and must be consulted in the original by those interested. 17 York.
- i. NAUMANN (H E.) Betrachtungen zum Schwarzwasserfieber [Meditations in Blackwater Fever].—*Arch f Schiff- u Trop Hyg* 1933 June Vol 37 No 6 pp 299-307
  - ii. — Schluss zu Betrachtungen zum Schwarzwasserfieber (Aus Arch. Schiff- u. Tropenhyg., Bd. 37 S.299).—*Ibid* 1934 Apr Vol 38 No 4 pp 171-174

i. The author believes that two important factors in the genesis of blackwater fever are malaria and liver damage.

In support of his second contention he lays stress on the fact that blackwater fever is rarely seen in young children.\* He points out that children suffering from malaria are not brought for treatment until they have had fever for some time and that when so brought they are slightly icteric, very anaemic and vomiting frequently. Nevertheless, such children respond quickly to quinine treatment and do not develop blackwater fever. It follows that neither malaria nor destruction of red corpuscles suffices to explain the onset of blackwater: there must be another factor.

With the object of discovering what this is the author has made a careful study of the history and clinical findings disclosed by his cases of blackwater fever. Details are given of a series of 15 cases in Haiti. He lays particular stress on the history of Case 11. The patient was a young man, aged 27 who in 1929-1930 was treated by the author for severe tropical malaria. He recovered completely and since had had no fever and had taken no prophylactic measure. Owing to the depressed condition of trade he could not find enough work to occupy him and sought solace for some months in drinking a bottle of rum nightly. This resulted in severe liver trouble. He then developed malaria and

\*This is not the experience of GIGLIOLI who on the Demerara River found children to be three times as liable to blackwater as adults. Twenty-four cases out of 63 were in children under ten years [*Trans Roy Soc. Trop Med. & Hyg* 1932. Vol. 26. p. 204.]

the liver was found to be greatly enlarged. The malaria was treated with plasmochin compound and blackwater supervened. Ultimately the patient recovered. The author comments on the fact that the first attack of malaria was readily cured without mishap but that the next attack which occurred after alcohol excesses resulted in blackwater. The patient after his attack of blackwater gave up alcohol and although some months later he had another attack of malaria this was dealt with satisfactorily without any trace of blackwater.

As a result of analysis of his cases Naumann believes that blackwater fever occurs in malaria patients in whom the liver is damaged and that the two chief causes of this are stasis and alcoholic abuse.

In an addendum details are given of two malaria patients who developed blackwater although the only treatment they received was a mixture of atebm and plasmochin.

i. In this paper the author considers the question of the proper treatment of blackwater fever. He recalls that the main cause of death in the fatal cases of the series described in his previous paper was heart failure following anaemia. [Four of the 15 cases ended fatally.] He asks whether it is possible to prevent or anticipate the destruction of red cells or whether it is possible to cause a quick regeneration of red cells, thus mitigating the evil consequences of the anaemia. In view of the results obtained by the author with campolon in paroxysmal haemoglobinuria, it was decided to give this drug a trial in blackwater fever. The exact treatment given to a patient was as follows:—

The malaria was treated with 0.1 gm. of atebm and 0.02 gm. of plasmochin twice or thrice daily (the author remarks that he prefers atebm alone at first as it upsets the stomach less than plasmochin) glucose and insulin and campolon 1 to 2 ampoules daily. The results were excellent: the urine cleared by the fourth day and the blood haemoglobin had risen from 23 per cent. to 65 per cent. after 10 injections of campolon.

The question then arose whether this good result was due to atebm or to campolon. Shortly afterwards an epidemic of malaria occurred and during this 41 cases developed blackwater fever. Of these 18 were treated as above and all did well: the remaining 23 were treated by other doctors and 7 died. In all the blackwater cases malaria parasites were found. In this great epidemic of malaria it was common to find 4 to 7 cases in one family and yet only one of these would develop blackwater fever. Naumann as the result of his enquiries into this matter reached the general conclusion that all the robust individuals escaped blackwater and that this disease only occurred amongst those of feeble constitution.

The author's 18 cases of blackwater either came to him with the disease or it developed within 3 days of their coming to him for malaria. The only treatment given was atebm. It follows therefore that atebm does not prevent the development of blackwater: nevertheless in the author's opinion it is the best drug to use in blackwater because of the malaria remedies it has the least damaging effect on the red cells and the whole organism.

Therapy to support liver function is important so as to render the liver capable of dealing with the enormous number of destroyed red cells and of converting the haemoglobin into bile thereby saving the kidneys and preventing suppression of urine through blocking of the uriniferous tubules. The part played by campolon is that it causes

quick regeneration of the red blood corpuscles and also stimulates the whole organism.\*

W Y

HALL (G. Rome) Comments on Blackwater Fever and a Group of Special Cases.—*Jl. Trop. Med. & Hyg.* 1934 Feb 1 Vol. 37 No. 3. pp 33-38.

Very brief details are given concerning a group of blackwater cases which occurred at the Bibiani Mine Gold Coast. With the exception of one patient they were all working in the Extractor House, where the last stages of the extraction of gold takes place. The great bulk of the paper is highly speculative and should be consulted by those interested in the original as the reviewer is unable to make anything of it. In fact, there seems little evidence that many of the cases which occurred amongst the native staff were really blackwater. It may be of significance that it is stated that each of these patients suffered from haematuria, but, on the other hand, it may equally well be of no significance beyond the fact that the author fails to distinguish this from haemoglobinuria.†

W Y

AMY (A. C.) Haemoglobinuria a New Problem on the Indian Frontier.—*Jl. Roy. Army Med. Corps.* 1934 Mar., Apr., May Vol. 62. Nos. 3, 4 & 5. pp 178-191 269-278 318-329. [48 refs.]

These papers deal with a recent and hitherto unknown phenomenon on the Indian frontier viz., haemoglobinuria in some way associated with malaria and confined to Indian troops and followers. So far there are records of 10 cases with 6 deaths.

The geographical distribution of the cases is limited to the frontier and the stations in which they occurred are mentioned. Up to date, no case of blackwater fever in India has been reported west of longitude 75° (Amritsar). The nearest point to that in the present series is longitude 71° 5' (Kohat) which is 250 miles from Amritsar. The author moreover emphasizes that the Punjab is not recognized as a blackwater fever area. Five of the present series of cases were isolated, and five—in Quetta—were grouped both as regards time and place.

Details are given regarding the race, caste, age and occupation of the patients. It is stated that the fact that all the patients were Indians "is dead against a blackwater fever hypothesis." Malignant tertian parasites were found in four cases, simple tertian in five, and no parasites in one case.

The author next proceeds to consider what he calls "the burning question in this series of cases." Prior to the development of haemoglobinuria, the total amounts of quinine taken were —

\*Campolon (a Bayer product) is described as "a specially fractionated extract of liver of high therapeutic potency. It is given intramuscularly 2 cc. equalling 500 gm. of fresh liver by mouth.—Ed.

†The author states that Aali<sub>2</sub> was possibly present in the fumes in the final stage of gold extraction. Among the symptoms of Aali<sub>2</sub> poisoning mentioned by Laxon ("Industrial Maladies," 1934 Oxford. Med. Publ. p. 80) are vomiting, jaundice, and haemoglobinuria or haematuria with strangury.—Ed.

1 patient	32 grains spread evenly over	3½ days (followed by atebnin)
1	50	2½
2 patients	90	3
1 patient	90	4½
1	110	5½
1	120	6

Three patients had taken no quinine two of them died and in one the disease was very mild.

Prior to the onset of haemoglobinuria the amounts of atebnin taken were —

1 patient	15 gm. spread evenly over	5 days.
1	18	6
1	21	7
1	12	4 (preceded by quinine)

Prior to the onset of haemoglobinuria the amounts of plasmoquine taken were —

4 patients	0.06 gm spread evenly over	2 days.
1 patient	0.06	3
1	0.08	2
1	0.09	4½
1	0.10	3½
1	0.13	4½
1	0.18	6

Before the attack of haemoglobinuria set in 6 patients therefore were on quinine 3 on atebnin 1 on quinine followed by atebnin and all of them received plasmoquine. Attention is drawn to the comparatively small doses (daily and total) of each of these drugs. The author adds however. It is reasonably certain that some of the patients may have suffered from plasmoquine toxicity. He quotes from the literature to the effect that whereas quinine cannot safely be given to cases of blackwater fever because of the danger of producing further haemolysis plasmoquine can be safely used at any stage of the disease. A summary of the signs of plasmoquine poisoning is given in this *Bulletin* Vol 30 pp 195-6 and Amy draws attention to the close resemblance between this condition and blackwater fever. As regards plasmoquine dosage SINTON states that doses as high as 0.2 and 0.32 gm daily have been given and FLETCHER quotes 0.18 gm as not infrequent and 0.1 gm as common. In contrast it is emphasized that in the present series the greatest amount taken was 0.18 gm and that this was spread over 6 days. Judging from the literature it would seem that a daily dose of 0.03 gm of plasmoquine is reasonably safe but that even this small dose has been known to produce haemoglobinuria. Up to August 1933 the standard dose throughout the army in India was 0.03 gm daily in the case of British troops mild toxicity was occasionally noticed, but severe poisoning has never been reported. There is some evidence that plasmoquine has a cumulative effect. In the case of Indian troops and as a direct result of the Quetta cases of haemoglobinuria, the standard dose has been halved since August 1933 and no further instances of haemoglobinuria have been reported.

In the second paper the author considers some of the points in which his series of cases so strikingly resemble blackwater fever. Having briefly summarized the chief features of blackwater fever he passes to a consideration of the manifestations of plasmoquine poisoning. These are practically speaking indistinguishable except that —(1) Oxyhaemoglobinaemia, with oxyhaemoglobinuria, is never a result

of plasmoquine poisoning, but does occur in blackwater and (2) so-called cyanosis is a feature of poisoning but is not met with in blackwater fever.

Amy writes —

When it is noted that a patient is suffering from oxyhaemoglobinuria, and that cyanosis is not present, it is clear that—in the present state of our knowledge—a diagnosis of blackwater fever is preferable to one of plasmoquine poisoning.

“On the other hand, when the guide-posts are methaemoglobinuria and cyanosis plasmoquine toxicity suggests itself to the exclusion of blackwater fever.”

The remainder of this paper consists of clinical details of the 5 isolated cases of the series and the last paper gives information regarding the 5 cases which occurred at the big headquarters station at Quetta, “where there are well qualified specialists and an excellent laboratory at the call of the ward medical officers.”

With reference to the two diagnostic points mentioned above, Amy states that it is of course very desirable to determine spectroscopically which form of haemoglobinuria was present. There is apparently no satisfactory evidence. In the description of Case 4 of the Quetta patients, we read —

“Unfortunately at Quetta there is no spectroscope. Methaemoglobinuria was presumed on the dark grey colour of the blood (it was impossible to match the specimens with the standard colours of the Telquist haemoglobinometer) and methaemoglobinuria on the stool as opposed to the port-wine colour of the urine. But for this, we have here a fairly complete and convincing picture, the outstanding features of which seem to be —

“Sudden onset and dramatic swiftness of the attack.

Rapid and massive destruction of the red blood cells.

“Methaemoglobinuria, methaemoglobinuria and anuria.

An attack out of all proportion to the amount of plasmoquine given and a fatal issue despite the early withdrawal of the drug. Was the drug responsible?”

In the protocols of the Peshawar case we read — Urine, oxyhaemoglobin by the spectroscope + and in those of the first Kohat case “urine, spectroscopically oxyhaemoglobin presence of methaemoglobin doubtful, and 4 days later “spectroscopic bands of oxyhaemoglobin persist with a suspicion of methaemoglobin.” The only reference to the point at issue in the second Kohat case is that the urine “is markedly haemoglobinuric (port wine) in character.”

With reference to the second diagnostic point, viz., cyanosis, the author states that although it may be difficult to detect in Indians when it is of mild degree it is quite easy to recognize when severe as was the case in the Quetta patients.

[The reviewer has examined these papers with great care and has failed to discover any reason why the cases should be regarded as other than ordinary blackwater fever. The papers are lengthy and the introduction of numerous quotations and extracts from the writings of others makes it very difficult to follow the author's argument. Apparently the points against blackwater are — (1) The patients are all Indian, (2) they had methaemoglobinuria and methaemoglobinuria, and (3) they were cyanotic. As regards the first point much more must be known before we can attach any weight to the argument. no

similarity for Fort Sandeman and Wada. There are spectroscopes at Peshawar and Kohat.

evidence is produced that the patients did exhibit methaemoglobin to the exclusion of oxyhaemoglobin and the third point does not seem to be very weighty. It is of course possible that plasmoquine was the factor which precipitated an attack of blackwater fever in these cases but even this is doubtful because six of them had quinine as well as plasmoquine three of them had atebuin and one both quinine and atebuin] W Y

HASSKELMANN (C M) Blackwater Fever in the Philippine Islands.—*Jl Philippine Islands Med Assoc* 1934 Jan Vol 14 No 1 pp 18-24 [12 refs]

After drawing attention to the fact that the prevalence of blackwater fever is most unequal in different malarious countries the author states that in the Philippine Archipelago and in most other parts of Malaysia the disease is rare and of a relatively mild nature.

He reports in detail a case of blackwater in a Japanese who resided for about 10 years in the Philippines and had never previously been sick.

The following summary is given —

"1 Blackwater fever as a sequel to malaria is rare in the Philippine Islands.

2 Only a single case the report on which contains sufficient detailed data to establish the diagnosis beyond any doubt had been reported previously.

3 A second case of subtertian malaria with blackwater fever is presented and its epidemiology parasitology clinical symptomatology and therapy are briefly discussed.

4 Several other cases are reported in the literature in which however the given data are not sufficient to establish their authenticity.

5 The scanty ichnological data on blackwater fever in the Philippines are cited and discussed. B Y

JORE (Hillel) Contribution à la pathogénie et à la thérapeutique des fièvres hémoglobinoques (Pathogenesis and Therapy of Blackwater Fever)—*Jl Egyptian Med Assoc* 1933 Oct Vol 16 No 10 pp 1022-1026

This paper consists of a general discussion of the pathogenesis of blackwater fever and contains little that is new.

The author remarks that among the very numerous cases of blackwater fever which he has encountered during almost 40 years of work in Palestine he has met with 3 patients who had not taken quinine before the onset. The first was the case of a boy admitted in a comatose state with a high temperature with pronounced jaundice and with haemoglobinuria he died almost immediately. The other two cases occurred in patients suffering from chronic malaria who had been given methylene blue. It is stated that in almost all the cases in which information was available regarding quinine the attack of blackwater commenced about 5 hours after the administration of the drug.

The distribution of blackwater corresponds in general with that of pronounced malaria but it is not always the case thus the disease is rare in the Roman Campagna in certain notoriously malarial districts.



of Greece in Morocco in Algiers in Tunis in Egypt etc. It follows, therefore, that besides malaria and quinine other factors play a part.

The author observed numerous cases which recovered after an intramuscular or intravenous injection of a large dose of quinine, and mentions the contradictory statements which the literature contains on this subject. Most authors state that cold is one of the provocative factors in blackwater fever but the author's observations do not confirm this. He gives the monthly distribution of 202 cases seen by him in Palestine. The greatest number of cases occurred in September and October which are not cold months. Attention is drawn to the fact that different epidemics may exhibit marked differences in intensity and in mortality. The author then passes into a discussion of the question of haemolysis in general and of that in blackwater fever in particular. He refers particularly to the experiments of WINAL, ABRAMI and BRISSAUD on autolysis and to the work of NOCHT and KESSLER on the haemolytic action of the organs of blackwater patients. As a result of his reflections the author reaches the conclusion that the same factor (cold or quinine) acting for a little time may increase haemolysis, but if its action is more prolonged or more intense it may diminish or stop haemolysis. For this reason he has for many years commended the use of colloidal quinine (Collobizine de quinine Dausse) in the treatment of blackwater fever. Each ampoule contains 0.0025 gm. of quinine, and the author injects the contents of 3 or 4 ampoules every 2 hours. He claims that his results are excellent.

W Y

WAYL (P) Observation of Blackwater Fever in Galilee.—*Folia Medicinæ Internæ Orientalis* Jerusalem. 1933 May Vol. 1 No. 2, pp 185-199

The author has analyzed the histories of 13 cases of blackwater fever in Galilee and has drawn therefrom certain conclusions.

Of the 13 cases 10 came from the Huleh area and 3 from the Jordan valley. 8 of the patients were born in Palestine, 9 unimmigrated when young and 2 had been in the country for 4½ years when they first developed blackwater.

The author summarizes his conclusions as follows —

- " 1. Blackwater fever is still a frequent disease in the Huleh area.
- " 2. The morbidity and mortality is larger among Sephardic than among Ashkenazic Jews.
- " 3. The single attack of blackwater brings no immunity—just the reverse was observed.
- " 4. The disease seems to prevail in certain families be it owing to physiological reasons or to certain habits (indifference towards treatment of malaria).
- " 5. No normal repartition of blackwater fever was observed by us.
- " 6. At certain periods there is an increase of incidence, probably in connection with increase of malaria.
- " 7. In our experience quinine was the factor determining the onset of blackwater fever in the majority of our cases.
- " 8. A gradual administration of quinine to these patients does not prevent the blackwater fever.
- " 9. Quinine treatment is to be advised only in those cases of black water fever where malaria parasites are found.
- " 10. Blood transfusion, a new therapeutical procedure, seems to be quite safe, but is by no means a universal remedy.

W Y

NÄGELSBACH (Eduard) Schwarzwasserfieber und Atebrin [Blackwater Fever and Atebrin].—Arch f Schiffs u Trop Hyg 1933 July Vol. 37 No. 7 pp 337-339

An account is given of a case of malignant tertian malaria in which quinine provoked a slight attack of blackwater atebirin cured the malaria infection and the haemoglobinuria quickly disappeared

Atebrin has been shown to exert a powerfully parasitocidal action on the schizonts of *P. falciparum* but whether it ever provokes an attack of blackwater is still an unanswered question

The patient was a pregnant woman who arrived in hospital in the middle of the night. She had had a rigor during the morning and the blood contained numerous *P. falciparum*. She had not taken any quinine as previously it had provoked an attack of blackwater. On admission labour had already commenced but the pains were few and feeble. Atebrin 0.1 gm. was immediately given and a second tablet the next morning. The pains continued to be weak and it was decided to give an intravenous injection of solvolchin (0.5 gm. of quinine HCl). An hour later she passed black water. Some hours later thymophysin (10 units) was given the pains increased and she was delivered of a healthy child. The urine cleared soon after parturition. On the same day 5 hours after the appearance of blackwater another tablet of atebirin was given and 2 tablets (0.25 gm.) on each of the 4 following days. There was no further fever and no more haemoglobinuria.

II Y

NOIR (h. Tole) Blackwater Fever following Atebrin.—West African Med J 1934 Jan Vol. 7 No. 3 pp 121-123

Records are given of two cases of blackwater fever following the administration of atebirin. The author considers the matter is of importance and should be generally known the more especially because the manufacturers state that atebirin is not contra indicated in black water fever

Case 1. Veterinary officer aged 31 took ill with fever on the 23.9.33. On Sept. 20th *P. falciparum* infection was diagnosed and a course of atebirin and plasmoquin simplex (3 tablets a day for 3 days) recommended. The patient had been in the habit of taking prophylactic quinine 5 gr daily but discontinued this whilst taking atebirin. He suffered from marked abdominal symptoms and vomited. The next day he still felt bilious so did not take the last of the atebirin plasmoquin tablets. On Oct. 3rd he felt well all day and played polo in the evening. Later however his temperature rose to 100°F. On Oct. 4th as he was still feverish, he took 5 gr of quinine about 8 a.m. at 9.15 p.m. he had a rigor and passed black water later in the evening. The attack was a mild one.

Case 2. Veterinary officer aged 28. This officer was sent to relieve the previous one when he fell ill. He also was in the habit of taking the daily prophylactic dose of quinine. He contracted subtertian malaria and was given the same course of atebirin and plasmoquin simplex as was the previous case but, on the recommendation of his doctor he continued his daily dose of 5 gr whilst taking the atebirin. He completed the course of treatment on Nov 3rd. The next morning he took his customary 5 gr of quinine and felt well during the day but in the evening had some malaise. He went to bed early and had a severe rigor about 10 p.m. and took 10 gr quinine and 10 gr of aspirin. About midnight he passed black water this attack was also mild.

Discussing these cases the author writes that it is obvious that the course of atebirin plasmoquine failed in two respects, viz —

1 It did not prevent the onset of blackwater fever

" 2. If one agrees with the hypothesis that blackwater fever is always a complication of malaria then a full course of atabrin with plasmoquine cannot have got rid of the malarial infection in these cases. This is borne out by the presence of parasites in the blood of Case 2.

" The questions suggested by these cases are as follows —

" 1. Are they examples of failure of the specific action of atabrin, the drug being in good condition, or was the failure due to some other cause?

" 2. Were the attacks of blackwater fever directly excited by the atabrin plasmoquine taken?"

It is difficult to answer the first question. There seems to be no evidence that the drug had undergone any deterioration, or that the patients had failed to take the course of treatment conscientiously and regularly. As regards the question whether the blackwater fever was directly excited by the atabrin-plasmoquine course, the author states that this can best be answered by considering first what other exciting cause there may have been. It might be argued that the resumption of the daily prophylactic quinine in Case 1 was the exciting factor but such a conclusion is completely negatived by Case 2, in which the daily quinine was taken throughout the atabrin course. After considering all the circumstances, Moir writes "The fundamental conclusion remains that under certain circumstances which cannot be defined, atabrin and plasmoquine is not only incapable of preventing blackwater fever but will probably excite an attack." This conclusion, in Moir's opinion, is of the greatest importance and discredits the claim that atabrin is not contra-indicated in blackwater fever. He does not mean that atabrin is not a valuable drug in the treatment of malaria, but that it cannot be regarded as safe, and must be placed in the same category as quinine, and "given with the same degree of caution in subtertian malaria when a possibility of blackwater fever exists. (It would considerably assist the reviewer and doubtless many others if the author would let us know what exactly this last sentence means.)

W F

PATERSON (James C.) Note on the Use of Alkali Therapy in the Treatment of Blackwater Fever.—*Trans. Roy Soc Trop Med & Hyg* 1933 May 5 Vol. 28 No 6 pp. 539-546.

Observations are recorded on a number of cases of blackwater fever from the interior of Colombia some of which were treated by early injections of sodium bicarbonate. These observations were made because of the considerable difference of opinion regarding the value of the intravenous injection of sodium bicarbonate during the acute stage of blackwater fever expressed at a recent meeting of the Royal Society of Tropical Medicine and Hygiene [this *Bulletin* Vol 30 p. 518].

Each of the patients received treatment with sodium bicarbonate, but the method of administration varied in different cases. The patients were divided into three main groups.

*Group I* received sodium bicarbonate by the mouth only. It consisted of 13 cases at the El Centro Hospital. In five of these the urine was alkaline before treatment was commenced, and it continued in this state throughout the duration of the haemoglobinuria. One of these died, but there is some doubt whether the case was really blackwater and not plasmoquine poisoning. The other 8 cases exhibited strongly acid urine at the onset of blackwater. In two of these the reaction became alkaline during treatment and both recovered. In the remaining

six the urine continued to be acid, notwithstanding the alkaline treatment and four of them died

Nine cases were also treated in this way in other of the Company's hospitals. Although the records are by no means complete apparently the urine in each patient was acid or neutral at the onset of blackwater. In two the urine became alkaline during treatment and both recovered of the remaining seven three died and in at least two of the fatal cases the urine retained its acid character throughout the duration of haemoglobinuria

Group II received, in addition an intravenous injection of sodium bicarbonate at a late stage of the disease when a urinary suppression was threatened. Two cases were treated in this way at the El Centro Hospital, and in both the urine became alkaline almost immediately after the injection was given one of the patients who had definite suppression of urine at the time of the injection died 18 hours later the other recovered.

Of the three patients treated in this way at other hospitals one died

Group III were given an intravenous injection as soon as the diagnosis was made, and following this sodium bicarbonate was continued by the mouth. In each of the 5 cases treated in this way at the El Centro Hospital the urine was strongly acid before the injection, but in every case subsequent specimens of urine were alkaline all the patients recovered

Of the 4 cases treated at other hospitals by this method two died

Details of all these cases are given in tables from which it is seen that the mortality among the 36 cases was 12 (33 per cent). Of the 22 cases in Group I eight (36 per cent) died in five of these the cause of death was suppression of urine in one suppression and shock following a miscarriage in one suppression and plasmoquine poisoning (?) and in one subtertian malaria and partial suppression of urine. Of the five cases in Group II two (40 per cent) died both from suppression of urine. Of the 9 cases in Group III two (22 per cent.) died both from acute anaemia cyclical vomiting and possibly alkalosis

The following are the author's conclusions —

"1. The prognosis in blackwater fever appears to be relatively good in cases which show an alkaline reaction of the urine at the onset of haemoglobinuria. In the eighteen cases of our combined series in which this reaction was either naturally present or was artificially produced by alkalization at an early stage of the disease the mortality was less than 17 per cent. and in only one of the three fatal cases was urinary suppression present.

2. The oral administration of sodium bicarbonate was found to be insufficient to render the urine alkaline in 75 per cent. of the cases which received it in this manner only. On the other hand the urine was almost immediately alkalized following the injection of sodium bicarbonate solution intravenously

"3. The practice of injecting sodium bicarbonate solutions intravenously after signs of urinary suppression have developed is worth a trial, but is probably of little value. Of the five cases which received it in this manner 40 per cent. died.

4. The early administration of intravenous sodium bicarbonate solution in our series of nine cases appears to have had a preventive action on the development of urinary suppression. As this is the principal cause of death in blackwater fever I believe that such a procedure is justified in all cases which are seen in their early stages. Providing that certain precautions are taken, the danger of producing an unfavourable reaction appears to be slight the injection should not be given (nor should it be

repeated) in the presence of an alkaline urine, and the solution should be sterilized before and not after the addition of the bicarbonate."

IV Y

ALAIN (M.) A propos de deux cas de fièvre bilieuse hémoglobinnique et de leur traitement par la quinaérine. [The Treatment of Two Cases of Blackwater Fever by Quinaérine].—*Bull. Soc. Path. Exot.* 1934 Jan 10 Vol 27 No 1 pp 83-87

BLOUIN (P.) & RIOU (M.) Quinaérine et fièvre bilieuse hémoglobinnique.—*Ibid.* pp 87-88

Each of these papers gives details of 2 cases of blackwater fever which were treated with quinaérine—all the patients recovered.

The dose of the drug was 2 or 3 tablets, each containing 0.1 gm. of quinaérine, daily. It is claimed that there was an immediate improvement in symptoms, that the blood was quickly sterilized, and that there were no untoward effects.

BLANCHARD in the discussion which followed the reading of these papers, pointed out that apart from its quite special indication in blackwater fever it must be remembered that quinaérine has a remarkable action on the schizonts of *P. falciparum* and on both the schizonts and gametes of *P. vivax* and *P. malarie*.

IV Y

FAIRLEY (N. Hamilton) & BROMFIELD (R. J.) The Determination of Haemoglobinaemia and Methaemoglobinaemia in Blackwater Fever. [Laboratory Meeting Demonstration].—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1934 Jan 31 Vol 27 No 4 pp 335-336

— & — Laboratory Studies in Malaria and Blackwater Fever. Part II. Blackwater Fever Haemoglobinaemia.—*Ibid.* Aug. 4 Vol. 28 No 2 pp 141-156 With 2 graphs & 1 coloured plate [15 refs.]

In these papers the authors concern themselves with the very important subject of haemoglobinaemia in blackwater fever. A method is described for the quantitative determination of oxy and met-haemoglobinaemia, and the results obtained in a series of blackwater fever cases are given. Some information is also provided regarding a new blood pigment.

The second paper opens with a brief summary of the earlier reports on haemoglobinaemia in blackwater fever. As the summary shows, practically no quantitative observations had been made, apart from those of the reviewer and his colleagues. Methaemoglobinaemia has occasionally been noted, but its presence has evoked surprisingly little comment. ARKWRIGHT and LEPPER (1918) recorded its presence in the serum and plasma of one or two cases and YORKE MURGATROYD and OWEN (1930) noted the presence of methaemoglobinaemia in the plasma, but not in the corpuscles of two cases—in the first on the 3rd, 4th and 5th days of the disease and in the second on the 4th day only. ROES found methaemoglobinaemia in 12 of his 18 cases in which special attention was directed to the spectroscopic appearance of the plasma.

The technique used in the quantitative estimation of haemoglobinaemia is as follows—

Method of collecting blood.—The first essential is to collect blood by a technique which produces a minimum damage to the red cells and so avoids artificial plasmolysis. It was found that true plasma obtained from blood aspirated from the median basilic vein under paraffin, and

subsequently oxalated and centrifuged under paraffin, afforded the best technique for this purpose. True plasma showed no trace of haemoglobin bands in 46 of 53 control cases whilst in the remaining 7 cases the haemoglobin varied from 0.07 to 0.12 per cent. From this it is concluded that plasma haemoglobin must exceed 0.12 per cent. before it can be regarded as significant of haemoglobinaemia.

*Spectroscopic method for quantitative estimation*—The technique employed is that of Bloem.\* It is briefly as follows—

The minimum concentration at which the  $\alpha$  band just disappears from standard solutions of haemoglobin and methaemoglobin equals 0.33 per cent. and 0.685 per cent. respectively using the same standard cell the degree to which the unknown plasma has to be diluted to obliterate the band is similarly determined the concentration of pigment in the unknown is then ascertained by multiplying this standard value by the dilution factor.

Nine cases of blackwater fever were investigated and in five of them serial quantitative observations were carried out. The case history and other relevant data of each case are given. The quantitative determination of the oxyhaemoglobin and methaemoglobin made in four of the cases is summarized in the following table—

Cases.	Time after onset in hours.	Percentage		
		Oxyhaemoglobin.	Methaemoglobin	Total of haemoglobin
3	4	1.4	1.3	2.7
	21½	1.35	2.26	3.6
	46	1.0	2.3	3.3
4	4½	0.83	1.33	2.16
	16½	0.20	1.66	1.86
	23	0.36	1.0	1.36
	40½	0.13	1.0	1.13
	63½	0.13	0.66	0.79
5	22	0.26	1.33	1.59
	47½	0.07	1.33	1.4
6	15	2.48	2.66	5.14
	19	2.15	2.66	4.81
	24	1.75	2.66	4.41
	35	1.16	3.33	4.49
	39½	0.76	3.33	4.09

\*Blood transfusion was performed immediately after this specimen was collected.

In all their estimations true plasma was used and the authors claim that as the risk of artificial plasmolysis was thereby reduced to a minimum, the discoloration of the plasma observed in several of the cases finally disposed of any argument as to whether the haemoglobinaemia may or may not be intense enough to be recognized by the naked eye. One specimen is depicted in a coloured plate. Several different constituents enter into the final discoloration of the plasma. Oxyhaemoglobin produced a rose-red, methaemoglobin a brown and

\*Bloem, 1933 *Biochemical J* 27 121

bilirubin a yellow appearance and the extent to which one or other of these pigments predominates determines its final appearance. Deep red and brownish red plasma all appear to contain methaemoglobin.

Methaemoglobin was observed in every instance except Case 8, where an entirely new pigment was encountered. In this case a peculiar feature of the illness was the leaden-grey colour of the skin and the mauve tinting of the lips and ears. The plasma until the 11th day contained a brownish pigment resembling methaemoglobin spectroscopically but unlike it in not being reduced by Stokes reagent or by ammonium sulphide. This pigment was never found in the urine, although methaemoglobin was demonstrated in numerous urinary specimens. Investigation by KELLIN indicated that it was a new blood pigment—probably some modification of methaemoglobin—details of which will be published later.

The red corpuscles from these cases, after being washed with saline and subsequently lysed in distilled water exhibited no trace of methaemoglobin: the rapidity with which these blackish corpuscles regained their normal reddish colour during washing was very striking.

Quantitative estimations in both fatal and non fatal cases revealed the unexpected fact that methaemoglobin constituted the major portion of the total blood pigment in the haemoglobinaemia. In the fatal cases the oxyhaemoglobinaemia decreased progressively as the methaemoglobinaemia increased. This suggests either an accumulation of methaemoglobin due to the body being unable to destroy or excrete it at the same rate as oxyhaemoglobin, or alternatively that as the disease progressed more and more plasma methaemoglobin was produced from oxyhaemoglobin.

In the fatal cases the maximum amount of blood pigment in the plasma (oxyhaemoglobin + methaemoglobin) amounted to 3.6, 4.61 and 5.14 per cent respectively. Possibly more numerous observations would have resulted in even higher maximal readings. It appears, therefore, that the haemoglobinaemia in blackwater fever is not nearly as small as was previously thought, and is in fact sufficient to explain the phenomena in blackwater fever in terms of an intravascular haemolysis, without postulating that haemolysis is proceeding in the byways of the spleen and other internal organs shut off from the peripheral circulation. In blackwater fever the methaemoglobin appears to arise from oxyhaemoglobin which has been liberated from the corpuscles after lysis. In this respect the methaemoglobinaemia encountered in blackwater fever differs fundamentally from that induced by certain drugs where the methaemoglobin so often has an intra-corpuscular location, and in the absence of haemolysis may fail to appear in the plasma or to be excreted in the urine. (11)

MINATOYA (Takeo) *Durch Hämoglobulininjektion verursachte Hämoglobinurie* [Haemoglobinuria due to Haemoglobin Injection].—*Tokoku Ji Experim. Med.* 1934, Sept. 28, Vol. 24, Nos. 1 & 2, pp. 11–20. [11 refs.]

The experiments described in this paper were undertaken mainly with the object of ascertaining whether the haemoglobin which appears in the urine of an animal which has received an intravenous injection of heterologous or isologous haemoglobin, is derived entirely from the injected haemoglobin or in part from the animal's own erythrocytes.

Immune sera were prepared firstly by injecting rabbits with horse haemoglobin and secondly by injecting guinea-pigs with rabbit haemoglobin. A number of rabbits were then given an injection of horse haemoglobin and the resulting haemoglobinuria examined by the precipitin test with the above sera. The result indicated that the haemoglobin in the urine was derived entirely from the horse haemoglobin.

Examinations were then made of the number and volume of the erythrocytes in rabbits at various intervals after intravenous injection of horse or rabbit haemoglobin. It was found that there was a fall both in the number and volume of the red cells and that this was greater after the injection of horse haemoglobin than after rabbit haemoglobin. In later experiments so much haemoglobin was given that the animals were reduced to a critical condition although a fall in the erythrocyte number and volume was observed no evidence of the host's haemoglobin could be found in the urine. [There seems to be a possible fallacy in the author's assumption that the cause of the fall in the erythrocyte number and volume seen in the experimental rabbits was due to a destruction of erythrocytes consequent upon the haemoglobin injection. It is of course impossible to form any definite opinion on the matter unless we know that the blood volume did not alter. If there was any increase in blood volume after the injection there would naturally be a fall in the apparent erythrocyte number and volume even though the erythrocytes themselves were completely uninfluenced by the haemoglobin injection.] W. Y.

VOIGT (E. M.) & VOIGT (C.) Ueber antihämolytisches Serum (Versuche zur Schwarzwasserfieberfrage) (Vorläufige Mitteilung) [Antihæmolytic Serum Experiments on the Blackwater Fever Problem].—*Arch f Schiffs u Trop Hyg* 1934 June Vol. 38 No 6 pp 232-243 [21 refs] English summary

The work here described was undertaken with the object of studying the hæmolytic process in blackwater fever and with the hope of discovering some substance which will counteract the hæmolysin.

As the authors rightly observe in order to prevent the action of a hæmolysin it is necessary to discover something about that hæmolysin and to prepare a specific antihæmolysin. It is possible that the destruction or damage of the red cells in blackwater is dependent upon the failure of certain substances in the serum or in the blood cells which are necessary for their integrity and for their protection against the influence of external bodies. With this idea in mind the authors have commenced an investigation of several aspects of the blood chemistry in blackwater fever. Lipoid metabolism in particular seemed to be a promising field for investigation.

There is a general notion that a lowering of the cholesterol content of the serum or red corpuscles is related to a tendency to the disintegration of the latter. The authors employed Bloor's method which consists in making an alcohol-ether extract of blood—cells and serum—as for the estimation of the total fats. Up to the present they have failed to observe any specially low values in whole blood and in red cells the values obtained were somewhat higher than for the serum. After recalling that in acute nephritis hypercholesteræmia is the rule, whilst in chronic interstitial nephritis with retention of nitrogen but without oedema, an increase of the cholesterol value is



found, the authors state that it seems to them to be important to determine whether in recurrent blackwater cases the red cells habitually contain more cholesterol than normally.

MATKO put forward the theory that phosphate metabolism played a part in the haemolysis of blackwater fever [this *Bulletin* Vol. 12, p. 358] and the question has been recently examined by WHITCOMB, who also observed the interesting fact that in two cases of blackwater the lecithin content of the blood was considerably below normal [*Lancet*, Vol. 28 p. 1026].

The authors themselves have not yet had the opportunity of determining the lecithin content of the washed red corpuscles from cases of blackwater fever but the point must be investigated. According to MEYER and OVERTON (1901) the stroma of the red cell consists one-third of lipoids and two-thirds of protein. Any factor which decreases the phosphorus content of the red cell interferes with the functioning of the cell membrane and may lead to disintegration of the cell. The organic phosphate content of the serum has been determined in various cases but so far it has never been found to be definitely lowered.

Impressed by recent work upon disappearance of serum complement in acute conditions, the authors have attempted to produce evidence of unexpended haemolysin in the sera of blackwater fever cases by the addition of fresh guinea-pig serum. While freely admitting that there is no definite evidence that any serum haemolysin is at work in any stage of blackwater fever it nevertheless seemed reasonable to the authors to seek a substance capable of neutralizing antihuman haemolytic amboceptor and to try it as a remedy and to examine its effect, if any upon the known death rate and relapse incidence. They claim to have produced by injecting haemolytic sera into baboons, pigs, and a few human volunteers, sera which inhibit the action of anti-human haemolytic amboceptor. The antibody produced in the human beings is upon trial in blackwater fever cases in Rhodesia and South Africa.

IV Y

GIGLIOLI (George). Further Studies on the Epidemiology and Etiology of Blackwater Fever in the Interior of British Guiana. Immunity in Blackwater Fever.—*Riv. di Malariaologia*, 1932. Nov-Dec. Vol. 11. No. 6. pp. 785-807. With 4 figs. [15 refs.]

This paper which reports on certain epidemiological characteristics of blackwater fever on the Demerara, tending to throw light on the very difficult problem of immunity in blackwater fever was published elsewhere and was noticed in this *Bulletin* Vol. 30 p. 517. IV Y

TRIMBLE. Un cas de transfusion avec résultat favorable chez un malade atteint de fièvre bilieuse hémoglobinurique grave. (A Case of Blackwater Fever Successfully treated by Transfusion.—*Bull. Méd. de Katsanga*, 1933. Vol. 10. No. 4. pp. 85, 97-99.)

Details are given of a severe case of blackwater fever which recovered after blood transfusion. IV Y

PERATOZZI (U). L'emoglobinuria della malaria. (Contributo clinico e terapeutico).—*Riv. di Malariaologia*, 1934. Vol. 13. No. 7. pp. 53-55. [16 refs.] French summary (5 lines)

## MISCELLANEOUS

STRAUSS (Maurice B) The Role of the Gastro-Intestinal Tract in conditioning Deficiency Disease. The Significance of Digestion and Absorption in Pernicious Anaemia, Pellagra and "Alcoholic" and Other Forms of Polyneuritis.—*Jl Amer Med Assoc* 1934 July 7 Vol 103 No 1 pp 1-4 [48 refs.] [Summary appears also in *Bulletin of Hygiene*]

Deficiency disease in man may and frequently does develop owing to some disturbance in the gastro-intestinal tract in spite of an adequate diet. Pernicious anaemia is a deficiency disease due to the absence from the gastric juice of a specific heat-labile factor which reacts with an extrinsic factor contained in the food. It may result in the presence of an adequate diet and normal gastric juice where there is inadequate absorption from the intestine. It has been observed in chronic bacillary dysentery and in coeliac disease and in strictures and multiple anastomoses in the intestine. Surgical relief of the stricture has resulted in cure of the anaemia. The author observed a case of pernicious anaemia in a boy of 8 years due to short-circuiting between intestinal loops. At least 4 of this type of case have been relieved of their anaemia by liver therapy alone without operative treatment. Pellagra, in the endemic form is probably due to lack of vitamin B<sub>3</sub> in the diet but in the North (U.S.A.) it is seen with rare exceptions in persons with lesions or abnormalities of the gastro-intestinal tract or in chronic alcoholic addicts. In alcoholics a moderately faulty diet may also play a part. All types of gastro-intestinal lesions have resulted in pellagra amongst the commonest are cancer of the stomach (usually with pyloric obstruction) rectal stricture, ulcerative colitis gastro-enterostomy and the author has seen it in mucous colitis duodenal ulcer diaphragmatic hernia and stenosis of the small intestine. In most of the author's cases the lesion has prevented the taking of an adequate diet but in at least ten cases the diet was entirely adequate. Polyneuritis is rarely seen in the North except when it is conditioned by gastro-intestinal factors the most common of which is chronic alcoholism. It was previously shown that over 80 per cent. of cases of alcoholic polyneuritis had gastric anacidity or hypoacidity and that 85 per cent. had partaken of grossly inadequate diets. Recently 6 patients of this type were given 1-2 pints of whisky (or the amount usually taken) daily and relief of the neuritis was obtained by oral or hypodermic administration of large quantities of vitamin B. The toxic polyneuritis of pregnancy occurs only after pernicious vomiting the author has recorded 3 cases cured by giving adequate amounts of vitamin B. Polyneuritis has been reported as following persistent vomiting due to several causes and associated with various gastro-intestinal lesions. Beriberi has also been observed to follow gastro-intestinal trouble (e.g. coeliac disease chronic dysentery etc.). Hypochromic anaemia is another example of faulty absorption (due to achlorhydria) and the toxic state of intestinal obstruction is probably a manifestation of a deficiency of water and electrolytes rather than of a toxæmia

H N H Green

DOBREFF (Minko) Ueber die Selbstvergiftungen mit Chinin in Bulgarien. [Self-Poisoning with Quinine in Bulgaria.]—*Arch. f. Schiff- u Trop Hyg* 1934 July Vol. 39. No. 7 pp. 238-291

In the last four years in one-third of the cases of poison self-administered in Bulgaria quinine was the agent used, and at the University Clinic at Sofia in the last 7 years 82 quinine cases have been admitted against 51 self-poisonings with other substances. The chief cause seems to be the popularity of this drug for "stimulating menstruation" and this is supported by the observation that of 66 patients 60 were women and nearly all under 30. The average quantity of quinine taken was 4-6 gm. the largest dose 16 gm. All recovered. Some had albuminuria with red cells in the urine, others amblyopia or temporary loss of vision. [Nothing is said of deafness or other symptom, nor do we learn what proportion of the women were pregnant. In his conclusions the author writes of *Chiniselbstmordversuche*, but it seems doubtful whether all these attempts were suicidal.]

A G B

GHOSE (A. K.) Naga Sore In a Tea Estate Practice.—*Indian Med. Gaz* 1934 June. Vol. 69 No. 6 pp. 316-318

The author's account of Naga sore or tropical phagedaenic ulcer agrees with other accounts in that it occurs in coolies doing outdoor work, is usually preceded by a prick or injury of some kind, and is mainly found on the legs below the knees. Like others he suggests soil infection. It appears at the beginning of the rains, attaining its maximum in June and July the busiest season of the year and disappearing in December. The average period of disability was 38 days. He states that 20 per cent. of newly recruited coolies were affected and only about 2 per cent. of old coolies (but the numbers are small). He cauterizes thoroughly with pure carbolic acid and after separation of sloughs dresses antiseptically. He advocates for prevention compulsory leg washing in an antiseptic solution.

[A useful editorial appears in the same number. The possible association with soil is mentioned, but not the suggestion of J. A. YOUNG that the reservoir of infection may lie in the termite's nest (this *Bulletin* Vol. 29 p. 525). Perhaps in India this affection occurs where termites are absent.]

A. G. B

NADLER (J. Ernest) GREEN (Henry) & ROSENBAUM (Arthur) Intravenous Injection of Methylene Blue in Man with Reference to its Toxic Symptoms and Effect on the Electrocardiogram.—*Amer. J. Med. Sci.* 1934 July Vol. 188 No. 1 pp. 15-21 With 1 fig. [22 refs.]

Methylene blue has been used in various conditions, including malaria and leprosy. The authors gave 18 normal adults 50 cc. of a 1 per cent. solution. Elimination of the dye took 3 to 5 days. Two persons received three injections. The drug was found to have two actions. It oxidized some of the haemoglobin to methaemoglobin and produced restlessness, paresthesia, "burning" in mouth and stomach, pain in chest and strangury, the manifestations lasting 24 to 48 hours. It had also an effect on the electrocardiogram. The authors "wish to point out that the indiscriminate use of methylene blue may produce unpleasant results and be dangerous to the patient."

A G B

FIGULEWSKY (S W) Einige klinische Beobachtungen ueber die Wirkung des Skorpiongiftes auf den Menschen [Clinical Notes on the Action of Scorpion Poison on Man].—*Arch f Schiffs u Trop Hyg* 1934 Aug Vol. 33 No 8 pp 350-355 With 2 figs. [33 refs]

The author's observations were made in the Karakal steppe region in Russian Turkestan and he describes the symptoms with much detail in three cases. Twelve species of scorpions have been described from the U.S.S.R. In the karakal steppes they appear in May and early in September near houses and stables they sting in May rarely in the autumn. The symptoms last as a rule from 2 to 5 days. A fatal result is rare. A G B

DO AMARAL (Afranio) APANTES (J Bernadino) & DA FONSECA (Flavio) Sobre a duração da actividade das antitoxinas e antivenenos [Duration of Activity of Antitoxins and Antivenins].—*Brasil-Medico* 1934. July 7 Vol. 48 No 27 pp 525-532. [22 refs.] English summary

The English summary runs thus —

"In the retitration of many samples of antitoxins and antivenines that had aged for a period sometimes as long as 25 years under ordinary conditions, without special preservation precautions, in the consumers hands many interesting facts have been disclosed. These may be briefly summarized as follows —

"1 The precipitate formed with the ageing of antitoxins and antivenines and represented by pseudoglobulin seems not to exert any marked influence upon their activity

"2 Neither the method of refinement or concentration by fractionated precipitation of globulins as employed at the Instituto Butantan in its routine work since 1917 nor their final hydrogen ion concentration (pH) seems to contribute towards their inactivation even after a long ageing as proved by the retesting of samples of batches concentrated as nearly [? early] as 1916 at the Instituto Butantan.

"3 Ageing itself probably is not the cause of their (distribution) becoming more or less stabilized afterwards. Their inactivation at first may reach 50 per cent. of their primitive titer of which the loss seldom represents 66 per cent. (exceptionally 70 per cent.) even after 25 years of ageing

"4 Therefore, there is no definite reason for aged antitoxins and antivenins to be entirely discarded from consumption inasmuch as virtually all producing laboratories leave a margin of safety in the titer borne on the label of the ampoules of each batch they prepare.

HOVERSON (Emil T) & PETERSEN (William F) Meteorologic Effects on the Sedimentation Rate of Erythrocytes.—*Amer Jl Med Sci* 1934 Oct. Vol. 188 No 4 pp 455-461 With 1 chart

An interesting article and a timely warning to those who are inclined to rush to conclusions based on their findings of the rate of sedimentation of red corpuscles in disease and in health. Stress has been laid on the sedimentation rate in malaria, in leprosy in tuberculosis and other conditions (see NEWHAM this *Bulletin* Vol 25 p 496)

It is fairly widely agreed that in acute infections the rate is hastened, and that as improvement occurs the rate falls. Others have found that there are daily variations in normal subjects and it is certainly true that the rate differs in a tuberculous subject according to the presence or absence of fever

The authors found that the method used, Linzenmeier's, or Westergren's and Cutler's did not affect the results. One of the authors has been investigating during the past six years the detailed physiological and pathological changes associated with meteorological alterations, and finds thatpressor episodes, falling carbon-dioxid and increasing blood pH localized or general anoxemia, alternate with periods when the diastolic blood pressure falls the carbon-dioxid content increases the blood pH decreases basal metabolism and oxidation increases. Daily determinations were made whenever possible on 12 subjects between 28th January and 1st March, 1934 and the results were graphed. This time of year was chosen because it is commonly a time when meteorological changes and disturbances are common in Illinois and as a matter of fact there were 9 distinct disturbances in the period of observation.

The authors found that there are wide daily variations in rate of sedimentation of erythrocytes, amounting to as much as 100 per cent., and that there is a correlation between these daily variations and the meteorologic changes.

H H S

LEAO (A. E. de Arêa) Sur une mycose osseuse par *Acromoniella* Nouvelle espèce de champignon trouvée chez l'homme *Acromoniella rugulosa* n. sp. [Mycosis of Bone due to *Acromoniella rugulosa* n. sp.]—C R Soc Biol 1934 Vol. 116, No. 39 pp 1158-1160

Infection of man by this genus has been observed only in Italy and now in Brazil.

A Brazilian resident of Rio de Janeiro which he had never left, wounded his leg a year before with a splinter of wood to which succeeded pain, swelling, abscess and fistulae. When seen there was oedema of the leg and at the upper third of the fibula three fistulae giving vent to yellowish pus. Above were gummas. A radiogram showed that the upper third of the fibula was affected and the head destroyed. No general reaction. Search for tubercle by Mantoux's reaction and inoculation of guineapig was negative. A gumma was punctured, fluid was sown on glucose agar and after 12 days the fungus developed. Its characters under the microscope and in culture are described. The case was treated surgically with success.

A G B

MOORE (M.) *Podospora pyriformis* and *P. capsulata*, Two Causative Organisms of Darling's Histoplasmosis in the United States.—Ann. Missouri Bot Gard 1934 Vol 21 No. 2 pp 347-359 [Summarized in Rev Applied Mycology 1934 Oct. Vol 13 Pt. 10 p 637]

Diagnoses are given in English and Latin of two fungal organisms, *Podospora pyriformis* n. sp. and *P. capsulata* (Darling) Moore, n. comb. (syn. *Histoplasma capsulatum* Darling) associated with the human disease known as Darling's histoplasmosis, characterized by an acute specific infection usually affecting the epithelial and endothelial cells of the lungs, liver and spleen. The organisms may also be present in a free state in these organs, as well as in the blood stream, reproduction in the host being by single yeast-like cells. In culture a

mycelium conidia chlamydospores and multispored aeci are formed. Complete morphological, cultural biochemical, and cytological details will be given in a subsequent paper.

- i. DE MONBREUN (W A) The Cultivation and Cultural Characteristics of Darling's *Histoplasma capsulatum*.—*Amer J Trop Med* 1934 Mar Vol. 14 No 2 pp 93-125 With 1 fig & 5 plates. [28 refs]
- ii DODD (Katharine) & TOMPKINS (Edna H) A Case of Histoplasmosis of Darling in an Infant.—*Ibid* pp 127-137 With 13 figs. on 2 plates.

1. The paper describes the cultivation of *Histoplasma capsulatum*. The fungus may be grown either as a yeast or as a mycelium the former being the actual pathogenic phase. Certain cultural characters suggest that the organism belongs to the Endomycetales group of fungi. The author proposes altering the well known name of the disease caused by the fungus from Histoplasmosis of Darling to Cytomycosis of Darling a procedure which hardly seems necessary.

ii. The authors describe a case of histoplasmosis in an infant six months old a native of Tennessee. The diagnosis was made during life by the discovery of the characteristic yeast like parasite in large mononuclear cells in the peripheral blood. It seems that these large mononuclear cells blocking the blood vessels and actively phagocytosing red blood corpuscles are responsible for most of the symptoms of the disease.

C M Wemyss

- REDANELLI (P) & CIFERRI (R.) Études sur l' *Histoplasma capsulatum* Darling. I. Reproduction expérimentale de l'histoplasmosis et définition de la maladie comme réticulo-histocytose parasitaire atteignant divers systèmes de l'organisme. [Experimental Studies on *H. capsulatum*].—*Bol. Società Ital. Soc. Internaz. di Microbiologia* Milan 1934 June. Vol 6 No 6 pp 193-195

The author refers to the work of DE MONBREUN who has cultivated *Histoplasma capsulatum* in two forms as a yeast and as a mould. With the yeast form he states that he has been able to reproduce the human disease in monkeys only. The mould form he claims is not pathogenic to any animal. The present writer states that by inoculating the mould subcutaneously in guinea pigs a local lesion is produced from which he obtained material which gave rise to the typical *Histoplasma* infection of the reticulo-endothelial system when inoculated into guinea pigs and rabbits.

C M W

- CIFERRI (R.) & REDANELLI (P) *Histoplasma capsulatum* Darling, the Agent of "Histoplasmosis". Systematic Position and Characteristics.—*J Trop Med & Hyg* 1934 Sept 15 Vol. 37 No 18 pp 278-280 [13 refs]

Having studied cultures of *Histoplasma capsulatum* the authors arrive at the conclusion that it belongs to the Blastosporales sensu lato of which it forms the type of a new family for which they propose the name Histoplasmales.

C M W

SVEINSSON (Ruth) with the co-operation of F J LINDERS. The Chances of detecting Infections with Intestinal Protozoa. A Parasitological and Statistical Survey—*Acta Med Scandinavica*. 1934 Vol. 81 No 3/4 pp 267-324 With 4 diagrams. [13 refs.]

As a result of an exhaustive examination of 74 persons in a mental hospital in Sweden the author has found all the usual intestinal protozoa. By somewhat elaborate statistical calculations it is concluded that neither 3 examinations, nor even 6 of any two groups of individuals give sufficient indication of the actual infections present for the two groups to be compared. If however 10 examinations are carried out on the individuals of each group the results will be sufficiently accurate for purposes of comparison. C M W

ANDREWS (Justin) The Diagnosis of Intestinal Protozoa from Fecal and Normally Passed Stools.—*Jl Parasitology* 1934 June Vol. 20 No 4 pp. 253-254

Data are given showing that the single examination of a stool obtained after the use of a saline cathartic will reveal at least 75 per cent. of the protozoan infections which will be found by six or more examinations of normal stools. C M W

HEGNER (Robert) Intestinal Protozoa of Chimpanzees.—*Amor Hyg* 1934 Mar Vol. 19 No 2, pp. 480-501 [35 refs.]

Examination of a number of chimpanzees has revealed intestinal protozoa which correspond so closely with those that occur in man that they cannot be distinguished from them morphologically. These are *Entamoeba* (of the *E. coli*, *E. gingivalis* and *E. histolytica* types), *Endolimax*, *Iodamoeba*, *Giardia*, *Chilomastix*, *Trichomonas* (intestinal and vaginal), *Rictorlamonas* (*Embeidomonas*) and *Balanitidium*. In addition were found the ciliate of the genus *Troglodytella* and a flagellate of the genus *Hexamita* which are not represented in man. The various combinations of infections in the animals examined are described and the previous records of infections in chimpanzees are discussed. C M W

SASSUCHIN (D N) Hyperparasitism in Protozoa.—*Quarterly Rev Biol* 1934 June Vol 9 No 2 pp. 215-224 With 11 figs. [18 refs.]

In this illustrated article the author reviews our knowledge of parasites which are liable to invade the cytoplasm or nucleus of parasitic protozoa. The importance of these organisms is that on more than one occasion they have been thought to represent stages in the development of the host. It is only by the recognition of their structure and development that such errors are to be avoided. The best known forms are *Sphaerista* and *Nucleophaga*, but others occur such as various microsporidia, while nematodes have even been described as living in ciliates. C M W

RICHARDSON (Flavia L.) Studies on Experimental Epidemiology of Intestinal Protozoan Infections in Birds.—*Amer J Hyg* 1934 Sept. Vol 20 No 2. pp 373-403 With 1 fig [25 refs]

In this long paper the author gives an account of experiments which have occupied him for about 2½ years. They were undertaken to study the susceptibility of young parasite free chicks to the intestinal protozoa of fowls and other domestic birds and also of a number of wild birds. As was to be expected chicks are readily infected with *Entamoeba*, *Trichomonas* and *Culicostomoxys* of the fowl. As tested by infectivity to chicks these protozoa survived in faeces outside the body for 10, 4 and 40 days respectively. The first named survived up to 28 days in diluted faeces while in this medium the cystless *Trichomonas* survived under an hour. Experimentally infected chicks readily passed on their infection to clean chicks placed in contact with them. Similarly chicks infected from ducks, turkeys and pheasants banded on their infections to healthy chicks associating with them. As regards cysts it was found that the minimum numbers required to produce infections in chicks were 240 for *E. gallinarum* and 1 for *C. gallinarum*. *Trichomonas gallinarum* not possessing cysts required 200,000 trophozoites to infect. The protozoa in wild birds vary in their infectivity to chicks; sometimes heavy infections in the wild bird failing to produce infection in the chick.

The ease with which chicks hand on their infections to one another is of interest from the point of view of the spread of *E. histolytica* infection in families and institutions and again suggests the importance of food handlers in helping to bring this about [but see this *Bulletin* Vol. 31 p 734] C M W

GUPTA (B. M. Das) Observations on a Case of Coccidial Infection in Man (*Isospora belli* Wenyon, 1923).—*Indian Med Gaz* 1934 Mar Vol 69 No 3 pp 133-134 With 2 figs on 1 plate

The case is that of a Bengali who had never been out of India. He suffered from acute diarrhoea which gradually subsided during the course of three weeks. A stool examination on the second day revealed oocysts of the coccidium which were present in fair numbers during the next three days. After this they gradually decreased in number so as to be detectable only by a concentration method. They were last seen on the 20th day. No other cause for the trouble could be discovered. C M W

RATCLIFFE (H. L.) Gastric Mucin as a Culture Medium for Intestinal Protozoa.—*Proc Soc Experim Biol & Med* 1934 Feb Vol. 31 No 5 p 602.

Mucin, a natural constituent of the intestinal contents is prepared commercially as a white powder readily soluble in distilled water giving solutions which may be sterilized in the autoclave. A 3 per cent solution of mucin in 0.5 to 0.7 per cent aqueous NaCl with the addition of sterile rice starch may be used to cover slants (liver infusion agar) or as a liquid medium for the cultivation of intestinal protozoa of various kinds. C M W



KOROID (Charles A.) McNEIL (Ethel) & BOWESTILL (Allan). Correlation of the Distribution of the Protozoa in the Intestine of *Rattus norvegicus* with the Hydrogen Ion Concentration of the Intestinal Contents and Wall.—*Univ. California Public Zool.* 1933 Vol. 39 No. 8 pp. 179-190 With 3 figs. [11 refs.]

The authors have studied the distribution of various flagellates and amoebae in the intestine of rats and have made pH readings of the intestinal contents with a view to determining the range of pH within which these protozoa live  
C. M. W.

KNOWLES (R.) & GUPTA (B. M. Das.) Some Observations on *Balantidium coli* and *Entamoeba histolytica* of Macaques.—*Indian Med. Gaz.* 1934 July Vol. 69 No. 7 pp. 390-392. With 16 figs. on 1 plate

A species of *Balantidium* corresponding morphologically with *B. coli* of man, is very common in *Silurus rhesus* sold in the Calcutta market. This ciliate has been cultivated in the medium (inspersated horse serum and egg white to which is added a little solid rice starch) recommended for the culture of *Entamoeba histolytica* by DOKELL and LAIDLAW (1926) who also suggested the addition of a few drops of acriflavine solution to keep down the growth of *Blastocystis*. In most cases excellent results were obtained, the *Balantidium* showing division, encystation, excystation and conjugation. Attempts to infect man with the ciliate failed, though *E. histolytica* of the monkey which was present in one culture, established itself in the volunteer  
C. M. W.

FISCHER (F. P.) & FISCHER (Viktor) Elektrophoresse von Trypanosomen und Spirochaeten. [Electrophoresis of Trypanosomes and Spirochaetes].—*Biochem. Ztschr.* 1933 Dec. 27 Vol. 267 No. 4-6 pp. 403-404

The authors show that trypanosomes and relapsing fever spirochaetes, both in their natural media and in physiological saline solution, whether alive or dead, always make their way to the cathode when brought into an electric field. This property is quite independent of virulence or susceptibility to specific remedies and is the reverse of the behaviour of red blood corpuscles which as is known pass to the anode.  
C. M. W.

BOXHALL (G. N.) HARTFOLD (F. C.) & LLOYD (L.) Quinamid as a Bactericidal Agent in the Isolation of an Insect Flagellate.—*Parasitology* 1934 Apr. Vol. 26 No. 1 pp. 44-48. [16 refs.]

The authors have succeeded in obtaining bacteria free cultures of a flagellate closely allied to *Herpetomonas mesocephalus* from the intestine of *Polistes lertaria* by exposing the flagellates to quinamid in dilutions of 1/10 000 or 1/100 000 for 2-4 hours. Tubes of Locke serum agar containing the same reagent in dilutions of 1/10 000 or 1/50 000 were then inoculated and from these tubes of Locke serum agar without the reagent. In certain cases cultures of the flagellate were obtained which were proved by exhaustive tests to be free from contaminating organisms. It seems probable that quinamid may be of use for picking cultures of other protozoa from associated bacteria.  
C. M. W.

LWOFF (André) Die Bedeutung des Blutfarbstoffes für die parasitischen Flagellaten. [Significance of Blood Colouring Matter for Parasitic Flagellates.]—*Zent f Bakt I Abt. Orig* 1934 Jan. 31 Vol. 130 No 7/8. pp 498-518 With 8 figs. [Refs. in footnotes]

In this highly technical article which is largely physiological chemistry the author discusses observations he has made with a view to the determination of the part played by haemoglobin in blood media used for the culture of certain Trypanosomidae C M H

COLAS-BELCOUR (J) Influence de quelques bactéries et champignons sur la culture de trypanosomides. [Influence of Bacteria and Fungi on the Cultivation of Trypanosomidae]—*Ann. Inst Pasteur* 1934 May Vol. 52. No 5 pp 533-539

From the work of Lwoff it is known that *Strigomonas fasciculata* will not grow in peptone water unless some blood albeit a very minute quantity is added. The author has found that certain bacteria and yeasts can replace the blood and that they in some way assist the flagellate in its development. Growth of *Leptomonas deocephali* could not be obtained under these conditions C M W

ROBERTSON (Muriel) An *in vitro* Study of the Action of Immune Bodies called forth in the Blood of Rabbits by the Injection of the Flagellate Protozoon *Bodo caudatus*.—*Jl Path & Bact* 1934 May Vol 38 No 3 pp 363-390 [46 refs]

With a view to throwing light on some of the problems of protozoal immunity the author has investigated the production of immune bodies in rabbits by injecting them with bodo either living or killed by heat or formalin. The paper describes the production of an immune serum, the technique used and the method of cultivating the flagellates.

The heated immune sera tested on living bodos in mammalian Ringer's solution caused varying degrees of immobilization agglutination and gradual death without lysis. The killing titre of the sera varied from 1/800 to 1/3,200 and it was found that it was better to measure the immune body content by the death of the flagellates rather than by the agglutination which was more variable. The addition of guineapig complement to the heated sera brought about lysis, which occurred usually before any agglutination became evident. The addition of the complement brought about a reduction in the killing time of the serum dilutions used. Carrying out the tests in distilled water in the place of Ringer's solution it was found that agglutination did not take place though loss of motility and death by lysis occurred. The results obtained in this investigation are discussed and compared with the findings of other investigators who have employed various parasitic protozoa as antigens for the purpose of producing immune sera. C M W

HIGGINS (Robert) Passage of *Trichomonas hominis* in a Viable Condition through the Stomach and Small Intestine of a Monkey.—*Jl Parasitology* 1934 Mar Vol. 20 No 3 p 199

Though it has been shown that trichomonas which as is well known, form no cysts are able to withstand the gastric juice and pass through the stomach alive in the case of rats guineapigs and cats no one has hitherto shown this to be the case in larger animals. In this note the

author describes how he introduced the trichomonas of man into the stomach of a monkey and later found them alive at various points in the small intestine. The experiment indicates the probability that in man the flagellates may reach the large intestine after ingestion and thus establish an infection.

C M W

HEGNER (Robert) Infections of the Vagina of Rhesus Monkeys with *Trichomonas hominis* from Man.—*Jl Parasitology* 1934 June. Vol. 20 No 4 pp 247-248.

Cultures of *Trichomonas hominis* were inoculated into the vagina of *Macacus rhesus*. From a number of experiments it was found that the flagellate was able to survive without multiplication for 20 days. The author and RATCLIFFE have already (1927) described naturally occurring trichomonas (*Trichomonas macacovaginalis*) from the vagina of monkeys while in the following year the author recorded experiments which favoured the conclusion that the intestinal and vaginal trichomonas of the monkey were identical. From the experiments recorded in the present paper it would seem that the human trichomonas is unable to establish itself in the vagina of the monkey. It was found that a half per cent. solution of formalin was completely successful in disinfecting the vagina of naturally infected monkeys.

C M W

LOPEZ NEYRA (C. Rodriguez) & SUAREZ PEREZORIN (Eduardo) Síndromes parasitarios en la región Granadina y estudio sobre el parasitismo intestinal humano. I. Estudio crítico de los "Chilomastix" parásitos humanos y descripción de una especie nueva hallada en el intestino del hombre en Granada. [*Chilomastix*, Parasite in Man in Granada. A New Species.]—30 pp. With 3 plates (2 coloured) 1933 Madrid Comisión Permanente de Investigaciones Sanitarias Dirección General de Sanidad.

From a study of *Chilomastix* infections of man in Granada the authors arrive at the conclusion that two species occur—the well-known *C. muris* and a new one which is given the name *C. granadensis* which is to be distinguished from the first by its larger size and other details. They also refer to a flagellate described by CHATTERJEE (1923) as *Tetrachilomastix bengalensis*. This was examined by the reviewer, who pointed out that it was a *Chilomastix* (*Protozoology* p. 660). The authors of the paper under review misinterpreting the reviewer's remarks now without justification, propose a new name *Chacterjense*. Both these names are thus synonyms of *Chilomastix*. Whether the conclusions of the authors that they were studying a new species of *Chilomastix* their *C. granadensis* are justifiable or not future investigation alone will show. It should be remembered, however that *C. muris* is subject to great variations in size and that the methods of fixation employed by the authors are open to criticism.

C M W

WATT (John Y. C.) On *Embadomonas sinensis* Faust and Wasmann, 1921.—*Chinese Med. J.* 1933 Nov-Dec. Vol. 47 Nos. 11 & 12 pp. 1331-1335 With 1 fig.

In 1922 FAUST described as *Embadomonas sinensis* an intestinal flagellate which he had seen in human beings in China. It was stated

to differ from *E. intestinalis* not only in being larger but in that the two flagella were of equal thickness which was not the case with those of *E. intestinalis*. Some doubt was thrown on the correctness of these conclusions. The author of the present paper records from Peiping two cases of infection with a flagellate corresponding with the form described by FAUST. He is convinced that *F. sinensis* is a good species. It is stated that a dog which showed cysts of *Entamoeba histolytica* in its stools was infected with the flagellate by feeding it with material containing cysts. The appearance of the flagellate three days later coincided with an attack of dysentery associated with the presence of active amoebae.

C M W

BISHOP (Ann) Observations upon *Embadomonas intestinalis* in Culture.—*Parasitology* 1934 Apr Vol 26 No 1 pp 17-25 With 19 figs. on 1 plate [22 refs]

The author has cultivated *Embadomonas intestinalis* the human intestinal flagellate in a medium consisting of inspissated horse-serum slopes covered either with Ringer egg white or inactivated horse-serum diluted 1 in 10 in 0.5 NaCl solution. Growth takes place at 17-20°C as also at 37°C. Attempts to infect tadpoles of the toad (*Bufo vulgaris*) failed. The division stages of the flagellate as seen in culture are described and figured as also the cysts in which the nuclear membrane and peripheral chromatin is elongated and stains intensely. The author does not accept WENRICH's contention that the generic name of the flagellate should be *Retortamonas* Grassi 1879.

C M W

ATCHLEY (F O) & SWEZEY (W W) A Method for the Enumeration of Ciliate Protozoa.—Reprinted from *Trans Amer Microscopical Soc* 1934 Jan Vol 53 No 1 pp 35-39 With 1 fig

During investigations on ciliates (*Troglodytella* and *Balantidium*) of the intestine of the chimpanzee a method was devised for estimating the total number of organisms in a specimen of faeces within which the distribution is not uniform. STOLL's method for helminthic egg counting was modified for this purpose and was found to give satisfactory results. The procedure is to add 4 cc of the faecal material to 50 cc of Ringer's solution to which 6 cc of a formol iodine fixative has been added. The mixture is shaken up with glass beads allowed to stand for 24 hours and then reshaken. The ciliates in 0.075 cc of the mixture are then counted under a 22 x 30 mm cover slip.

C M W

NELSON (E Clifford) Observations and Experiments on Conjugation of the *Balantidium* from the Chimpanzee.—*Amer J Hyg* 1934 July Vol 20 No 1 pp 106-134 With 4 text figs & 12 figs on 1 plate [21 refs]

A careful study of *Balantidium* from the colony of chimpanzees which had been maintained for over two years at the Johns Hopkins University and its comparison with the ciliates from the pig, guinea pig and rhesus monkey has shown that it resembles most closely *Bal. coli* but whether it is actually identical with the form in the pig can only be decided when it has been finally settled whether the *Bal. suis* type which occurs in the pig but not in the chimpanzee is a distinct ciliate.

or merely a stage of the *Bal coli* type. It is concluded that *Bal. carnos* Neiva *et al* 1914 of the guinea pig is a good species. The paper describes the range in size and form of the ciliate of the chimpanzee, the production of the small conjugants and the process of conjugation and the details of nuclear reorganization. The process of endomitosis described by CUMBA and MUXIZ (1930) for *Bal. sinuata* of *Macaca rhessa* is regarded as merely the normal process of macronuclear reorganization after conjugation.

C M IV

HARTIG (Arthur T) Sarcosporidia in the Myocardium of a Premature Infant. Report of a Case.—*Amer Jl Path.* 1934. May Vol. 10. No 3 pp 413-418 With 1 plate [23 refs.]

The infant referred to died 28 days after birth, the sarcosporidia being found during the examination of microscopic sections of the heart. As the stage of development of the parasite corresponded with the parasites in experimental sarcosporidiosis of animals on the 28th to 29th day it is concluded that infection of the infant may have occurred soon after birth.

C M IV

MAYER (Martin) Ein neuer eigenartiger Blutparasit des Affen (*Entopoliypoides macacis* n. g. et n. sp.) [A New Blood Parasite of Monkey (*E. macacis*)].—*Zent f. Bakt.* I Abt. Orig. 1934. Apr 5 Vol. 131 No. 3/4 pp. 132-136 With 31 coloured figs. on 1 plate.

In the blood of two Javanese monkeys (*Macaca mrs*) the author has encountered a hitherto undescribed parasite in the red blood corpuscles. In the smallest stages it resembles the rings of the subtertian malarial parasite but in the larger forms it is exceedingly irregular in shape and provided with fine processes which terminate in swellings which appear to be attached to the surface of the cell. During the movements of the living parasites these points appear to be fixed. No forms to be distinguished as gametocytes could be detected. There is no pigment in the parasite which on this account would seem to be related to the piroplasms such as *Babesia annulata* or *B. decussata*; neither of which, however, is provided with the peculiar knobbed processes. The chromatin in the parasite in Giemsa stained films is in the form of one or two small red granules. Reproduction would appear to be by binary fission. The parasite is readily inoculable from monkey to monkey but not to other animals. Even when the infection is a heavy one it seems to have little effect on the health of its host. On account of its distinctive characters, which are clearly shown in the coloured plate accompanying the paper the author proposes to name it *Entopoliypoides macacis* n. g. et sp.

C M IV

SCHWETZ (J) Sur la présence de certaines inclusions globulaires dans le sang des cobayes et leur ressemblance avec certaines formes de *Bartonella murrei* rats [Globular Inclusions in the Blood of Guinea pigs resembling *Bart. murrei* rats].—*Bull. Soc. Path. Exot.* 1934. June 13 Vol. 27 No 6 pp 515-522. With 2 figs.

The claims of KLEIN, LOPATINSKI and SOLITERMAN (1930) that they had infected guinea pigs with the *Bartonella* of the rat, led the author

to repeat the experiments in Stanleyville. He obtained no infection of the guineapigs and suggests that the small coccoid bodies and minute protoplasmalike structures which are known to occur in the red cells of normal guineapigs particularly young animals have been misinterpreted as evidence of infection with the rat parasite. Attention was called to the occurrence of these structures in normal guineapigs many years ago by LOW and WENTOV (1914) when they were described under the name of *Paraplasma flavigenum* by SEIDELIN as evidence of the infection of these animals with yellow fever. C M H

KIKUTH (Walter). The Bartonella and Related Parasites in Man and Animals (Oroya Fever and Verruga Peruviana).—*Proc Roy Soc Med* 1934 July Vol. 27 No 9 pp 1241-1249 (Sect. Trop Dis. & Parasit. pp 57-65)

This is a general article on the subject of the title very similar to an earlier one which has been reviewed in this *Bulletin* Vol. 30 p 572 and p. 818. In connexion with the therapeutic action of arsenic-antimony compounds on *Bartonella muris* infection in rats, it is mentioned that a very potent drug is Std 386 B which has the remarkable chemotherapeutic index of 1:3500. [See this *Bulletin* Vol. 30 pp 572 & 818.]

C M H

AIR MINISTRY. Medical Notes and First Aid Treatment for Flights in the Tropics and Sub-Tropics. Promulgated for the Information and Guidance of all concerned. Air Publication 1488 1st Edition October 1933—20 pp With 3 figs. 1934 London H.M.S.O. [4d.]

DE GREY (R.). Note clinique au sujet d'un malade présentant du pian et un goître concomitant.—*Ann Soc Belge de Méd Trop* 1934 June 30 Vol. 14 No 2 pp 151-152.

HUNTER (M. L.). A Form of Generalized Oedema attended with Malnutrition which is becoming increasingly Common in Rangoon.—*Indian Med Gaz* 1934 Aug Vol. 69 No 8 pp 438-440

MASSIAS (Charles). Deux cas de lithiase biliaire chez des annamites. L'hypocholestérinémie chez les annamites.—Reprinted from *Rev Méd-Chirurg Mal Fois* 1934 8 pp [15 refs.]

MEDEKESLINGEN VAN DEN DIENST DER VOLKSGEZONDHEIT IN NEDERLANDSCH INDIE. 1934 Vol. 23 Nos. 2 & 3 pp 45-110 With 12 figs. on 4 plates. [Refs. in footnotes].—Jaarverslag van het Geneeskundig Laboratorium over 1933

NOFO (Flavio L.) & TRIACA (José Abel). Miasis forunculosa por larvas posiblemente de "*Cochliomya macellaria*".—*Semana Méd* 1934 Aug 2 Vol. 41 No 31 (2116) pp 336-339 With 5 figs.

PALMER (F. J.). The Acid and Sanitol Treatment of the Intestinal Fluxa.—*Indian Med Gaz* 1934 Mar Vol. 69 No 3 pp 137-142.

POSTELLY (J.). Miscellaneous Notes concerning a Partly Developed Region.—*Malayan Med J* 1934 June Vol. 9 No 2 pp 49-52

PRADO (Alckides). Notas sobre o carrapato do cão (*Ornithodoros rostratus*).—*Bol Biol S Paulo* 1933 Dec. Vol. 1 No 2 pp 54-57 With 1 fig.

- PURA The Imperial Council of Agricultural Research. Miscellaneous Bulletin No. 1 45 pp.—List of Publications on Indian Entomology 1930. [Compiled by the Imperial Entomologist, Pusa.] 1934 Delhi. [A. 4 or 1s. 6d.]
- SARWELL (Tommaso) Primi casi di "Lethy" osservati nell'alto Yemen (Arabia S.O.)—*Arch Ital Sci Med Colon.* 1934, Oct. 1 Vol. II No. 10 pp. 750-759 With 8 figs. English summary (2 lines)
- SEGERDALL (Elsa) Ein Fall von Hitzschlag während Atrophabehandlung.—*Acta Med Scandinavica.* 1934 Vol. 83 No 1-4 pp. 278-280.
- SEOUR (E.) Destruction des moustiques.—*Ann d'Hyg Pub Indust et Social* 1934 July Vol. 12 No. 7 pp 431-431
- VINODKAR (S. G.) RAOHAYAN (P.) & GODDOL (C. B.) A Report on the Study of "Blood Pressure of Indians in Bombay—*J Univ Bombay* 1934 Mar Vol. 2, Pt. 5 pp. 83-101

# TROPICAL DISEASES BULLETIN

Vol. 32.]

1935

[No 4

## HELMINTHIASIS

Brown (Harold W) *Intestinal Parasitic Worms in the United States. Their Diagnosis and Treatment*—*Jl Amer Med Assoc* 1934 Sept. 1 Vol 103 No 9 pp 651-660 With 1 text fig [34 refs.]

I shall outline the various treatments that have been found most effective and point out the dangers inherent in such forms of treatment

Diagnosis is first dealt with, it being pointed out that it is inexcusable to treat for worms without direct evidence of their presence. For microscopic diagnosis the use of several smears and of an examination of a 1 in 20 faecal suspension in saturated salt solution by indirect gravity floatation is held to exclude all or at least all significant infections by the common intestinal parasites. Those interested in diagnosing very lightly infected persons should refer to the method of Lane, the apparatus however being held too expensive for the average doctor with only an occasional case to diagnose. [Over 10 years ago the reviewer explained how anyone possessing a centrifuge could use D.C.F. by cheap additions.]

In treatment adequate post treatment purgation is held of great importance. As to hookworms thymol is dismissed as producing unpleasant symptoms (extreme dizziness and vomiting) oil of chenopodium as occasionally killing in accepted therapeutic doses betanaphthol for its well known toxicity carbon tetrachloride for the liver necrosis with occasional death which it causes. The drug of election is tetrachlorethylene in adult dosage of 3 cc. apparently in contradistinction to the dizziness caused by thymol the giddiness which it produces must not it is held be taken as an indication of intoxication but as something to be expected. Various workers report from 77 to 97 per cent. of hookworms removed by a single treatment. For children and the debilitated, hexylresorcinol may be given in dosage of 0.1 gm. for each year of age up to 10 with 1 gm. as maximum for all ages which will cure approximately 70 per cent. of cases. [In this dosage LAMSON *et al* reported that the uncured as tested by an inadequate diagnostic method were 59 per cent. (this Bulletin Vol 29 p 56).]

For ascaris infection hexylresorcinol is given first place with a cure rate of 70 to 80 per cent. after one and 93 to 98 per cent. after two



treatments. The second place is occupied by oil of chenopodium with a maximum dosage of 1.5 cc., which must be measured by cubic volume and not by drops on account of varying viscosity of various samples. [The essential reason is that drops of the same sample from different droppers vary in size. It is not mentioned that the ascaridole content varies greatly in different consignments, and that in giving any poisonous drug there should be knowledge of the dosage of the toxic principle.] Santonin is given third place with a cure rate of 60 to 80 per cent.

For mixed ascariis and hookworm infections hexylresorcinol is advised on the ground of the reputed cure rates mentioned above for thread worms hexylresorcinol by mouth and by enema of a strength of 1 in 1,000 for tapeworms, carbon tetrachloride or male fern for strongyloides, gentian violet and for trichinella, strong purging to sweep away any adults which may not have penetrated the mucosa.

Clayton Lee.

KELLER (A. E.) & LEATHERS (W. S.) The Incidence and Distribution of *Ascaris lumbricoides*, *Trichuris trichiura* and *Hymenolepis nana* in Mississippi.—*Amer J Hyg* 1934 Nov Vol. 20 No. 2 pp. 641-654

In examining faecal specimens for hookworm ova in Mississippi (this Bulletin Vol. 31 p. 795) the presence of other ova was noted. The report covers ascariis, trichuris, *H. nana* and threadworms.

Since the examination was made by the Stoll-Hausheer method, it may be noted in comment that the true incidence of trichuris ova can certainly not have been disclosed by it. The investigation covered 44,380 whites and 6,353 negroes. The respective positive percentages were for ascariis 0.9 and 2.5 for trichuris 0.03 and 0.018 and for hymenolepis 0.4 and 0.17. Those for enterobius, namely 0.025 and 0.031 do not of course represent the actual incidence. The incidence and intensity of ascariis were highest for both races in children under 10 years old, most infections disclosed less than 10,000 eggs per gram, and they were lighter in whites than in negroes. Moreover individual counts became greater as the number of infected persons in a family increased. While no study of the environments of these families was made it is mentioned as proved that this infection is acquired by contamination of hands with soil in which embryonated ascariis eggs are present. Of the 578 specimens in which these eggs were present, they were all unfertile in 277, all fertile in 101, and mixed in 41.

Most of the 17 trichuris cases occurred in places close to sea level with high rainfall. The highest incidence of *H. nana* lay under 10 years of age and is much the same as that discovered by the Rockefeller Sanitary Commission (1910-1914).

C. L.

PARDINA (José M.) Parasitosis apendicular en Córdoba (R. A.) [Parasites in the Vermiform Appendix in Córdoba, Argentina].—*Prensa Méd Argentina*. 1934 Aug. 29 Vol. 21 No. 33 pp. 1635-1640 With 5 figs. [22 refs.]

The author examined 395 appendices removed by operation, 89 from children under 12 years of age and 296 from adults. Of 89 from children, 39 contained parasites, namely *Enterobius vermicularis* 33 (in numbers up to 14 female worms largely predominating), and

*Trichuris trichiura* one Of 57 removed for acute inflammation 9 contained parasites (15.7 per cent) while of the 42 chronic appendicitis specimens 30 (71.4 per cent) showed parasites.

Of the 296 removed from adults 69 (23.3 per cent) were parasitized. Seventy two were acutely inflamed and of these 4 (5.5 per cent) had parasites whereas of the 224 chronic cases 65 (29.0 per cent) were so affected. Enterobius was present in 67 of the 69 in numbers up to 27 one showed trichuris and one fragments of *Taenia saginata* [see also BACIGALUPO this Bulletin Vol 27 p 956] H H S

VO-VAN (C) Les helminthiases dans la population infantile de la région provençale [Helminth Infection in Children of Provence.] —*Marseille-Méd* 1934 May 5 Vol 71 No 13 pp 578-582.

The faeces of 100 children between 2½ and 14 years were examined. Examination of these hospitalized children was in all cases (1) macroscopic, faeces being diluted in normal saline and strained (2) a squash preparation 50 by 22 mm (3) a Telemann preparation. The results were —

	Indigenous	Immigrants.	Total
Examined	78	22	100
Parasitized	65	16	81
<i>T trichiura</i>	65	15	80
<i>A lumbricoides</i>	8	6	14
<i>E vermicularis</i>	2	2	4
<i>A duodenale</i>	1	1	2
<i>H nana</i>	1	2	3
Unidentified	1	0	1

The histories of the cases of *A duodenale* infection are given C L

LE MOULT & PIROT Quelques données statistiques et cliniques sur le parasitisme intestinal des tirailleurs sénégalais en garnison à Toulon. [Intestinal Parasites of Senegalese Troops at Toulon.] —*Arch Méd et Pharm. Nav* 1934 July-Aug-Sept Vol. 124 No 3 pp 342-348

— & — Note sur quelques essais thérapeutiques dans l'ankylostomose [Treatment in Ankylostomiasis] —*Ibid* pp 348-351

A hundred Senegalese admitted to hospital for various complaints had faecal examinations by smear and by certain concentrative methods

The parasitic findings were — *E dysenteriae* 4 *E nana* 5 *E coli* 23 *G intestinalis* 1 *trichuris* 20 ascaris 9 hookworms 83 strongyloides 4 *T saginata* 13 *S mansoni* 13 Judging by egg measurements the hookworms were necators and 20 suffered from definite symptoms.

As to treatment thymol in average doses of 1.5 grams (22.5 grains) was [naturally] inefficient and its abandonment is accordingly advised. Chenopodium on an experience of 58 cases is [unjustifiably] held to be without inconveniences its ascaridole content is unnoted it was given

in doses of 1.5 cc. and proved fairly efficient. Tetrachlorethylene on the strength of 8 cases is held to be always efficient in doses of 3-4 and 5 capsules of unstated size given on three consecutive days. C. L.

- 1 VASSILKOVA (Z.) II. KOROVITSKI (L.) & ARTEMENKO (V.) [The Role of Sewage-Farms in the Epidemiology of Helminthic Infestations].—*Med Parasit & Parasitic Dis* Moscow 1934 Vol. 3. No. 2. [In Russian pp 149-163 163-178.]

Two papers devoted to an investigation of the degree of infection with helminth eggs of sewage-farms and the vegetables grown in them.

i. The work was carried out in the outskirts of Moscow. In the water of the sewage collector and irrigation canals eggs of helminths were found per litre as follows. *A lumbricoides* 700 *E. vermicularis* and *D. latum* 7 *T. trichiura* and *H. nana* 6. In the earth of the beds the eggs of the same forms occurred in smaller quantities those of *H. nana* and *T. trichiura* being slightly altered. In the sediment obtained by washing vegetables used for consumption in the raw state (lettuce, cucumbers, radishes, tomatoes and cabbage) whether grown on the sewage-farm or exposed for sale in the Moscow markets, there occurred in addition eggs of Taenids and of *Dicrocoelium*.

ii. This work was carried out in a sewage-farm of Odessa. The water of the irrigation canals contained 1,428 helminth eggs per 402 litres in the following proportions: *T. trichiura* 1,174 *A. lumbricoides* 217 *H. nana* 23 Taenidae spp. 2 *Parascaris equorum* 3 *Taeniacara mystax* 1 *Toxascaris leonina* 1 *Opisthorchis felinus* 1 Trichostrongylidae and Ancylostomidae 6. Samples of earth contained eggs of the first two only. Insolation causes the degeneration of practically all the eggs contained in the earth to a depth of 2 cm. within 6 days after the irrigation. The number of viable eggs recovered from the vegetables (radishes, green onions, carrots etc.) was negligible, and it is concluded that sewage manuring is of no epidemiological importance in the spread of helminthic infections in Odessa. [See, however this Bulletin Vol. 31 p. 611.] C. A. HARR.

- PODYAPOLSKAYA (V.) & GREDINA (M.) Sur le rôle des mouches dans l'épidémiologie des helminthoses. [The Role played by Flies in the Epidemiology of Helminthic Infestations].—*Med Parasit. & Parasitic Dis* Moscow 1934 Vol. 3. No. 2. [In Russian pp 179-185 French summary p. 185.]

The authors conducted a series of laboratory and field observations on the part played by the house-fly (*Musca domestica*) and the blue-bottle (*Calliphora erythrocephala*) in the dissemination of the eggs of helminths. In the experimental part flies were allowed to feed during one or two days on human faeces or manure containing the eggs of *ascaris trichiura* or *diphyllobothrium*, either from natural infections or added to the material. Eggs of the first and last but not of *trichiura*, were later recovered from the legs and chiefly from the wings of the flies, but none were found on the proboscis. They occurred in large numbers in the droppings of blue-bottles, but not in those of the house fly probably owing to the fact that the length of the eggs of the helminths used in the experiments exceeded the diameter of the proboscis in the latter insect.

About 2 500 fly droppings were collected on slides scattered in a slaughter house and a railway dining room in both of which flies were abundant. In two of the droppings from the abattoir were found eggs of *Dicrocoelium lanceatum* while in one from the dining room an egg of *Trichurus trichiura* was present  
C A Hoare

EGYPT Ministry of the Interior Dept of Public Health Sixth Ann. Rep. of the Endemic Diseases Section for 1933 [TOWN (J Walker) Director]—21 pp With tables & 1 map 1934 Cairo Govt Press

I—ANKYLOSTOMA AND BILHARZIA BRANCH (pp 1-3)—The numbers treated for hookworm are not stated it is however noted that the distribution of infection among the new patients attending the various branches of the endemic diseases section during 1933 was 164 131 " Only three deaths were reported from carbon tetrachloride during the year The use of the drug has been discontinued for trichurus trichostrongylus hymenolepis, strongyloides and heterophyes Of 711 090 persons examined for urinary bilharziasis 58 per cent were infected of 685 616 examined for intestinal bilharziasis 23 per cent were found infected with *S mansoni* 2 per cent with *S haematobium* and 0.4 per cent with *E histolytica*  
C L

ABDULKADIR LUFTI Xanthochromie und Darmparasiten [Xanthochromia and Intestinal Parasites.]—*Deut Med Woch* 1934 Sept. 28. Vol. 60 No 39 pp 1472-1475

The intestinal absorption of lipochrome is increased in various circumstances, the presence of necator and ascaris being the chief of these C L

HALL (Maurice C.) Principles and Theories of Anthelmintic Medication.—*Puerto Rico J Public Health & Trop Med* 1934 June Vol. 9 No 4 pp 418-433 [Spanish version pp 434-446]

Anthelmintic medication although in principle and theory analogous to medication in general deserves more consideration and attention than it has heretofore received Even now too little is known concerning long used remedies and that little is apt to be somewhat vague and empirical

Five questions are asked and answered What is the essential factor in successful and safe anthelmintic medication in practice? Good judgment and experience in the physician

What should the physician know about parasites in order to treat parasitism successfully? The habits and life histories Thus ascarids may enter pancreatic and bile ducts and so be unreachable by anthelmintic drugs Hookworm and other larvae may not be in the alimentary canal at the time of deworming but by reaching it later may cause eggs to reappear in the faeces without post treatment reinfection. The gravid threadworm leaves the anus to oviposit so that her eggs are rarely found in the faeces

What should the physician know about anthelmintics in order to use them effectively and safely? The drug to choose in each case its dose its effect on the patient the purgative and its dose Thus santonin makes ascaris drunk and disorderly the muscular incoordination being presumably an effect on its central nervous system. *In vitro* experiments to study this have not been made but the results

of such can be transferred to parasitic conditions only with discrimination thus if alcohol were an anthelmintic *in vivo* as well as *in vitro* man should have been rid of his worm parasites ages ago." Great stress is laid on purgation in giving post anthelmintic safety. Hall's own theory—he insists that it is theory—is that a purgative by moving the drug along slows absorption and prevents injury from excessive absorption at any particular spot. Glauber's salt is preferred to Epsom salt and it should be one-third saturated. Pretreatment purging is valuable in constipation and where mucus must be removed as in the case of small worms and the small heads of tapeworms, and oils and alcohol should be forbidden before an anthelmintic. A partial removal of worms may have a great temporary clinical value.

"The Stoll egg count has the limitation that while it takes advantage of mathematical probabilities and does so on a very sound basis, this same element of mathematical probability will go against the method when there are very few eggs and large amounts of feces, as a negative egg count under those conditions will not be truly indicative of the absence of egg-producing females. Under such conditions resort must be had to such elaborate methods as the Lane technic, an excellent technic, with the only disadvantage of being somewhat intricate."

Note is made on the possible correlation between chemical structure and anthelmintic efficiency of drugs.

What should the physician know about purgatives? Saline purgatives act rapidly produce an osmotic flow into the intestinal lumen and so prevent an absorption flow in the opposite direction. If given, castor oil should accompany the anthelmintic.

What should the physician know about the patient? As much about his present state as is necessary before giving any drug, and in particular his habits as to alcohol and fat consumption and pregnancy in the case of a woman.

What should the physician know about prophylaxis? The *Eh* history of the parasite concerned. C. L.

TURANGUI (Marcos A.) BASACA (Mariano) & PABCO (Antonio M.).  
Hexyresorcinol as an Anthelmintic. Its Efficiency against the  
Intestinal Parasites of Man.—*Philippine JI Sci.* 1934 Aug.  
Vol. 54 No 4 pp 473-481

The effects on worms and hosts of hexyresorcinol administered to 861 patients in adult dosage of 1.2 gm. in field conditions. Only 351 reported for re-examination.

The drug was given fasting either in gelatin capsules, which mostly arrived broken, or in sugar coated pills. The purge, when given, was sodium sulphate. The anthelmintic effects were measured by Stoll-Hausheer egg counts once before, and once 10 to 14 days after treatment and reduced to a "formed basis." [In the case of hookworms and trichurias deworming was not thereby disclosed.] They were as follows —

*Ascaris* — Capsule and purge in 88 cases percentage of eggs remaining 60 of manifestly uncured 89 Pills without saline in 232 cases percentage of eggs remaining 18, of manifestly uncured 47 Pills and purge in 61 cases percentage of eggs remaining 15 of manifestly uncured 36.  
*Hookworms* — Capsule and purge in 103 cases percentage of eggs remaining 66, of manifestly uncured 92. Pills and purge in 62 cases percentage of eggs remaining 26, of manifestly uncured 75.

*Trichuris*.—Pills without purge in 229 cases percentage of eggs remaining 72, of manifestly uncured 91. In 46 there were more eggs after than before treatment the greatest difference being 200 per gram. before as against 4 500 after.

*Threadworms*.—Worms were expelled or symptoms relieved in 13 of 17 cases. In 2 cases enemata of the drug of unstated strength removed great numbers.

*Tænia saginata*.—In 2 cases tested the head was not passed.

Effects on the host were, in some individuals slight gastric or intestinal irritation and transient headache and dizziness. One woman vomited through the nose and has severe burns of the nasal passage C. L.

MANSON (D) A Comparative Record of Anthelmintic Treatment with Tetrachlorethylene and Oil of Chenopodium.—*Indian Med Gaz* 1934 Sept. Vol. 69 No 9 pp 500-507

Four hundred tea garden coolies showed no adverse results from tetrachlorethylene indeed they enjoyed taking the drug. The anthelmintic effects on hookworms whipworms and threadworms are reported.

Three dogs having been made completely drunk with 5 cc. of the drug and being quite themselves again in 3 hours 100 coolies were treated with 4 cc. of tetrachlorethylene shaken up with 2 ounces of saturated solution of magnesium sulphate and given before separation occurred, and showed no toxic symptoms. Accordingly 300 more were divided into 4 nearly equal groups and treated with (group 1) tetrachlorethylene 4 cc. (2)\* 3 cc. (3) 3 cc. with oil of chenopodium 1 cc. and (4) oil of chenopodium 3 cc. The incidence of symptoms in each group is tabulated. Here are some of the highest percentage figures. No symptoms (4) 75.00 vertigo (4) 20.83 intoxication (1) 12.5 nausea (3) 6.76 giddiness (2) 12.16 sleepiness (1) 5.0 vomiting (2) 5.41 abdominal pain (2 3) 2.7 jaundice (3) 1.25

Evaluation of deworming was by a modification of Stoll's counting method using 0.005 gm. of faeces [so it was not exact for hookworms and whipworms]. So tested the percentages in which no hookworm eggs were found were (1) 60.00 (2) 44.07 (3) 59.65 (4) 51.61 the corresponding figures for roundworms were 64.61 55.17 68.97 and 47.60 and for whipworms 41.3 35.94 45.71 and 33.87. The figures are further considered statistically C. L.

ORENSTEIN (A. J.) [Alleged Dangers of the Administration of Fouadin.] [Correspondence.]—*Jl Trop Med & Hyg* 1934 Oct. 1 Vol. 37 No 19 p 304

Fouadin should not be given intravenously and daily, but intramuscularly and on alternate days.

Reference is made to CAWSTON's insistence on risk of hepatic damage from fouadin. After mentioning hepatic symptoms following the former method of administration Orenstein continues —

Thereafter all administrations of fouadin were intramuscular and on alternate days. More than 300 school children were treated at various treatment centres organized during school holidays. Not a single case of liver damage was observed in any of these.

\*With regard to the efficacy of fouadin as against sodium antimony tartrate, on the basis of the Anti Bilharzia Committee's experience it can

\*The bracketed figures throughout refer to these groups.

be stated that founadin is approximately as efficacious as the sodium antimony tartrate, provided it is given in proper dosage. Its advantages are relative ease of administration, absence of the danger of local damage associated with intravenous injections of antimony salts, and absence in the majority of cases of any unpleasant by-effects, such as nausea, vomiting, coughing and rigors. Its sole disadvantage, so far as we can judge, is the high cost of the drug.

"In addition to the experience cited above I have had a considerable personal experience with the administration of founadin, and this taken together with the school treatment centre experience convinces me that there is no discernible danger of liver damage associated with the proper administration of founadin."

C. L.

FAKHRY (A.) Antimony Dermatitis treated with Sodium Thiosulphate.—*Lancet* 1934 Dec. 22. p 1394

Sodium thiosulphate acted rapidly on a case of arsenical dermatitis due to founadin.

The eruption appeared after the first injection and was aggravated by the second—it lessened after one and disappeared after two intravenous injections of 10 cc. of a 10 per cent. solution of sodium thiosulphate

C. L.

FAKHRY (Asaad) Tartar Emetic Collapse and Adrenalin.—*Jl Egyptian Med Assoc* 1934 Oct. Vol 17 No. 10 pp. 851-856

This collapse is accompanied by a slow weak pulse. Vagus stimulation is suspected as the cause. Adrenalin injection is advocated in treatment and a mixture of tartar emetic with atropine is being tried to prevent it

C. L.

OSTERLIN (M.) & KRAICK (H.) Orientierende Versuche zur Chemotherapie der Helminthen. [Trial Experiments on the Chemotherapy of Helminths].—*Zent f Bakt I Abt. Orig* 1934 Aug. 7 Vol. 132 No 3/4 pp 222-228.

Seventy-eight chemical substances falling into 10 groups were investigated *in vitro* as to their toxicity to certain helminths, and the results described and tabulated.

*Fasciola hepatica*.—Of 57 substances tested against the adult flukes, only three showed any efficiency namely cresyl blue, 3-amino-6-iod-acridine and allyl naphthol. The first was the best, but it had no effect

in vivo

*Strongyloides stercoralis* larvae.—Of 35 substances tried, flavinid and rheonum A, both acridine dyes, proved more effective than gentian violet, a triphenylmethane. Rivanol and trypaflavine, both acridine dyes were of little value.

*Opisthorchis felinus* was very resistant, but among 23 substances tested was injured by phenol derivatives, especially hexylresorcinol.

*Schistosoma mansoni* was tested as to cercariae against 58 substances, acridine dyes killing them but the complex antimonials failing to do so. The adults were subjected to 14 substances—cresyl blue was effective, so was 3-amino-6-iodacridine *in vitro* but it failed on mice *in vivo*.

Against *Microfilaria diurna* 15 substances were tried, mostly acridine dyes—only rheonum and flavinid had any effect.

C. L.

HARWOOD (Paul D) Effect of Certain Physical Factors on the *in Vitro* Testing of Anthelmintics.—*Proc Soc Experim Biol & Med* 1934 Oct. Vol. 32. No 1 pp 131-133

*In vitro* tests of drugs against *Ascaris lumbricoides* show that a liquid excess of the drug is far more effective than a solid one.

If hexylresorcinol (or certain other drugs) is allowed to stand in contact with 1 000 parts of 0.9 per cent sodium chloride solution at 37°C., a solid excess will remain. If the same mixture is heated and allowed to cool to 37°C the undissolved excess is a supercooled liquid. The latter is far more rapidly lethal than the former to *ascaris in vitro* C L

LAMSON (Paul D) BROWN (Harold W) & HARWOOD (Paul D) The Anthelmintic Properties of Certain Alkyl Phenols.—*Amer J Trop Med* 1934 Sept Vol. 14 No 5 pp 467-478 With 5 charts [13 refs]

The result of studies of 4 series of alkyl phenols on *ascaris* from the pig at 37°C

"Although we have not yet succeeded in our attempts to find a more practical ascaricide than hexylresorcinol, we have found a number of compounds which act as well *in vitro* and when further tests are made some of them may prove as effective *in vivo*. However they have the same complicating factor of causing local irritation as hexylresorcinol. It is quite possible however that certain of these substances may be so modified that they can be given in a form which will be non irritating in the mouth yet active on the parasite. C L

BRANDT (W) Ueber die Wirkung von Kupfer auf Eingeweidewürmer [Action of Copper on Intestinal Worms].—*Med Klin* 1934 Oct. 19 Vol. 30 No 42 pp 1399-1400 With 1 fig

*In vitro* experiments indicate that cuprous and a copper-containing solution of a strength of 3.5 mgm. per cent. produces tonic contraction of the muscles of *ascaris* and so will further their expulsion from the intestine C L

GORDON (R. M) DAVEY (T. H) & PEASTON (H) The Transmission of Human Bilharziasis in Sierra Leone, with an Account of the Life-Cycle of the Schistosomes concerned, *S. mansoni* and *S. haematobium*.—*Ann Trop Med & Parasit* 1934 Oct 19 Vol. 28 No 3 pp 323-418 With 19 figs 1 diagram 1 graph and 3 plates (1 coloured) [57 refs]

Experiments with bred snails show that in Sierra Leone *Schistosoma mansoni* is spread by *Planorbis pfeifferi* and *S. haematobium* by *Physopsis globosa*. The morphology and biology of the immature stages is fully considered.

Of necessity there are details here of purely local importance but even so their implications are wide. Moreover the case and argument are so closely reasoned that the reviewer finds it impossible to write a satisfying abstract in a reasonable space.

The section on *S. mansoni* points out the evidence that the infection has been introduced only recently from French Guinea [MAASS and



VOGEL, this Bulletin Vol. 28, p. 194] has spread more widely than has been realized, and has been partly controlled by appropriate measures. The highest general incidence occurs in women, for these draw all domestic water and wash all clothes. At Kabala the only snail infected with human type cercariae was *Planorbis pfeifferi* of 1,751 dissected 9.6 per cent showed cercariae of this type, and experiments on 11 guinea pigs and 5 cercopithecus monkeys showed that only *S. mansoni* was concerned. Laboratory bred snails were exposed to attacks of miracidia obtained from this fluke in numbers from 6 to 47 per snail of 810 *Planorbis pfeifferi* 458 survived for examination, and of 325 tested for cercarial discharge 85.8 per cent. were positive, while of 133 dissected 75.2 were positive—most of the snails lived provided the miracidial concentration of the water in which they were did not exceed 10 per snail and provided the average temperature during development in the snail did not rise above 33°C., so that in the natural conditions locally obtaining most snails will live to discharge cercariae. The authors in parallel experiments failed to infect either *Lymnaea stagnalis* or *Physopsis globosa* with miracidia of *S. mansoni*. As to ecology the distribution of *Planorbis pfeifferi* is very patchy but most are found in about equal numbers, either on the stream bottom or on the leaves and roots of water plants particularly of *Acroceras rumicoides* and *Eleocharis fistulosa* but the clearing of the stream of these plants merely led to a wider distribution of these snails. The temperature associated with the lowest death rate of *P. pfeifferi* lay between 25°C. and 33°C. If it reached 37°C. all of them died in a few days they can withstand partial drying for many days, and complete drying for at least 92 hours, if they have learnt to adapt themselves to this but if the effects of direct sunlight are added they die in a few hours. Breeding probably goes on throughout the year but there is a marked increase of very young forms at the beginning of the rainy season. Full growth is reached in about 6 months and the miracidia of *S. mansoni* show marked preference for half grown forms.

*S. haematobium* infects 13 per cent. of the inhabitants of Kabala, yet no known snail vector is found in that village—to be precise *Phys. globosa*, an established vector was not found among nearly 10,000 snails collected. Bred *Planorbis pfeifferi* could not be infected with these miracidia, nor could *L. dmdensis* but *Physopsis globosa* was so to the extent of 80 to 100 per cent. in small series and of 72.8 per cent. of 290 specimens, and 3 cercopithecus became infected with *S. haematobium* after entry of human type cercariae obtained in one from wild and in two from laboratory bred *Phys. globosa*. Infected *P. globosa* die less readily after infection with *S. haematobium* than do *Planorbis pfeifferi* after that with *S. mansoni* (27.5 as against 43.5 per cent.) As to ecology *Phys. globosa* is essentially a bottom and a mud feeder likes water contaminated with human excreta and is commonest in bathing pools. It withstands a higher temperature than does *Planorbis pfeifferi*.

As to the morphology of the larval stages, the miracidia are alike except for the orientation of the 4 large flame cells. In *S. mansoni* their axes lie in the "antero-posterior plane" so that they appear as refractile spheres each containing a flickering cilium in *S. haematobium* their long axes are at right angles to this plane so that they appear as typical long pyramidal-shaped flame cells. The sporocysts at first motionless besides the tentacles, elongate and become motile and multiply so that 150 have been found in a snail exposed to an average of 10 miracidia. These "type I" sporocysts soon invade the muscles

and finally the liver become type II motionless cellular double outlined and bead-necklace-like and finally type III with germ balls from which the cercariae develop. A feature first brought to the authors notice by Hans VOGEL, is the presence of 'tactile hairs' particularly on the anterior and posterior\* aspects of the ramus of the tail and on the inner aspects of the furca. The cercarial anatomy is fully described and the authors find no differences at all between those of the two species. Both have 5 pairs of glands.

The conclusion was reached after the examination of large numbers of cercariae of both species under consideration that there were present two pairs of anterior coarsely granular glands and their ducts which stained selectively with alizarin and that there were three pairs of posterior finely granular glands and their ducts which stained selectively with lithium carmine or Best's carmine and that neither in the number situation or reactions of the cephalic glands could the cercariae of *S. mansoni* be differentiated from those of *S. haematobium* as found in Sierra Leone.

In both species the cercariae have 4 pairs of flame cells in the body and 1 pair in the tail and two pairs of ciliated areas in the collecting channels. The existence of the fourth pair in the body of *Cercaria haematobium* is easily overlooked since the 2 pairs in the posterior body overlap one another in dorso-ventral view.

From 50 to 1 000 cercariae may be discharged daily from a snail and the discharge apparently continues as long as the snail lives. As to the effects of temperature the optimum for rapid development of both species in these particular snails is 32° to 33°C. A drop from 32° to 21°C. increases the duration of the developmental cycle of *S. mansoni* in *Plan. Pfeifferi* from 15 to 35 days and that of *S. haematobium* in *Phys. globosa* from 23 to 67 days moreover whereas at 33°C the migrating sporocysts in *Plan. Pfeifferi* could be obtained in tens at 20°-22°C they could be counted in hundreds. An appendix describes—methods of transporting live snails and of breeding them aquaria for incubating infected snails at various temperatures the media, fixations and stains used in studying the developmental cycles of the worms the special techniques used the methods employed to study development in the snails and methods of mounting adult schistosomes.

C. L.

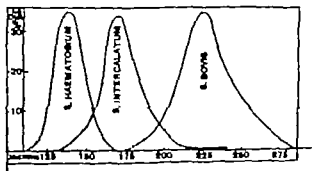
FISHER (A. C.) A Study of the Schistosomiasis of the Stanleyville District of the Belgian Congo.—*Trans Roy Soc Trop Med & Hyg* 1934 Nov 27 Vol. 28 No. 3 pp 277-306 With 1 fig 3 graphs and 2 plates. [22 refs.]

Intestinal schistosomiasis accompanied by terminal-spined ova occurs in the Stanleyville District of the Belgian Congo [vide C. C. CHESTERMAN 1923 this *Bulletin* Vol. 20 p 939] and the worms are held to form a new species which is designated *Schistosoma intercalatum*. The work was made possible by a grant from the Royal Society.

There has been unbroken failure to infect *Physopsis africana* experimentally with miracidia from ova passed in the faeces of these infected persons however 1 to 3 per cent. of these snails taken from quiet

\*Evidently ventral and dorsal which will then be the meaning of the terms used for the miracidial flame cells. The authors write that these hairs "do not appear to have been recorded hitherto. TAKAHASHI however [this *Bulletin*, 1928 Vol. 25 p. 930] writing on the cercaria of *S. japonicum* says—"There are certain numbers of sensory organs (a process with a delicate hair) on the surface of the body and tail. They are figured in the Japanese version of the paper

river reaches give off "human bilharzia cercariae," and with these mice and a sheep have been infected. The descriptions of the adults are given with the comment that "none of the morphological characteristics of this parasite, apart from the ovum, are such as to enable it to be differentiated clearly from either *S. haematobium* or *S. bovis*. The size of mature intrauterine ova averages 130 by 40  $\mu$ , while those in faeces in man and experimental animals measure 140 to 240  $\mu$  by 50 to 85  $\mu$  with an average of 175 by 60  $\mu$ . As to shape, "eggs of the short squat variety may readily be confused with those of *S. haematobium* though as a rule a distinction can be made by the more rounded extremities of the last-named species. On the other hand long spindle-shaped eggs may strongly resemble those of *S. malien*."



Length-frequency curve for mature ova of *S. intercalatum*, from human faeces, compared with approximate frequency curves for *S. haematobium* and *S. bovis*.



Mature ova of *S. haematobium*.



Mature ova of *S. intercalatum*.



Intra-uterine ova from several female *S. intercalatum*.



Mature ova of *S. bovis*.

A comparison of the shape of ova of *Schistosoma intercalatum* with those of *S. bovis* and *S. haematobium*.

[Reproduced from the Transactions of the Royal Society of Tropical Medicine and Hygiene.]

or *S. bovis* but these ova never reach such large dimensions as in *matthei* and *bovis*. The spine may attain a length of 20  $\mu$  this usually serves to distinguish it from *S. haematobium*.

No natural hosts other than man have been found. The shortest interval after exposure to infection in which ova appeared in the faeces of mice was 41 days. Spinster worms are short and flattened and may have incurved edges reminiscent of the male and while still fresh a few scattered cuticular bosses. the acetabulum is markedly developed. Since Fisher has found a single pair of coupled worms surrounded by ten spinsters and has never found a wedded female unless attended by her mate he notes this steadfast monogamy and believes with BRUMPT that the female does not leave her mate for oviposition. [As CAWSTON has repeatedly insisted, gravid female worms are easier to kill than males. Are spinster females with their male characters also resistant to poisoning and can re-appearance of eggs after drugging be due to surviving males taking up with surviving spinsters?]

This intestinal infection occurs in villages for 100 miles along the Congo from the Stanley Falls down to the mouth of the Lomami River and has also been found in a child from Bengamisa 50 miles up the Lindi River which flows into this stretch of the Congo from the north. The snails are found in thousands in quiet shady stretches of the river which are used as latrines by villagers and boatmen. If they have been shedding cercariae for long they become covered with a brown slime. The swimming and penetration movements of the cercariae are described. It is commonplace to see one man bathing a few feet from the bank with another easing himself into the water not far upstream and since washing is constant opportunities for infection are many.

Sigmoidoscopy shows lesions from the anus to the pelvic rectal junction and none higher and the prevalent symptoms are dysentery and abdominal pain but CHESTERTON is of opinion that the infection is an important factor in causing an atypical pneumonia commonly encountered here. The infection is one of the young examinations giving uniformly negative results in those over 30 or 35. Acriflavine was used by mouth in a 2 per cent solution given in 5 equal daily doses with a total of 0.01 gram per kilo. Symptoms ceased within 48 hours. In 49 cases all but 6 showed no ova, or in 4 cases only degenerate ova by the time the course was complete. the 6 were quite uninfluenced. Of the 43 34 were followed up and half showed reappearance of ova. Proflavine gave comparable immediate results in 7 cases and 2 which were followed up were negative 3 months later. The difficult problem of control is discussed. C L

CONNOLLY (M) On the Planorbid Hosts of Bilharziasis in South and West Africa.—*Ann Trop Med & Parasit* 1934 Oct. 19 Vol. 28 No 3 pp 439-443 With 12 figs

Extreme variability of certain species of the red blooded snails belonging to *Physopsis* and *Planorbis* renders it likely that for medical men the exact trivial name of a local race is of less importance than an old and possibly over-comprehensive one.

*Planorbis pfeifferi* Krauss 1848 is the oldest name applied to nearly allied members of the genus south of Egypt. It attains fairly large

9 only infected 1-4 per cent. *Bulimus contortus* is present in the district. For prevention he recommends the usual measures of treating the infected with founadin or emetine, destroying the snail with copper sulphate 5 parts per million and educating the inhabitants as to methods by which infection is contracted and how to avoid it.

H H S

BARSOUM (H.) The Bilharzial Appendix.—*Jl Trop Med & Hyg* 1934 Dec. 15 Vol. 37 No 24 p 387

Schistosomes do not cause appendicitis

Of 53 appendices thoroughly examined histologically after removal for appendicitis, 19 per cent showed schistosome eggs. Of 46 appendices taken from bodies dying of different diseases, 28 per cent. showed these ova. The population of Egypt is heavily infected with these parasites but appendicitis among them is rare. C L.

LOWENTHAL (H. F.) & ROBERTS (R. A.) Bilharzia Affecting the Left Ureter Primarily.—*Lancet* 1934 Sept. 29 pp. 706-707 With 1 fig

A report from Kimberley of a greatly thickened ureter which after removal was shown to be bilharzial and which had caused for 12 months occasional pain on micturition with hæmorrhage. These ceased after the kidney and ureter had been removed. Tartar emetic was then given.

C L.

FAUST (Ernest Carroll) HOFFMAN (William A.) JONES (Charles A.) & JAKER (José L.) Studies on Schistosomiasis Mansonii in Puerto Rico. II. The Epidemiology and Geographical Distribution of Schistosomiasis Mansonii in Puerto Rico. 2. A Survey of Intestinal Parasites in Endemic Schistosomiasis Areas in Puerto Rico.—*Puerto Rico Jl of Public Health & Trop Med* 1934 June Vol 9 No 4 pp 447-471 With 1 map [40 refs.] [Spanish version pp 472-491]

Data are presented on the protozoan and helminth infections of representative cross sections of the Puerto Rican population, based on single specimen examinations of 1 003 persons.

Each specimen was examined, within 24 hours or after standing in a refrigerator by 3 methods, one diluted in physiological salt solution, one stained with Donaldson's iodine and one an iodine-stained centrifugal precipitate, all being covered preparations

The percentages actually found in the Puerto Rican survey are as follows—*Endamoeba histolytica* 14.5 *E. coli* 34.2 *Endolimax nana*, 16.3 *Iodamoeba bütschlii* 3.5 *Giardia lamblia*, 14.3 *Ciliomonas mesnili*, 0.7 *Balanitium coli* 0.2 *Acaris* 9.9 *Necator* (and *Ancylostoma*) 33.5 *Trichocephalus*, 44.6 *Strongyloides* 4.6 *Enterobius*, 0.4 *Schistosoma mansoni* 12.2 and *Hymenolepis nana* 0.1. The percentage of positive cases was 81.2 the protozoan index, 0.84 the helminth index, 1.05 and the total parasite index, 1.80. These totals are lower than those computed for Colombia (single examination) and Panama (3-3 examinations) and are higher than those for New Orleans (2-3 examinations) and Tennessee (single examination).

The incidence of *Schistosoma mansoni* (12.2 per cent.) as indicated by this survey is believed to constitute a fair estimate of this infection for Puerto Rico although its actual distribution is spotted, and depends on

factors which are essentially independent of those controlling the other parasites found on the Island

[This is a continuation of the paper abstracted in Vol. 31, p 777]

C L

FAUST (Ernest Carroll) & HOFFMAN (William A.) Studies on *Schistosomiasis Mansoni* in Puerto Rico III. Biological Studies. 1 The Extra Mammalian Phases of the Life Cycle.—*Puerto Rico J of Public Health & Trop Med* 1934 Sept Vol. 10 No 1 pp 1-47 With 2 text figs and 6 plates (1 coloured) [44 refs] [Spanish version pp 48-67]

After mentioning the historical background and describing the methods used in the investigation the life history of *S. mansoni* outside the definitive host is detailed and there are described 3 other cercariae found in the snail concerned all new under the names of *Cercaria neotropicalis* *C. marini* and *C. paucispina*

As to methods of staining brilliant cresyl blue was used *intra vitam* for second generation sporocysts and for cercariae, while miracidia and cercariae after fixing in Boulin's fluid were stained with Bullock's haematoxylin.

Faecal eggs are most consistently viable in semiliquid stools passed during early stages of infection but in such stools the enclosed embryo lives barely 24 hours at temperatures of 75° to 90°F though in formed stools they survive for 2 or 3 days In formed stools at 45° to 50°F they live for a week or more with apparently unimpaired vitality Urine is very toxic. Hatching is apparently caused by osmotic pressure produced by entry of water and is slow for most miracidia have not hatched after 16 hours in water After throwing off the vitelline envelope the miracidia are found mostly in the top inch and bottom half inch of the water and rarely survive for 24 hours

The valid name of the Porto Rican intermediate host is it is claimed, *Australorbis glabratus* and not *Planorbis guadeloupensis* As to the specific name *guadeloupensis* Sowerby 1821 must give place by priority to *glabratus* Say 1818 As to the generic name *Planorbis sensu stricto* applies only to European species the American forms belong to *Helisoma* Swainson 1840 But *Helisoma* has been divided into several sub-genera of which *Planorbina* Dail 1905 contained *glabratus* But the subgeneric name *Planorbina* was preoccupied by HALDEMAN in 1842 so cannot be used for this group and was therefore superseded by PULSBRY in 1934 by the name *Australorbis* which is held to require full generic rank with *glabratus* as type The anatomy of this snail is described The miracidia attack the tentacles and head foot organ. The earliest sporocysts were seen on the 8th day they grow little till they have travelled to the lymph spaces round the digestive gland and reach 1 mm in length on 12th to 15th days Secondary sporocysts break out about 5 days later and cercariae from them have appeared by the 23rd day burating out as mature from the 22nd to 28th days and thereafter continuing to be discharged In 4 snails the number of cercariae discharged after infection by a single miracidium varied between 75 000 and 210 000 the last snail still discharging 2 500 of them daily when the observation ended There may be a high mortality among infected snails indeed if the rupture in the tunica propria made by the cercariae is large the snail may bleed to death in a few minutes.

The sporocysts and cercariae are described, and it is insisted with the emphasis of Itabara that the latter have 6 pairs of glands, 1 anterior large granular and oxyphilic, and 4 posterior fine granular and basophilic. "It seems likely that observers who have failed to find the complete number of glands in mature cercariae have not been able to demonstrate one posterior pair which on ventral or dorsal view is almost always masked by another similar gland at this same level. This conclusion is supported by figures of glands in immature cercariae.

Cercariae escape from the snail between 9 a.m. and 2 p.m. They do not remain on the surface, and are easily transported by currents. 95 per cent are alive after 24 hours, less than 10 per cent after 30 which allows 2 middays for possible entry into man. C. L.

ERIBACH (L.) De chirurgische beteekenis van de darmafwijkingen bij Bilharzia Mansonii in Suriname. [The Surgical Manifestations of *S. mansonii* in Surinam.]—*Geneesk Tijdschr v Neder-Indië*, 1934 Sept 25 Vol. 74 No. 20 pp 1261-1276. With 8 figs. on 4 plates. English summary

The author's classification of these follows no fixed rule, being partly on pathological lines partly on the site of lesions. Thus, he mentions three forms of colitis—catarrhal, sclerosing and polypoid—and a subperitoneal, omental and appendicular bilharziasis. Secondary infection may complicate the picture by causing further infiltration, abscess formation and perforation. In the sclerosing form treatment by enterostomy has proved successful. In spite of the frequency of this form of schistosomiasis in Surinam the author cannot find evidence that there are any grounds for the widespread belief that malignancy may develop as a complication of the lesions set up. The paper is illustrated by 8 excellent photographs of the associated pathological conditions. H. H. S.

BOURQUARTON (G. C.) Les réactions cellulaires tumorales dues à *Schistosoma mansonii* dans le grand épiploon de l'homme. [Cellular Reaction in Swellings due to *S. mansonii* in the Great Omentum.]—*Ann. Soc. Belges de Méd. Trop.* 1934 Sept. 30 Vol. 14 No. 3. pp. 257-261. With 6 figs. on 3 plates.

Surrounding eggs in the great omentum there occur pseudotubercles with fibroblasts, giant cells and an onion-like fibrosis. C. L.

BEQUAERT (J.) The Molluscan Intermediate Host of the Blood Fluke, *Schistosoma japonicum* Katsurada, in the Philippines. With a Note on the Genus *Blandfordia* by H. A. PILSBURY—*Jl. Parasitology* 1934 Sept. Vol. 20 No. 5 pp. 280-284.

Strong reasons are given for simplification of the nomenclature of the snails which carry *S. japonicum*.

Bequaert is forced to conclude that *Oncomelania hydrophila* is a synonym of *Blandfordia quadrasi* and that *Oncomelania*, *Hydrobia*, *Hemibis* and *Katayama* are synonyms of *Blandfordia* A. Adams, 1903. He adds "It would seem that the smooth-shelled Oriental Amnicolidae known to act as intermediate hosts of the blood fluke, *Schistosoma japonicum* such as *macrophora* Robson, *formosana* Pilsbry and *Hirase* and *quadrasi* Möllendorff, should all be placed in the genus *Blandfordia*. The ribbed-shelled species, *Asperatus* Grœbler may be

left in *Oncomelania* if one wishes to retain that name in a generic or subgeneric sense. Pilsbry adds that since *Katayama* is a synonym of *Blandfordia* it appears that possible *Schistosoma* hosts occur over all Japan since *Blandfordia* is found as far north as Yesso C L

Li (Fu-ching) Beobachtung ueber die Biologie von *Oncomelania* des Zwischenwirtes von *Schistosoma japonicum* in China. [Biology of *Oncomelania*, the Intermediate Host in China of *S. japonicum*]—Arch f Schiffs u Trop Hyg 1934 Dec. Vol. 38 No 12 pp 519-524 With 2 figs

A note on the development of this snail and the conditions necessary for this, particularly the vegetation and the state of the bottom C L

MADRAS Ann. Administ. Rep. of the Civil Veterinary Dept for 1933-34 [SAUNDERS (P T) Director]—55 pp With 2 plates 1934 Madras Govt Press

SCHISTOSOMES IN PIGS (p 34) —This report suggests that in spite of conclusions to the contrary there is in India no schistosome parasitizing man. The ova in question probably came from pig's faeces.

In the pig hitherto only one kind of schistosome viz. *S. japonicum* Katznada, 1904 has been recorded in the Far East and the finding of this new species in the pig in Madras is of some interest. In 1906 Chandler while working on the prevalence and epidemiology of hookworm and other helminthic infections in India wrote a paper on a new schistosome infection in man. He saw schistosome ova in some samples of faeces collected from defaecation areas to which pigs had access in two villages in North Bengal. Chandler assumed the faeces from which he got the samples were passed by human beings because of the nature of stools and the presence of ova of hookworms *Ascaris* and *Trichuris* but for obvious reasons these facts do not prove the correctness of his assumption. Although nothing was known of the adults for convenience of reference he named this apparently new species *Schistosoma incognitum*. The fact that these ova resemble those obtained in the schistosomes from pigs here suggested the probability that the faeces in which he saw them were from pigs that had access to the defaecation areas and not from human beings. Up to the present time there is no evidence to show that any new schistosome has been found in man in India other than those found in people after residing in endemic areas of *S. mansoni* and *S. haematobium*. Hence it is possible to assume that Chandler saw these ova in the sample of faeces of the pig the adult of which has now been described and the name *Schistosoma suis* has been suggested for it.

[The description of *S. suis* does not appear in the report and has not been traced. For the reference to *S. incognitum* see this Bulletin Vol. 24 p 174] C L

- i. EL DIWANY (M. A. El Moneim) Aeriflavine for Schistosomiasis. [Correspondence]—Lancet 1934 Sept 8 pp 571-572
- ii. KHALIL (M) & SALAH (M) Treatment of Schistosomiasis with Aeridine Compounds.—Ibid Oct 20 pp 862-863
- iii. FISHER (A. C) Aeriflavine for Schistosomiasis. [Correspondence]—Ibid Nov 3 p 1017
- iv. KHALIL (M) Aeriflavine for Schistosomiasis and Ankylostomiasis. [Correspondence.]—Ibid Nov 24 p 1193

These reports follow Fisher's note on the treatment of schistosomiasis with aeriflavine [this Bulletin Vol. 31 p 775]



i. A distinction is drawn between yellow trypanflavine with a formula of 3,6-diamino-10-methylacridine chloride, and brick-red acriflavine with one of 2,8-diamino-10-methylacridine chloride. Acriflavine has been used, and well borne by mouth and anus. An editorial note points out that the two substances are identical, confusion having arisen because two systems of numbering have been adopted to indicate the positions of substituted groups in the acridine molecule. Variations in colour may be due to the fact that commercial samples consist of a mixture of varying proportions of the hydrochlorides of diamino-methyl-acridine-chloride and diamino-acridine.

ii. Fisher is stated to claim that schistosomiasis can be cured in 5 days by acriflavine which is a synonym of trypanflavine. Treatment of 81 cases with acridine derivatives has shown no curative effect on either *S. haematobium* or *S. mansoni*. The treatment used consisted of trypanflavine orally in solution or capsules or intravenously diamino-methyl-acridine in capsules and atabrin in tablets by mouth. Erythema of the face with peeling was apt to occur as did vomiting with the bigger doses (0.5 gm. daily) a few developed diarrhoea and a few collapsed. In 3 cases after 4 gm. of the drug a galactose liver test showed no impairment of function. Cercariae of *S. mansoni* lived for 3 hours in a trypanflavine solution in dilute serum.

iii. Fisher points out that Khalil's statement that he claimed cure in 39 of 52 cases is incorrect. Owing to the short observation period he was at pains to avoid any claim to a cure. It has been possible to keep 34 cases under observation for 3 to 6 months. Ova have reappeared in half the other half are free from ova or symptoms. Most of the cases carried heavy infections. He is at a loss to explain the discrepancy between the two series.

iv. Khalil reports chemical analyses indicating that English preparations are the hydrochloride. Reports on 4 cases indicate that trypanflavine has no anthelmintic effect on ankylostomiasis [that is, the locality being Egypt, on ancylostomiasis]. C. L.

VAN NITSEM (R.). Traitement de la bilharziose intestinale par la foudaine concentrée. [Treatment of Intestinal Schistosomiasis by Concentrated Foudain.]—*Bull. Méd. du Katsanga*. 1934. Vol. 11. No. 4 pp. 123-124

A calcium salt is concerned instead of a sodium one as in ordinary Foudain and 1 cc. contains 14.3 mgm. of antimony III (7 trivalent) instead of 8.5 mgm. The injections at 24-hour intervals consisted of 1 cc., 2 cc. and thereafter 3 cc. In 13 cases eggs disappeared as follows—after 1 and 2 injections, once each after 3 three times after 4 twice after 5 twice after 6, four times after 9 once. Abdominal pain and bloody stools were the rule after treatment began. C. L.

SALAH (M.) & HASSAN (A.). The Action of Antimony on the Liver with Special Reference to its Use in the Treatment of Schistosomiasis.—*Arch. f. Schiffs- u. Trop. Hyg.* 1935 Jan. Vol. 39. No. 1 pp. 1-14 [31 refs.]

In bilharzial cases antimony does not damage but rather improves liver function.

Cases were treated either with foudadin or tartar emetic. As to foudadin, a man of 60 kgm. received as first dose 3.5 cc. and thereafter 5 cc. the first 3 injections given daily the rest every other day the course covering 9 injections or more if eggs had not by then disappeared. Tartar emetic was given similarly the first dose being 1 cc. of a 6 per cent solution the others 2 cc.

Of 23 cases with clinically normal livers 8 showed disturbed liver function, mainly glycogenic before treatment and only 2 after it. Of 20 cases with clinically enlarged or cirrhotic livers 7 showed positive galactose tests before treatment and only 3 after it.

Of 28 cases of jaundice, 15 of whom had a previous history of a tartar emetic course 22 cases were improved or cured. 19 of them had active schistosomes and the rate and degree of improvement were greater in the bilharzial than in the non bilharzial group. Accordingly it is concluded that antimony had not disturbed liver function in these cases nor in 6 followed for varying periods up to one year was there any evidence of delayed action. C L

BARMEUD (Jean) Le traitement de la bilharziose vésicale par le Dn 7 et le Dn 18. [Treatment of Vesical Schistosomiasis by Dn 7 and Dn 18.]—*Bruxelles Méd* 1934 Dec. 9 Vol 15 No 6 pp 166-170

These trivalent antimonials have produced excellent parasitocidal effects on *S. haematobium*.

Five patients were treated with Dn 7 and 8 with Dn 18. In all of them repeated examinations over 3 months have shown absence of eggs. The sequelae have been cough and vomiting and are spoken of as very rare and very benign. A case is however mentioned apart from these 13 in which intravenous injection of 0.4 gm. of Dn 18 produced laryngeal spasm with sensations of constriction of the chest and suffocation and with a small pulse of 120. gluteal intramuscular injection of 0.15 gm. of Dn 7 produced local pain and trouble in walking and intravenous injection of the same produced vertigo with cold sweat, cough, vomiting and rapid pulse so that the treatment was abandoned. The doses advised for Dn 7 are of 0.25 gm. first every other day and then daily intravenously with a total varying from 3 to 4.15 gm. of Dn 18 the doses are 0.4 gm. with a total of 3 to 5.6 gm. over an average period of 15 days. The drugs are produced by the Union Chimique Belge. C L

Cawston (F G) Evidence of the Successful Destruction of Schistosomes.—*Parasitology* 1934 Oct Vol. 26 No 4 pp 460-462.

Absence of eggs does not imply absence of or cure of schistosome infection.

Cawston returns to the persistence of male parasites after treatment which has killed females or the possibility of a slow development of the latter and points out the likelihood of missing faecal or even urinary ova. He draws attention to complement fixation tests and to persistent eosinophilia or a rise in its incidence during treatment as indicating

presence of parasites. He suggests that shoulder pains are hepatic in origin and that investigation is needed to determine whether they are antimonial in origin or due to poisoning of parasites. C. L.

- I. OESTERLIN (M.) Zur Chemotherapie der experimentellen Schistosomiasis. [Chemotherapy of *S. mansoni* and *Opisthorchis* Infection.]—*Arch f Schiffs u Trop Hyg* 1934 Oct. Vol. 38. No 10 pp 433-441 [19 refs.]
- II. — Zur Chemotherapie des Katzen-Leberegels (*Opisthorchis felinus*)—*Ibid* pp 441-445 [13 refs.]

I. Experiments on mice suggest the discovery of a new drug active against *S. mansoni*:

Sixteen drugs were tested and of these Sdt. 386 B gave promising results. It is a brown powder containing 18 per cent. of arsenic and 20 per cent. of antimony and was used in a dose of 0.15 gm. per kgm. As to the transference of results to man it is necessary to add that in these mice tartar emetic was of little value. Other drugs proved valuable vermicides but unfortunately too little selective, killing tissues at the site of injection. The value of Sdt. 386 B was confirmed on a monkey.

II. Sdt. 386 B proved effective in opisthorchis infection of cats in a dose of 20 mgm. per kg. C. L.

HASSAN (A.) & BETASHE (M.) *Fasciola gigantica*, an Antigen for the Skin Reaction in Human Schistosomiasis.—*Jl Egyptian Med Assoc* 1934 Dec. Vol. 17 No 12, pp. 691-693.

Antigen from *Fasciola gigantica* tested in 130 patients passing schistosome eggs gave no intradermal reaction in 6 wheals up to 12 mm. in diameter in 20 and wheals from 13 to 25 mm. or more in diameter mainly with pseudopods in 104.

The antigen needs careful preparation. Fresh worms are thoroughly washed, quickly dried with filter paper spread on glass, and dried in a vacuum desiccator. Two grams of the dried and powdered worms and 100 cc. of petroleum ether (B.P. 30-50 c.) in a stoppered flask are kept in an ice-box for 24 hours with occasional shaking. After filtering, the dry powder is extracted with dry ether for 12 hours in a Soxhlet apparatus. After removal of the ether the powder is dried in an incubator and 0.5 gm. is emulsified in a mortar with 100 cc. of a phosphate buffer solution of pH 7.4 containing 0.5 per cent. NaCl and 0.4 per cent. carbonic acid. The emulsion is put in a shaking machine in "slow motion" for 30 minutes, left in the ice-box with occasional shaking for 4 hours, centrifuged for 10 minutes at a high speed "which makes easier the subsequent passage of the fluid portion through a Setts filter. The filtrate is stored in the ice-box after testing its sterility. The amount injected is 0.02 cc. Large quantities of the extract can be made at a time. C. L.

LIÉVIER (H.) Données expérimentales sur les agents thérapeutiques de la distomatose à *Fasciola hepatica*. [Experiments on Remedies for *F. hepatica* Infection.]—*Ann Parasit Humains et Comparés* 1934 Nov 1 Vol. 12. No. 6, pp 511-520 [21 refs.]

The dye, Magdala rose, injected intravenously in a 1 per cent solution is excreted rapidly and apparently exclusively in the bile, and has proved in the author's hands an excellent fasciolicide. C. L.

- I. UENO (Hiroshi) Ueber pathologisch-histologische Veränderungen der Kaninchenniere bei experimenteller Clonorchiasis sinensis [Histological Changes and Uric Acid Decomposition in Rabbit Kidney in *C. sinensis* Infection.]—*Okayama-Igakkai-Zasshi* (Mitt d Med Gesellsch s Okayama) 1934 Apr Vol. 46 No 4 [In Japanese pp. 794-801 [14 refs.] German summary p 793]
- II. — Ueber den urikolytischen Vorgang in der Kaninchenniere bei experimenteller Clonorchiasis sinensis.—*Ibid* June. No 6 [In Japanese pp. 1225-1230 [23 refs.] German summary p 1224]

I. The changes dealt with are those in the kidneys namely cloudy swelling in acute cases and granular degeneration in chronic they are most marked in the convoluted tubes and are caused partly by parasitic poisons and partly are the result of lesions in the liver

II. In clonorchis-infected rabbits the splitting up of uric acid by the kidney is greatly lessened as compared with the condition in the uninfected.

C L.

- VOGEL (Hans) Der Entwicklungszyklus von *Opisthorchis felineus* (Riv) nebst Bemerkungen ueber die Systematik und Epidemiologie. [Developmental Cycle of *O. felineus* Classification Epidemiology]—*Zoologica* Heft 86 Bd. 33 Lieferung 2/3 pp 1-103 With 45 text figs & 8 plates (1 coloured)

This beautiful monograph deals with investigations and experiments on the morphology and biology of *Opisthorchis felineus* from egg to adult, with certain systematic questions and with the distribution and epidemiology of the infection

Briefly the only snail found in East Prussia to act as first intermediate host was *Bithynia leachi* Shepp. Even *B. tentaculata* failed to do so. The miracidium fully formed in the egg as passed is hatched by the osmotic pressure of the juices in the snail's alimentary canal, and not by water indeed when freed from the shell it is killed by water in a few minutes. The sporocyst develops close to the end of the intestine and reaches in 1 month a length of 1.2 to 1.85 mm and the rediae then begin to leave it. Immature cercariae leave the rediae and reach maturity in about 2 months from the date of infection. They leave the snail during daylight, mostly between noon and 4 p.m. are tobacco-pipe shaped with a membrane on the tail, have a positive phototaxy and geotaxy and are activated by agitation and a change in the amount of light falling on them.

The second intermediate hosts are the fish *Tinca tinca* and *Idus melanotus* bottom feeders. When in contact with them the cercariae penetrate within 15 minutes and within 24 hours have begun to encyst either in the muscles of the body or the connective tissue of the head. These metacercariae grow to 3 or 4 times the original size and at a temperature of 18° to 20°C are ripe and capable of infecting the definitive host. When the fish is eaten by this the cysts pass the stomach unaffected, but are freed within 20 to 90 seconds of coming into contact with the juice from a fistula of the small intestine. Bile attracts the young flukes and they travel up the bile duct into the liver within 5 hours of being swallowed. Maturity is reached, as a minimum 4 to 4½ months after the egg left the last definitive host.

C L.

ERRARDT (Albert) Die Verbreitung von *Opisthorchis felinus* (Riv.) und anderen Katzenbelmminthen in Ostpreussen. [Distribution of *O. felinus* in E. Prussia.]—*Ztschr. f. Parasitenk.* 1934. Sept. 13. Vol. 7 No. 1 pp. 121-124 With 1 fig.

On the eastern shore of the Kurisches Haff in East Prussia 87.8 per cent. of the cats harbour *O. felinus*. Most have more than 100 worms and some about 1 000

C. L.

EICHHOLTZ (F.) & ERRARDT (A.) Wirkungsbedingungen des Fouadin bei der Opisthorchiasis der Katze (Kombinationen mit Emeth, Wismut und Quecksilber) [Conditions of Action of Fouadin in Opisthorchiasis of Cats.]—*Arch. f. Schiff- u. Trop-Hyg.* 1934 Dec. Vol. 38 No. 12 pp. 524-534 [20 refs.]

The results of experiments on cats infected with opisthorchis, and treated with fouadin alone and in combination were not particularly satisfactory

Fouadin in dosage of 0.1 cc. per kilo. was given to 24 naturally infected cats. In 14 of them 80 to 100 per cent. of the trematodes were killed, the others became fouadin-fast in those in which deworming was not effected, egg laying was inhibited for 2 to 3 weeks. Emetine had but slight effect. When these two drugs were combined the latter annulled the action of the former. Bismuth and mercury were ineffective. The action of fouadin is impaired by a bad general state, by degeneration in the liver and by other remedies given with it.

C. L.

WATANABE (Masumi) Beiträge zur Kenntnis des Paragonimus westermani (I. Mitteilung) Ueber die Paragonimus-cyste in *Eriochlamys japonicus* [Paragonimus Cysts in *Eriochlamys japonicus*.]—*Okayama Igakkaï Zasshi* (Mitt. d. Med. Gesellsch. z. Okayama). 1934 July Vol. 48 No. 7 pp. 1514-1532. With 24 figs. on 1 plate. [20 refs.] [In Japanese. German summary pp. 1514-1515.]

Watanabe's investigations on paragonimus cysts in their second intermediate hosts lead him to these conclusions.

In the Okayama Prefecture, as YOSHIDA is stated to have shown already these cysts are found in 50 to 92 per cent. of *Eriochlamys japonicus* and 2 to 7 per cent. of *Potamon dehaeni*. Immature cysts have a single transparent cyst wall which is digested in artificial gastric juice, yet one in nine can infect dogs. Mature cysts are double walled and contain a shrunken fully developed larva yet the walls of cysts of all ages may be so brown as to hide the embryo. Cysts are found in the muscles and in the epithelium and blood vessels of the gut, or in the gut itself and it is by the blood vessels that they mainly reach this vessel. They never leave the crab but at temperatures of 16° to 23°C. may live, in its dead body in quietly running water for six weeks and for 10 to 30 days after being freed from this. [If the descriptions of the figures had been accompanied by a translation in a European language, their value would have been increased.]

C. L.

BERCOVITZ (Z) & ROGERS (J M) *Paragonimus westermani*  
Report of Case presenting Abdominal Involvement.—*Puerto Rico*  
*Jl Public Health & Trop Med* 1934 June Vol 9 No 4  
pp 492-496 With 1 plate [Spanish version pp 497-501]

From Southern Korea is reported the case of a woman of 29 who had  
*P. westermani* ova in sputum and abdomen

Haemoptysis began in 1922 ovarian cysts removed in 1926 and  
1929 abdomen contained 16 litres of bloody fluid and when opened  
the peritoneum was studded with blebs or excrescences. In certain  
mesenteric lymph glands the ova were found in groups in the marginal  
sinuses others being free of them. No worms were found in any part  
of the removed tissue. C L

TARASSOW (Wiktor) Beiträge zum Problem des Kampfes gegen  
*Diphyllobothrium latum* in Nord Westgebiet 2. Mitteilung  
[Campaign against *D. latum* in North-West Russia.]—*Arch f*  
*Schiffs u Trop Hyg* 1934 Nov Vol. 38 No 11 pp 477-  
486 With 1 fig [23 refs]

A continuation of the description of the campaign (see PETRUS-  
CHEWSKY & Tarassow this *Bulletin* Vol. 30 p 680) shows the high  
percentage of broadworm infection in Karelia and about Leningrad

The district about Leningrad with its many stretches of water is  
particularly heavily infected—reaching as much as 80 per cent of  
inhabitants of certain parts In 1 560 persons tabulated the average  
percentage of infection was 37.1 After a treatment campaign the  
village percentages lay between 7.4 and 10.98 Of 405 individual  
strobiles the average length was between 8 and 9 metres but in a case  
harbouring 143 parasites the total length of all was only 117 metres.

C L

PALAIS (M.) Résistance des rats à l'infestation d'*Hymenolepis*  
*diminuta* (Rud.) [Resistance of Rats to Re-infestation by *H. dimi-*  
*nuta*]—*C R Soc Biol* 1934 Vol. 117 No 36 pp 1016-  
1017

The experiments lead to the conclusion that rats infected with *H*  
*diminuta* are resistant to an added infection

*Tenebrio molitor* bred in the laboratory were infected by being fed on  
ripe segments of *H. diminuta* Some were then fed to 3 rats born and  
bred in the laboratory A month later they were passing onchospheres  
To them and to two others were fed more *T. molitor* which as dissection  
showed, were still infective. Six days later all 5 were killed. The two  
which had one infected feed contained 34 and 112 young *H. diminuta*  
measuring 6 to 35 mm. in good extension all immature The three who  
had two infective feeds contained 4, 6 and 9 strobiles measuring in good  
extension 130 to 600 mm (average 240 mm.) the posterior rings being  
mature and ova being present in the faeces there were no worms  
corresponding to the second infective feed. Protection from added  
infection had been produced by as few as 4 worms C L

i. NARTHARA (N) *Form and Colour of the Egg and Mode of its Release from the Gravid Proglottids of the Rat Tapeworm, Hymenolepis diminuta* (Rudolph).—*Tamras Igakken Zasshi* (Jl Med Assoc Formosa) 1934 Nov Vol. 33 No. 11 (358). [In Japanese pp 1611-1622. With 2 figs. [33 refs.] English summary pp 147-148.]

ii. — On the Resistance of the Egg of *Hymenolepis diminuta*.—*Ibid.* [In Japanese pp 1636-1646. [31 refs.] English summary pp 148-149.]

i. The eggs' dimensions are given to six places of decimals.

ii. Dried "eggs" on glass at 20.3° to 23.5° lived for 7 days, freed eggs in water at the same temperature for 25 and eggs in segments for 29 days, eggs in normal saline lived for a month and in 10 per cent. salt solution for 20 days. Immersion in the following solutions allowed survival in minutes for the intervals noted, the solution being of 10 per cent. unless otherwise noted: caustic potash 10 hydrochloric acid 45, sulphuric acid 15 1 per cent. corrosive sublimate for 50 minutes in the case of some eggs 90 per cent. alcohol 1 hour kresol 1 hour lysol a few eggs for 40 minutes, formalin 3 hours, urine 1 month if not changed. A moment's immersion in water at 60°C. killed them. C. L.

NORONHA (A. J) *A Case of Hymenolepis nana Infection*.—*Jl Trop. Med & Hyg* 1934 Nov 1 Vol. 37 No. 21 pp. 325-328. With 3 figs.

This case of *H. nana* infection was discovered when the stool was examined to determine the sort of dysentery from which the patient suffered. Onchosphaeres of the worm were found and after an anthelmintic some 50 worms were collected, 2 having heads. Thereafter the man's dysentery ceased. This is the first case disclosed in the Pathological Laboratory of the B. J. Medical School, Poona, during the author's experience of 13 years, and is believed to be perhaps the first to be reported from Poona. [CHANDLER (this Bulletin, Vol. 24, p. 1003) lists the incidence of this infection in 84 cases examined in Poona as 2.4 per cent.] C. L.

BARNETT (Louis) *The Incidence of Hydatid Disease in New Zealand*.—*New Zealand Med Jl* 1934 Aug Vol. 33 No. 178 pp. 191-196

Hydatid disease is increasing in New Zealand.

"From the collective statistics that I have gathered together and set forth in this paper the following conclusions can be drawn. They give food for reflection and clearly call for a more intensive prophylaxis against hydatid infection.

"1 That hydatid disease is increasing somewhat in New Zealand. Including cases seen in private practice, a reasonable estimate is that from 100 to 150 cases are occurring every year with a mortality of about 15 per cent.

"2. That hydatid infection is far more common in the Otago district than anywhere else in New Zealand. The Otago district formerly held this unenviable distinction, and now comes second on the list.

"3 That an increasing number of cases are being treated in the smaller hospitals of the Dominion." C. L.

RILEY (William A.) Reservoirs of Echinococcus in Minnesota.—  
Reprinted from *Minnesota Med* 1933 Dec. Vol 16 p 744

Hydatid cysts have been found in 6 of 13 moose examined and the adult worms in 2 of 3 timber wolves

Since about 450 cases of hydatid have been reported from man in Canada and the United States M. C. HALL chief of the Zoological Division of the Federal Bureau of Animal Industry Washington answered Riley's query by informing him that the strobiles had not been found there except in animals deliberately infected. Accordingly moose and wolves were examined with the results noted above.

C L

FENG (H. H.) *Cysticercus cellulosae* Subconjunctivalls. Report of a Case.—*Chinese Med J* 1934 Sept Vol. 48 No 9 pp 963-968 With 3 figs. on 2 plates [21 refs]

A solitary cysticercus under the conjunctiva near the inner canthus of the right eye.

The cyst measured  $6 \times 4 \times 2$  mm. and had been noticed for a week. There was an eosinophilia of 11 per cent It is the first case of ocular cysticercosis found in 33 000 eye patients at the Peiping Union Medical College during the last 12 years. That it was so was established by sections which showed a rostellum with large and small hooklets and suckers. No dense white granule showed through the cyst wall. There were no other evident cysts nor symptoms suggesting them

C L

MULLER (Harry M.) Jr & GARDINER (Margaret L.) Further Studies on Passive Immunity to a Metazoan Parasite, *Cysticercus fasciolaris*.—*Amer J Hyg* 1934 Sept Vol 20 No 2. pp 424-431

In the transmission of passive immunity to *C fasciolaris* the following 3 points have been established from results unpublished previously published, and here published.

The rat can be immunized actively against infection with the onchospheres of *Taenia taeniasformis* and can be protected against infection by passive transfer of serum from immune animals. It has further been demonstrated that immune serum can inhibit early infections if administered within ten days.

C L

DE WAELE (A.) Etude de la fonction biliaire dans le phénomène de l'évagination chez les cysticerques des cestodes [Function of Bile in Evagination of Cysticercus].—*Ann Parasit Humains et Comparés* 1934 Nov 1 Vol. 12 No 6 pp 492-510 With 1 fig

The bile salts and, secondarily choline produce rapid evagination of the scolex of *Cysticercus pisiformis* the larva of *Taenia serrata* and active movements of suckers and rostellum and so presumably favour attachment to the intestinal mucosa.

C L



FRUEND (L.) Helminthenwanderungen. III. Teil Die Wanderungen der Cestoden vom Wirt zu Wirt und im Wirtskörper. [The Wanderings of Cestodes.]—*Ztschr f. Parasitenk.* 1934. July 21. Vol. 6 No. 5 pp. 592-602. With 1 fig. [19 refs.]

In continuation of previous papers [this *Bulletin*, Vol. 31, p. 373] the wanderings of cestodes in the hosts are considered. C. L.

WALANDOUW (E. K.). Nematoden als bestrijders van anopheles larven. [Nematodes as Enemies of Anopheles Larvae.]—*Gesond. Tijdschr v. Nederl. Indië* 1934. Sept. 11. Vol. 74 No. 18 pp. 1219-1224. With 3 figs. on 2 plates. English summary (9 lines)

Description of a nematode parasitic in the larvae of a variety of *Anopheles leucosphyrus*.

"The worm is found freely moving as larva or adult outside the intestine in the body cavity of the anopheles larva. After some time the adult worm bores through the wall of the thorax or the abdomen. After the worm has come out, the anopheles-larva dies. The worm now eats the dead larva. The colour of the worm is milky white the length is 17-25 millimeter the width 0.052-0.063 mm. the mouth has a spear, no teeth the back-part ends in a tail of 0.044-0.053 millimeter"

A fuller description of the worm will be published.

C. L.

LEE (Yin) Leber Ascarideninfektion und ihre Bekämpfung [Ascariasis in China and its Prevention.]—*Arch. f. Schiffs- u. Trop.-Hyg.* 1934. Sept. Vol. 33. No. 9 pp. 390-394 [10 refs.]

The paper deals with the examination of 3 118 stools in Shanghai of which one-third showed ascariis eggs. The ascariis-infected are dealt with.

The largest number of worms recovered was 54. There are dealt with symptoms, and diagnosis from stool examination which will disclose females. Under treatment are considered santonin, chenopodium with an immediate aperient, helminal, chrysamine, hexylresorcinol and rotylon. The last has been used in 50 cases but the anthelmintic results are not clear. 10 cases certainly needed retreatment. Prophylaxis concerns itself solely with swallowed eggs, associated in China with the use of human faeces as manure. Ascariasis should be combated by treatment of school children and by the proper cooking of vegetables. C. L.

LOSSEV (L.) [The Dehelminthization of the Surrounding Medium in Ascariidiosis.]—*Med. Parasit. & Parasitic Dis.* Moscow 1934 Vol. 3 No. 2 [In Russian pp. 185-191]

The effects of high temperatures on the eggs of equine and canine ascariis are much as in the human form. Exposure to 50°C. up to one hour had no effect upon the unsegmented eggs of *Parascaris equorum*, while at 40°C. the majority were killed after 3 hours. Temperatures from 60 to 100°C. destroyed the eggs in one minute. Eggs of *P. equorum* and *Toxocara canis* containing motile embryos proved to be more resistant to high temperatures exposure to 60°C. up to 3 minutes did not destroy the larvae immediately but caused injuries leading to their death after several days.

Various solutions of sulphuric acid iodine corrosive sublimate potassium permanganate and slaked lime failed to destroy the eggs of the ascarids but 4 per cent carbolic acid and quicklime killed them immediately

C A Hoare

GIRGES (Rameses) Pathology and Complications of Ascariasis.—*Jl Trop Med & Hyg* 1934 Oct 1 Vol. 37 No 19 pp 296-300

The pathology concerns itself with catarrh of stomach and intestine and with peri intestinal inflammation. The complications are intestinal obstruction intussusception volvulus and sinus abdominal tumours, appendicitis and its stimulation diverticulitis perforation peritonitis abscess, pancreatitis biliary accidents liver abscess and certain rare conditions.

C L

GIRGES (Rameses) Pathogenesis of Ascariasis.—*Jl Trop Med & Hyg* 1934, Nov 15 Vol. 37 No 22 pp 340-343

Girges deals with the hatching and transmigrations of ascaris larvae and the lesions they cause. The last reference quoted is in 1930. His indebtedness to this *Bulletin* is acknowledged

C L

TSUJI (Haruo) Wirkung des Torilols eines wirksamen Bestandteils der Früchte von *Torilis anthriscus* Gmel einem japanischen Volksmittel gegen Askariden. [Action of Torilol from the Fruit of *Torilis anthriscus* a Popular Remedy in Japan against Ascarids].—*Tokoku Jl Experim Med* 1934 Sept 28 Vol. 24 Nos. 1 & 2 pp 174-194 With 3 figs

An investigation of a fruit which is in domestic use in Japan against ascaris.

The active helminthological principle is torilol, a yellowish brown transparent viscid fluid with a somewhat aromatic smell and bitter taste readily soluble in water. In earthworms leeches and ascaris larvae it first irritates and then paralyzes movements and in the last a 1 per cent solution produces complete paralysis in 3 hours. The minimum lethal dose by mouth per kilo is for frogs 8 gm and for mice 30 gm. In rabbits 1 gm per kilo produces no obvious change. Its clinical possibilities require investigation.

C L

FAR TABLO (Humberto) Nota clinica a proposito de un caso de ascariidosis aberrante. [A Case of Aberrant Ascaris].—*Vida Nueva* 1934 July Vol. 8. No 1 pp 25-29

The patient was a boy of 4½ years of age who had complained for several days of pain in the abdomen (epigastric region) with loss of appetite and much meteorism. Having had an attack of vomiting and a marked exacerbation of the pain he was brought to hospital and while being examined there the umbilicus was observed to be prominent and a worm made its appearance through the cicatrix and its extrusion was assisted by traction. Five minutes later a second appeared and a quarter of an hour afterwards a third. All were female ascarides. There must have been a perforation of the bowel and a local peritonitis with adhesions to the abdominal wall and a fistula through which the worms passed. No operation was undertaken and recovery was uneventful, healing taking place in a few days

H H S

KELLER (A. E.) A Comparison of the Efficiency of the Stoll Egg-Counting Technique with the Simple Smear Method in the Diagnosis of Hookworm.—*Amer Jl Hyg* 1934 Sept. Vol. 20 No. 2 pp 307-316

"These data show that the dilution egg-counting technique is more accurate than the smear method for this series of examinations."

The Stoll Hausbecker method was used, that is 1/200 gram of faeces under a cover slip 25 mm. square. The smear was apparently a squash preparation of stirred faeces, an amount being used which allowed "small print" to be read when it was spread under a cover of the same size. Of 2,412 specimens examined by each method, the positive percentage results were at the first examination 42.2 for dilution and 35.1 for smear and after the second 44.0 and 39.4 respectively. Of specimens positive to either method 83.6 per cent. were displayed by dilution and 83.9 per cent. by the smear. The accuracy of these smears increased with the faecal egg content. By this series the lowest level of intensity of infestation at which, for practical purposes, the smear will be of value in diagnosing hookworm infestation would be 1,200 eggs per gram of faeces instead of 600 eggs per gram as indicated by Herrick and Hausbecker. It was naturally found that the number of eggs counted per smear was as feasible a method of measuring the intensity of infection as was that disclosed by dilution. These figures are also displayed as presumed worm loads C. L.

KENDRICK (J. F.) The Length of Life and the Rate of Loss of the Hookworms, *Ancylostoma duodenale* and *Necator americanus*.—*Amer Jl Trop Med.* 1934 Sept. Vol. 14 No. 5 pp 363-379 With 8 charts.

A model of forethought execution and control in work carried on over 7 years on the egg production and longevity of the two common hookworms of man.

As to controls, the sanitary condition of the jail, the Madras Penitentiary in which the work was done appeared to exclude natural infection but to make certain 238 prisoners, who were by D.C.F. either found to be free from hookworm infection or were treated till this was so were re-examined by this technique at first monthly and then quarterly and in none of them were ova discovered during the continuance of the simultaneous investigation on 30 clean prisoners who volunteered for the undergoing of deliberate infection. Both sets of men lived and worked in like conditions.

Since ancylostomes and necators are both present here and their longevity had to be separately investigated, larvae, pure specifically were obtained by expressing ova from females of the species to be used and culturing them on sterile silt or sand. The concentration of larvae in a given suspension was evidently determined and a quantity of suspension, generally containing about 200 of them, was either placed on moist sand on the skin or given in hard gelatine capsules by mouth, it being determined that these containers dissolved in tap water in less than 20 minutes. Five oral infections were attempted with necators, a dosage of 200 larvae being given 2 to 4 times. Repeated D.C.F. examinations failed to show ova in any of them although the larvae were vigorous and their fellows produced skin infections. The other 5 necator and 20 ancylostome infections were produced through the skin. Ground itch followed at once and larval irritation from the

5th day most marked between the eighth and fifteenth days and in 2 cases persisting for over a month. Baermann's apparatus recovered larvae from the sputum of all those tested (those with the worst coughs) and in one case the numbers collected and the fact that intestinal infection failed suggested that expectoration may be a factor in limiting this. Actually the percentage of ancylostome larvae which was accounted for as adults recovered after anthelmintics pushed to deworming as evidenced by D.C.F. varied from one seven months after infection to about 100 eleven months after this.

Of the ancylostome infections 3 were able to be followed to their natural elimination. The intervals between infection and disappearance of eggs to D.C.F. were 81, 78 and 68 (average 76) months whereas to the Stoll Tseng egg counting method they were shorter by about 1 to 3 years. Similarly in the one necator case followed through out infection lasted 61 months but had reliance to determine this been placed on the Stoll method it would have been placed as 12 months, some 4 years too short. The counts themselves show that in ancylostome cases there is a steady rise in egg output to a peak reached 15 to 18 months after infection and thereafter a rapid decline in 3 to 6 months amounting to 50 or 70 per cent. In general the necator infections followed the same course. [This investigation had of course to leave it an open question whether this delayed reaching of the apex of egg production was due to slowness of individual worms to reach full egg laying power (in which case worm-egg ratios become more illusive than ever) or to strayed larvae slowly arriving at and maturing in the gut. Moreover it is interesting to recall that in Looss's experimental infection of a man with ancylostome larvae the greatest mean number recorded was in the 29th month just before Looss lost sight of him.] The differences in the percentages of larvae reaching adult life could not be correlated with age—nor with previous infection since this was not known. Deaths, releases and transfers over which Kendrick had no control reduced the numbers lamentably during the course of the experiment.

C. L.

FOSTER (A. O.) & LANDSBERG (J. W.) The Nature and Cause of Hookworm Anemia.—*Amer. J. Hyg.* 1934, Sept. Vol. 20, No. 2, pp. 259-290. With 6 graphs. [26 refs.]

"We have shown that it is unnecessary to postulate a toxin to account for the anemia of hookworm disease in dogs. The data are in full agreement with the hypothesis that the anemia of hookworm disease is of a purely hemorrhagic nature."

The investigation was on dogs deliberately infected with *A. caninum* and bled at intervals. The first appearance of eggs was determined by D.C.F., and their numbers, when these had sufficiently increased by the Stoll-Hansheer method. Blood samples were taken by cardiac puncture. The data are confined to the circulating part of the erythron, the marrow having been examined in no case. Five dogs were bled at intervals over periods varying from 20 to 319 days. 4 of them were already lightly hookworm infected, one was uninfected. The total amount of blood removed varied from  $\frac{1}{4}$  to  $1\frac{1}{2}$  of the body weight. The drop in haemoglobin was greatest in the uninfected dog (67 per cent) from which about  $\frac{1}{4}$  of its body weight of blood had been removed by 23 bleedings over 62 days [perhaps an indication that already hypertrophied red marrow in the infected cases was able to

meet the immediate attack] By subjecting dogs to periodic bleeding it has been possible to determine the absolute blood loss necessary to produce certain degrees of severe anaemia. [Yet the average daily abstraction of blood to the extent of 0.423 and 0.645 per cent. of the body weight produced respective drops of haemoglobin of 50.7 and 48.5]

Although the fact of blood loss caused by worms is accepted and there is quoted the work of WELLS [this *Bulletin*, Vol. 29 p. 421] which puts the daily loss of blood caused by the individual worm as 0.8 cc. and that of NISHI [this *Bulletin* Vol. 30 p. 686] which puts it as up to 0.484 and 0.7 cc., the authors quite arbitrarily put the figure at 0.1 cc. holding that accepting the former figures the number of worms which could produce an anaemia corresponding to the effects of bleedings is "ridiculously small" and they tabulate the number of parasitizing worms according to this assumption. Even so "It is still apparent that the blood loss caused by hookworms is a factor entirely sufficient in itself to account for the anaemia of hookworm disease in dogs." Careful tabulated work confirms the general conclusion that hookworm anaemia is microcytic and hypochromic. Nevertheless, when dogs were throughout treated with iron, cobalt and copper (2.28 gm daily of a mixture of iron citrate 100 copper sulphate 1 cobalt chloride 5) and were given 100 larvae orally when 156 days old, the anaemia they developed was not microcytic.

Two other groups of experiments are detailed which show that there is no essential difference between the anaemias of bleeding and of hookworm infection. The authors twice refer to the inverse relationship between the number of eggs passed and the haemoglobin level, and seem disposed to consider that a rise in that level induces a resistance to the worms. Others are probably more likely to believe that death among the parasites enables the hypertrophied haemopoietic portion of the erythron to get level with the lessened blood loss. The same consideration, which is so long and well established for human infection, will explain the authors surprise at finding how nearly the blood picture of infected dogs approaches to the normal of their never infected litter mates.

The effects of iron therapy in producing rapid and astonishing improvement in the blood picture and almost certainly in saving life in heavily infected cases are displayed, so that "it is impossible for us to reconcile these spectacular responses to iron with the postulation that the anaemia of these dogs was caused by a toxin which paralyzed the hemopoietic centres."

It is our opinion that the acceptance of the hypothesis that long continued bleeding may as an end result, cause failure of the hemopoiesis and aplasia, makes it possible to visualize nearly all of the pathology and symptomatology of hookworm disease as the complex result of chronic blood loss.

C. L.

DE LANGEN (C. D.) The Origin of the Anaemia in *Ankylostomiasis*.—*Meded. Dienst d. Volksgezondheid in Nederl. Indië* 1934. Vol. 23 Nos. 2 & 3 pp. 135-157

"Loss of blood, diet and the condition of the intestinal canal work together in bringing about this severe and remarkable anaemia. Further investigation must teach us whether there is also a toxic damaging of the bone marrow involved in addition to these factors."

de Langen returns to this subject (this *Bulletin* Vol. 30 pp 686 812) and a comparison of the paragraph quoted above with that which ends the abstract first noted will indicate that the outline (and often the words of this paper) have been used by him before.

Loss of blood from the alimentary canal as indicated by the benzidine reaction, is shown to be greater in those who are at work than in those confined to bed. As to eosinophilia it is shown by comparison of some 500 blood examinations that the severer the anaemia the fewer the eosinophils. An eosinophilia is always reported as forming part of the blood picture of hookworm anaemia [In fact ASHFORD *et al* (1911 quoting 1902) showed that in the worst cases it was absent and that it was more useful for prognosis than diagnosis] From this and from platelet counts it is deduced that wandering larvae are largely concerned in its production. The toxin theory of the anaemia is still without any experimental confirmation, though clinically it is held to be confirmed by the peculiar orange tint which in S. America gives the infection the name of the yellow sickness a hypertrophy and dilatation of the *left* ventricle a low diastolic and often systolic pressure weakening of the endocrine system evidenced by lack of growth anisocytosis and poikilocytosis in grave cases and a megaloblastic degeneration in the last stage. Under haemolysis and regeneration the examination of 2 more cases (7 in all) sets the average life of the red cell in hookworm infection as 265 days as against 209 days for the normal native. The influences of diet on haemolysis are restated as is the question of stimuli towards new formation of blood and the significance of diet for the clinical picture of ankylostomiasis. The question of depletion of iron reserves has, then no mention C L

Cruz (Walter Oswaldo) *Therapêutica da ankylostomose* [Treatment of Ankylostomiasis].—Reprinted from *O Hospital* Rio de Janeiro 1933 June. pp 471-476 With 4 figs.

The essential treatment of ankylostomiasis is iron.

It is held that all modern works on tropical medicine and the writings of most specialists concern themselves only with anthelmintics in the treatment of hookworm infection, though it is in fact a disordered iron metabolism. When iron enters the stomach in whatever form it is ionized by the gastric juice and transformed into a ferrous salt which is immediately absorbed when it reaches that part of the duodenum where the reaction is still acid. The iron is then carried to the normoblasts in the bone marrow and there stimulates their activity. An advised dose is 3 gm. daily of reduced iron and it has produced in 20 cases uniform regenerative changes in the red cell series of the bone marrow. The marrow is red in colour and the normoblast is held to contain in ankylostomiasis as much iron as does a normal one but yet more iron apparently twice as much, is needed to convert it into a red corpuscle. Deaths from this infection have occurred in Cruz's experience either from toxicity of anthelmintics or from heart failure due to transfusion of blood, or from the failure to give iron. On giving iron there occurs a latent period of 2 or 3 days before its effects begin to appear in the peripheral blood, and during that period the serious case is in grave danger. No vermifuge should be given till the haemoglobin reaches 50 or 60 per cent. A table shows 12 cases in which after 15 days of reduced iron treatment the mean haemoglobin had risen from 32 to 48

by Sahli's instrument and the red corpuscles from 1,820,000 to 3,310,000 and reproduction of photos show how considerably the oedema had been reduced in one case in that period. C L.

Cruz (V O) [In Portuguese & English.] *Patogenia da anemia as ancilostomose. Portadores de parasitos. Relação entre a atividade do helminto e a deficiência de ferro na genese da doença. Pathogenesis of Anemia in Hookworm Disease. Parasite Carriers. Relationship between the Activity of the Helminth and Iron Deficiency in the Genesis of the Disease.*—*Mem. Inst. Oswaldo Cruz.* 1934 July Vol. 28 No. 3. In Portuguese pp. 291-439 With 8 figs. on 2 plates. [32 refs.] In English pp. 440-591.

Although reputedly the sole cause of the anaemia of hookworm disease is the hookworm it is really of little importance in effecting this condition for the primary factor is alimentary deficiency a diet defective in iron.

The first of the 3 sections into which the paper falls cites from the literature conclusions of various writers, first that a distinction must be drawn between sick and carriers [the reviewer's suggestion is that no such conclusion can be drawn from the evidence] and second that the difference between the two classes depends on the food they eat. This rôle which nutrition plays is further elaborated, by quotations, in the second section iron in food being again the point of first importance, in opposition to the view that in fact the most modern ideas on the helminthiasis still continue to turn around the two classical doctrines—the toxic and haemorrhagic theories. The third section deals with the pathogenesis of this anaemia. It consists essentially of the records of 5 cases followed for periods varying from over 3 to over 12 months while they maintained worm loads which as measured by eggs varied from 25 000 to 40 000 per gram of faeces.

Case 1 aged 11 with the "common diet" of rice, macaroni, potatoes and milk and 3 gm. of reduced iron daily improved over 5 months in red cells from 1.34 per cmm to 4.83 and haemoglobin 13 to 81 per cent. Case 2 on the same diet with ammoniacal ferrous sulphate in varying dosage of 1 0 2 0.05 and 1 gm. improved similarly from 2.53 to 4.70 and from 20 to 74 over 9½ months. Case 3 treated as Case 2 but with 0.8 gm. of the drug improved from 1.51 to 5.15 and from 16 to 82. Case 4 treated as was Case 2 improved from 2.53 to 4.48 and from 23 to 76. Case 5 on the common diet and 0.8 gm. of ammoniacal ferrous sulphate improved from 3.40 to 4.85 and from 30 to 88 in 5½ months and then rather more than maintained his position first with 0.5 gm. of the drug for 4 months and then with 2 underdone beefsteaks and 2 eggs daily in addition to his staple diet.

In our cases, after normalization of blood, the most varying examinations were made, giving results approaching normal or even normal. In these patients the pathogenic action of ankylostoma and the subjective ill-feeling had entirely disappeared—the patients presented the best disposition to work and, in case of children, to play just as occurs in infestations by inoffensive intestinal macroparasites.

In this way we succeeded in producing experimentally carriers of ankylostoma, and thus in elucidating the preponderant rôle of food in the genesis of anaemia.

We did not try to modify, with diet rich in iron, the blood image in initial ankylostomiasis. The negative result of such an experiment is

clearly understood, as the iron quantity contained in these diets is by no means, able to exert its influence upon blood. In our opinion in ankylostomiasis the organism is in a state of martial deficiency i.e. of very diminished or even exhausted iron reserves. The quantity of these reserves is of a proportional value incomparably greater than the iron contained in food hence the necessity of massive iron administration and not of milligrams contained even in the richest diets. The contrary is observed after the recovery of the reserve then the necessary doses of iron progressively diminish and even a diet rich in iron prevents the disparity of the metabolic equilibrium C L

1. RHOADS (C. P.) CASTLE (W. B.) PAYNE (G. C.) & LAWSON (H. A.) Hookworm Anemia Etiology and Treatment with Especial Reference to Iron.—*Amer J Hyg* 1934 Sept Vol. 20 No 2. pp 291-306 With 5 figs [39 refs.]
2. ——— & ——— Observations on the Etiology and Treatment of Anemia associated with Hookworm Infection in Puerto Rico.—*Medicine* 1934 Sept Vol. 13 No 3 pp 317-375 With 6 figs [65 refs.]

1. Blood loss, dietary deficiency and gastrointestinal changes are apparently the causes of hookworm anaemia and iron produces rapid improvement whether worms have been removed or not

2. It is held to be of practical importance that treatment should be directed first against the anaemia of hookworm disease and only secondarily against the parasites that treatment should be by iron in large doses and that such treatment will also be advantageous in the economical prevention of the anaemia.

The work on which both papers are based was done in 1931 under the auspices of the Rockefeller Foundation on 83 cases in hospital selected for severity of anaemia, the absence of complicating infections or source of blood loss, and the presence of hookworm ova as assured by direct examination of the stools which presumably means by faecal smear. The average haemoglobin by a single Sahli instrument was 32, maximum 59 minimum 8 the average red cells 2 820 000 maximum 4 580 000 minimum 780 000. In some of the cases egg counts were made by the Stoll-Hausheer method, in some worm counts by Dr Florence King PAYNE from stools obtained after efficient anthelmintics. Presumably the drug was hexylresorcinol since it alone used by Lamson's method, is mentioned. [The reference is to the paper in this *Bulletin* Vol. 29 p 56 and as there noted this method left nearly half the patients still infected. There is no mention of any faecal examination after treatment. If this was undertaken by the technique mentioned it could not distinguish dewormed from infected, so that the haematological comparisons of persons before and after treatment cannot be taken as comparisons of the blood state while they were infected and after they had been freed of worms. Indeed in a field campaign by Núñez which it is noted will be reported by her in full, three or more treatments by carbon tetrachloride and oil of chenopodium in unstated doses left a few of 32 patients with a few ova still constantly present. There was not then control of single helminthological factors.]

Biopsies of the sternal marrow were made in 15 patients and will be discussed in a later publication the tissue was more cellular than normal, the predominant cell was the normoblast there were islands of young cells held to be not far removed from the haemopoietic vascular



endothelium and a few held to be of the pluripotential type. The erythroblastic cells were 3 to 5 times as numerous as those of the granulocyte series, instead of both being present in about equal numbers.

As to the blood, "with the exception of the mean corpuscular volume determinations of these patients, who showed an average of 63 compared with Wintrobe's normal of 87" nothing new is added to the blood picture of the hypochromic anaemia of hookworm disease—usually microcytic without evidence of active blood regeneration." The well-known fact is confirmed that there is no relationship between the degree of anaemia and the weight of infection. As regards the possibility that a toxin produced by the worms causes the anaemia, it is pointed out that the removal of the parasites should in that case increase blood regeneration, and that their presence should at least interfere with the action of blood-forming agents. In twelve cases treated with bery-resorcinol the subsequent general gain in red cells was trifling, in two of them these actually were reduced in numbers and in two others the haemoglobin decreased. In fact the same state of affairs showed itself as in cases watched without removal of worms.

In the absence of evidence for deworming it cannot be admitted that the authors have worked under the conditions necessary for proving their first point—but their work does show strikingly first that improvement of diet obtained by adding to the normal food of these islanders 300 gm. of meat and 1,500 cc. milk did not improve the anaemia of 8 very anaemic and still infected patients who were given no anthelmintic—and second that the administration of 6 gm. of iron and ammonium citrate did so with reticulocytosis, so that the haemoglobin was raised during the varying periods of observation to between 47 (after 18 days) and 70 per cent. (23 days). In a case in which the gastric juice contained no acid on stimulation by alcohol or histamine there occurred within 18 days of beginning from a rise of red cells from 1,500,000 to 3,400,000 and of haemoglobin from 20 to 40.

A chart illustrates the striking difference between the good effect of removal of parasites in malaria (in which iron from the destroyed parasites is stored in the body) and the negligible effect of so treating hookworm infection (in which it is passed into the lumen of the gut). Under the heading "The effects of blood loss" it is remarked that injection of washed red cells seems to have a haemopoietic effect as evidenced by a gain of nearly two million red cells and 9 per cent. haemoglobin in one case and a reticulocytosis of 12.6 per cent. in the other the worms being left in both. As to dietary it is concluded that the hard diet of these persons contains in peas and beans a reasonably good source of iron, and failure to use it is attributed to lessening of assimilative power.

As to treatment, it is said that ASHFORD KING and IGARAYEN held in their well-known report on *Uncinariasis in Porto Rico* that "elimination of hookworms would bring about rapid relief of anaemia in the majority of cases" and that they "did not consider therapy with iron of any particular importance." These writers actually wrote as follows—"The object of treatment is of course to remove the cause by expulsion of the worms. In many light and moderate cases this will suffice, but in old and chronic cases, and those where the disease has reached a severe grade, some regenerative treatment should follow the specific," and again, referring to tabulated results, "It will be noted that slight cases readily recover without iron." The present

authors were as stated, deliberately dealing with severe or very severe cases. Gastric anacidity was present in 24 per cent of 54 cases but apparently irrespective of this the effects of iron and ammonium citrate in daily doses of 6 gm were good. This drug produced as a rule but not always, a considerable improvement in the blood even when the worms were left. Of the liver preparations satisfaction was obtained from an aqueous extract only. Improved diet was without notable effect.

This preparation of iron is suggested as a cheap preventive of the anaemia either with or without an anthelmintic. It is to be hoped that since the symptomatology of hookworm infection is predominantly that of anaemia the primary importance and simplicity of dealing directly with the anaemia will be appreciated by those engaged in the problem. [That is to say when considering prophylaxis the hygienist should primarily treat a symptom and relegate to a subordinate place the getting rid of the grave source of infection for others, which in rural tropical districts is constituted by the faeces of the hookworm infected.] C L

SPAMENI (Mario) Ricerche sulla diffusione dell'anchilostomiasi in limitate zone della provincia di Messina. [Ankylostomiasis in a District of the Province of Messina].—*Riforma Med* 1934 Oct. 27 Vol. 50 No 43 pp 1650-1652

In a part of the Province of Messina comprising Scala Casino S Baggio and Pirrera, the author who is Health Officer of Torregrotta (Messina) found a considerable number of persons infested with hookworm, some presenting no symptoms of disease. In Scala he found ova in the faeces of 77 out of 292 persons examined. in Casino the same number in 201 examined. all were of the peasant class. [The technique used is not mentioned.] H H S

SCHWARTZ (Benjamin) & ALICATA (Joseph E.) Development of the Human Hookworm, *Necator americanus* in Guinea Pigs.—*Amer J Hyg* 1934 Sept Vol. 20 No 2 pp 317-328 With 2 figs

*N. americanus* followed in the guineapig its normal development up to the 16th day.

Infection took place both by mouth and skin and in both cases larvae took the pulmonary circuit. In the lungs they produced the usual haemorrhages and showed signs of an approaching moult. After the 9th day all had left the lungs for the intestine in which they were not found at 24 days though at 16 they showed the provisional mouth capsule with beginning sex differentiation. C L

FOSTER (A. O.) & CROSS (S. X.) The Direct Development of Hookworms after Oral Infection.—*Amer J Trop Med* 1934 Nov Vol. 14 No 6 pp 565-573 [22 refs.]

For intra-corporeal development of the larvae of *Ancylostoma caninum* the long journey is unnecessary and when they are given orally to the optimum host they usually develop directly in the intestine without a pulmonary migration.

Of 8 dogs two were kept as controls. in the others 6 oesophageal fistulae were made the upper end of the oesophagus being brought out

on one side of the neck the lower end on the other the latter being firmly bandaged with a pad saturated with a concentrated suspension of santomun and calomel which it was felt would act as a larvicide. Three of the fistulated dogs were infected orally\* (2, 5 and 0 days after the operation) as was one control. The other 3 fistulated dogs were infected by skin (1 0 and 0 days after the operation) as was the other control. As to the orally infected, from the control 39.84 per cent. of the larvae were recovered as worms from the intestine when it died on the 10th day and from the others 37.02 per cent. when killed on the 28th day and 47.43 after death on the ninth day while from the third which died on the 3rd day 330 of 2,800 larvae were recovered from the intestine and none from the lungs. As to the skin infected, 7.63 per cent. of the larvae applied were accounted for as worms in the control dog, and in the others 0.14 per cent. and 0 per cent. in dogs killed on the 26th and 15th days and in one which died on the third day 224 of 2,800 larvae were found in the lungs and none in the intestine.

These results show that the lung journey is not necessary for development to maturity of *A. caninum* they "give added support to the earlier work of LOOSS and FÖLLMEYER which indicated that the normal path of migration of nematode larvae was by way of the trachea and oesophagus" and they suggest that the heavier infections which occurred after oral administration may be partly attributable to an escape by the larvae of such hazards as are associated with migration. It is held that the extensive studies which have been made by observers show that orally administered larvae of *A. caninum* and perhaps of *Uncinaria stenocephala* migrate from the alimentary canal in non-optimum but not in optimum hosts, so that in the case of other nematodes one cannot without direct evidence assume a pulmonary journey

C. L.

YOKOGAWA (S) Experimental Studies on the Question why the Mature Larvae of *Ancylostoma* when Ingested by an Improper Host migrate in the Body and do not migrate when given to the Proper Host.—*Taiwan Igakkaï Zasshi* (Jl Med Assoc Formosa) 1934 Sept. Vol. 33 No 9 (354) [In Japanese pp 1254-1258. With 4 figs. on 1 plate English summary pp 125-125]

The conclusions appear to be based on blood agar plates and on experiments on 5 animals using infective larvae of *Ancylostoma caninum*.

"From these experiments with rabbits and dogs we learn that the penetration of mature larvae of *Ancylostoma* into the wall of the stomach is influenced very much by the physical conditions inside the latter however this penetration is not controlled exclusively by physical conditions but seems to depend much more on the biological nature of the host, because in an improper host, the rabbit, in spite of the presence of water in the stomach, a majority of the larvae entered the wall of the stomach, while on the other hand in their proper host, the dog, the larvae found it difficult to penetrate into the wall of the stomach even under modified conditions that must be expected to stimulate their thigmotaxis toward the wall of the stomach."

C. L.

The terms used consistently in the paper are "orally" or "per os." Presumably infection was produced in the same way as feeding was effected, namely by stomach tube passed down the distal oesophageal opening

TRAPANO (P) La velocità di sedimentazione dei globuli rossi la resistenza globulare e il tempo di coagulazione del sangue degli anchilostomiasici [Velocity of Red-Cell Sedimentation, Red-Cell Resistance and Coagulation Time in Ankylostome Infection].—*Ann d'Igiene* 1934 Sept Vol 44 No 9 pp 806-812 [19 refs.]

The cases examined number 30 the controls 5 but the paper does not state the diagnostic method used so that the freedom from infection of the controls is a matter of conjecture

The finding is that the velocity of sedimentation is increased, the resistance of the red cells lessened and the time of coagulation lessened as compared with anaemics which are held to be uninfected. The changes do not suffice for diagnosis their implications on prognosis it is proposed to investigate C L

FAUST (Ernest Carroll) WELLS (Joseph W) ADAMS (Corine) & BEACH (Ted D) Experimental Studies on Human and Primate Species of Strongyloides. III. The Fecundity of Strongyloides Females of the Parasitic Generation.—*Arch Pathology* 1934 Nov Vol 18 No 5 pp 605-625 With 3 figs.

The paper of which that abstracted in this *Bulletin* Vol 31 p 800 forms a preliminary note (as was conjectured)

The search for adult worms at autopsy was made by washing away and examining the gastric and intestinal contents and scraping off of the mucosa and submucosa of oesophagus stomach and intestines the adult worms were counted Moreover as was not gathered from the preliminary note the trachea and bronchi were similarly treated, and the lungs chopped and strained Great care was thus taken in the attempt to obtain all worms It cannot always have been successful since in one of the 17 dogs 600 900 150 and 300 larvae were found in 5 gm. portions of faeces during the last 4 days of its life but when killed all of the 608 female worms found were non fecund and encapsulated. Similarly in another dog passing in like manner 3 481 770 785 and 2 479 larvae only a few eggs were found in a small proportion of the 708 female worms disclosed most of them appearing to be post productive The authors summary is as follows —

On the basis of an intensive experimental study of human Strongyloides in young dogs and of a chimpanzee strain of the organism in a rhesus monkey concrete evidence has been obtained indicating that following the period of incubation the parasitic female worms produce eggs the number of which rapidly increases and then gradually decreases to zero This phenomenon is due not to the escape of the worms from the mucosa of the upper levels of the small bowel but to reactions in the tissues of the host including first encapsulation of the egg-laying females and later cellular infiltration around and phagocytosis of the worms Ordinary fecal examination for larvae of Strongyloides has been found a very unsatisfactory criterion of the presence or numbers of parasitic females in view of the frequent disintegration of larvae en transit down the bowel and because of the gradual reduction in the egg production of the mother worms. Although fecal examinations may consistently fail to disclose the organism for a period of weeks or months a considerable number of female worms may still be present in the duodenal and jejunal mucosa and be responsible for chronic toxic manifestations Internal infection (hyperinfection) is offered as an explanation for prolonged human strongyloidosis

SPINK (Wesley W.) Effects of Vaccines and Bacterial and Parasitic Infections on Eosinophilia in Trichinosis Animals.—*Arch. Intern. Med.* 1934 Nov Vol. 54 No 5 pp 805-817 With 5 charts [16 refs.]

These studies were undertaken to decide the question whether in trichinosis secondary infections may reduce the number of eosinophils to such an extent as to make the diagnosis uncertain. Guinea-pigs were used.

"1 The number of circulating eosinophil leukocytes in animals infected with *Trichinella spiralis* was reduced following infection with *B. tuberculosis* Staph. aureus and *Trypanosoma equiperdum*. Animals which had received repeated injections of typhoid vaccine responded with a rise in the eosinophil level. No change was noted following the injection of heat-killed tubercle bacilli.

"2 Studies of the bone marrow from the same animals did not reveal a corresponding decrease in the number of eosinophil cells.

"3 Trichinosis animals having a superimposed infection of tuberculosis or trypanosomiasis had less reaction around the encysted parasites in the muscle than the control animals. Trichinosis animals inoculated with typhoid vaccine showed similar changes in the muscles.

"4 Trichinosis animals subjected to a high level of dry heat responded with an absolute rise in the circulating eosinophilic leukocytes.

"5 No relationship was found between the weights of animals and the level of eosinophilic leukocytes in the peripheral blood.

"6 The number of circulating eosinophil cells did not appear to be related to the mode of encystment of *Trichinella spiralis* in the muscle."

C. L.

BACHMAN (G W) MOLINA (R. Rodríguez) & GONZALEZ (José Oliver). Anomalous and Non-Specific Reactions with *Trichinella spiralis* Antigen in Relation to Other Disease Conditions.—*Amer. J. Hyg.* 1934 Sept Vol. 20 No. 2 pp. 415-423

A titre of 1 in 2,500 and above in terms of dry weight of powder em., according to the experience of the authors, be termed specific for trichiniasis in 80 per cent. of cases.

"Of the 857 sera studied the titers varied from 1/100 to 1/3,000. In the precipitation test of the various groups, 18.08 per cent. gave a titer of 1/100 19.4 per cent. 1/200 41.6 per cent. 1/500 11.9 per cent. 1/1,000 4.0 per cent. 1/1,500 2.8 per cent., 1/2,000 2.08 per cent. 1/3,000.

"We may deduce from these investigations that the precipitation test for the diagnosis of human trichiniasis does possess a fairly high specificity in relation to other disease conditions. It is the experience of the authors that the presence of the anomalous reactions can be easily differentiated from the true, positive precipitation rings. According to the results of the authors, non-specific precipitation reactions occur in low dilutions at the interphase of the serum and test-antigen, and give rings similar to a true precipitation ring in Wassermann and Kahn reactions and parasitic infections as well as in conditions where there is nitrogen-retention and increased cholesterol and chlorides in the blood."

C. L.

BACHMAN (G W) & OLIVER (J) Virulence of *Trichinella spiralis* in a Natural and in an Experimental Host.—*Proc. Soc. Experim. Biol. & Med.* 1934 Oct. Vol. 32 No. 1 p. 96.

On successive passages through abnormal hosts trichinella seems to lose in virulence and infectivity

Repeated rat to rat feedings of trichinous flesh obtained by killing infected rats at 20-day intervals given in sub-lethal quantities produced increased infections as measured by the number of larvae in each gram of flesh. Repeated rabbit to rabbit feedings resulted in the dying out of the infection after 5 passages

C L

NUÑO (Flavio L.) Consideraciones clínicas y parasitológicas acerca de una observación de triquinosis humana [Observations on a Case of Human Trichinosis].—*Semana Méd* 1934 Aug 16 Vol. 41 No. 33 (2118) pp 461-488 With 47 figs. 4 plates & 1 graph [83 refs.]

A very detailed account of a man 63 years of age an Italian in the Argentine, who suffered from a subacute suppurative myositis of the left infrascapular region. Operative measures revealed the condition to be due to numerous *Trichinella* cysts. The pathology is described very minutely and the text is illustrated by no less than 66 figures mostly microphotographs. The author is of opinion that many cases are missed being diagnosed as suffering from influenza, or rheumatic pains. In 1916 at a Hygiene and Pathology Conference it was reported that 4 per thousand of the pigs examined in the slaughter houses of Liniers were trichinosed and ten years later this proportion was doubled in spite of the measures of inspection and prevention

H H S

ERLMANN (H.) Verkalkte Trichinellen in Bärenfleisch. [Calcified Trichinae in Bear's Flesh].—*Deut Tierärztl Woch* 1934 Vol. 42, No. 39 pp 633-635 With 9 figs.

Although not too appropriately placed in a Bulletin catering for tropical readers it may be recorded for completeness that trichinosis is reported in a polar bear

C L.

GRAHAM (G L.) Resistance Studies with the Nematode, *Nippostrongylus muris* in Laboratory Rats.—*Amer Jl Hyg* 1934 Sept. Vol. 20 No. 2, pp 352-372 With 2 figs. [12 refs.]

A study of helminth resistance."

"The development of an acquired resistance by rats against reinfection with the nematode parasite *Nippostrongylus muris* has been confirmed. It has been shown that the degree of acquired resistance developed is associated with the size of the initial infection i.e. the heavier the primary worm burden the greater the resistance developed. Repeated exposure to increasingly large numbers of larvae at weekly intervals has been shown to result in the development of a marked resistance as judged by egg count. The resistance was shown to be initiated by comparatively light infections.

The evidence from the present experiments indicated that physiological crowding of a degree like that observed with *H. spumosa* in rats and *A. lineata* in chickens was not present. However this does not preclude the possibility that a demonstration of this host parasite phenomenon can be achieved by suitable methods.

C L

SWEET (W C) & DIRCKZE (H A.) A Filariasis Survey of the Southern Province of Ceylon.—*Ceylon Jl Sci* (Sect D Med Sci.) 1934 Dec. 8 Vol. 3 Pt 3 pp 177-182 With 1 map

The authors give the following account of their survey —

"A rapid filariasis survey of the Southern Province of Ceylon was made between November 16 1925 and January 15 1926 by the staff attached to the Anchylostomiasis Campaign. During the survey night blood specimens were taken from 3,371 persons of whom 163

or  $4.8 \pm 0.3$  per cent., were found to have microfilariae in their blood. Forty-two cases of elephantiasis were seen by or reported to the staff. Since eleven of the cases of elephantiasis also showed microfilariae in their blood specimens, the total filariasis rate for the Province was  $5.3 \pm 0.3$ . The microfilaria rate of males was not significantly different from that of the females examined. All the infections were purely in distribution. The filaria concerned was assumed to be *W. bancrofti*. "No study of mosquito vectors of the disease was attempted." C. L.

HU (Stephen M. H.). An Examination of Prisoners at Paoshan, Kiangsu Province for Microfilariae of *Wuchereria bancrofti* Cobbold.—*Chung Hui Yi* 1934. Nov. Vol. 43. No. 11 pp. 1143-1145.

The results of examination of thick blood films taken between 9 p.m. and midnight from 148 prisoners are set out.

Of 140 males 24 showed microfilariae and of 6 females 3 did so. Of the 27 positive cases 17 were natives of the Paoshan district and 10 of the Kiangsu province. C. L.

VOSS (J. A.). Et tilfælde av filariose. [Case of Filariasis].—*Nord Med. J. Lægerundersøkelser*. 1935. Jan. Vol. 93. No. 1 pp. 17-21. With 1 fig. French summary (4 lines).

Voss describes from Norway a case of filariasis contracted in Tahiti and stresses the importance of bearing in mind tropical disease when treating patients in temperate climates. C. L.

RODENSWALDT (Ernst). *Filaria malayi* im Delta des Serajoe. II. [*Filaria malayi* in the Serajoe Delta (Java)].—*Verh. Dtsch. Entom. Ver. Berlin* 1934. Vol. 23. No. 1. pp. 21-43. With 2 figs. & 6 plates.

In spite of an inadequate and somewhat misleading title, this paper is purely entomological, and is concerned with presumptive mosquito vectors, rather than with *Filaria malayi* itself.

As is now well known, *Taeniorhynchus* (Mansonia) larvae have the remarkable habit of obtaining oxygen from the roots of water plants, to which they attach themselves by their siphons. Four attempts, with close examination of water plants to find *Taeniorhynchus* larvae in the Serajoe delta proved fruitless, despite the fact that species of the genus, especially *M. annulifera* were present and attacked the local inhabitants throughout the year. Laboratory experiments in Batavia, using 234 living adult *Taeniorhynchus* (chiefly *M. annulifera*) swamp water and water plants, especially *Pistia stratiotes*—all obtained in the Serajoe delta—were more successful. The author gives a detailed and well illustrated description of the egg and first and second stage larvae of *M. annulifera* which, like *M. indiana*, deposits its eggs in rafts attached to the under (submerged) side of the edges of *Pistia* leaves. One raft consisted of 129 eggs. The egg and young larva of *M. indiana* are also described. Laboratory conditions proved unfavourable, and no larva pupated but the investigation is being continued.

Possible vectors of *Filaria malayi* are briefly discussed. Of mosquitoes caught on human beings, the only species found infected were *M. annulifera* (13.8 per cent. out of 81 individuals), *M. uniformis* (3 out of 12), *M. indiana* (3 out of 7) and *Anopheles hyrcanus* (16 out of 18).

(For I of this series see this Bulletin Vol. 30, p. 667.)

E. E. Austen.

RODENWALDT (Ernst) *Filaria malayi* im delta des Serajoe III  
[*F malayi* in the Serajoe Delta.]—*Meded Dienst d Volkgezondheid*  
in Nederl Indië 1934 Vol. 23 No 4 pp 194-212. With  
17 figs. on 7 plates.

The intermediate hosts and antigen reactions of *Filaria malayi* are considered.

The first section considers the structure of *Mansonia annulifera* and *M. indiana* in their different stages the second the distribution of mosquitoes during a year at two spots in the Serajoe delta The third section deals with the local manufacture of dried dirofilaria antigen dissolved in fifty times its quantity of a mixed salt solution as used by MCCOY MILLER and FRIEDLANDER and diluted to as much as 1 in 5 000 to 1 in 10 000 Good immediate reactions were obtained equally in 5 cases of elephantiasis without microfilariae in 5 cases with *Mf bancrofti* in the blood, and in two natives of the country from a locality where this infection was unknown and who were used as controls In view of the unspecific character of the reactions which were obtained, the possible use of the adult *F malayi* when it has been isolated is mentioned, and the difficulties involved in discovering it are pointed out.

C L

RAY (P N) Filarial Affections of the Male Genital Tracts.—*Indian Med Gaz* 1934 Oct Vol. 69 No 10 pp 554-558 With 8 figs on 1 plate [13 refs]

The note draws attention to some recent advances in knowledge of filarial affections of the male genitalia

These are considered under the following headings Lymphatic varicocele should not be excised for fear of cellulitis or chylous fistula sodium morrhuate injection produced thrombosis in one case Endemic funiculitis is due to a secondary bacterial infection and half to three-quarters of sufferers die Hydrocele needs mention only Chronic epididymo-orchitis is being dealt with in connexion with a case now in the press Under elephantiasis of scrotum and penis Ray finds confirmation of the reviewer's suggestion that infective larvae reach the site by the blood escalator in the consideration of the fact that this condition is very rare in children and that before puberty the blood supply to the parts is little developed Lymph scrotum is described. In inflammatory reactions the author has failed to obtain evidence of secondary infection.

C L

GRACE (Arthur W) Filarial Lymphangitis, considered as a Mild Erysipelas resulting from Hypersensitiveness to a B Haemolytic Streptococcus of a Particular Type.—*Trans Roy Soc Trop Med & Hyg* 1934 Nov 27 Vol. 28 No 3 pp 259-276 With 2 charts [21 refs]

The author now feels that the hypothesis of streptococcal latency [this *Bulletin* Vol. 29 p 73] is a less satisfactory explanation of recurrent filarial lymphangitis than one based on a tuberculin like allergy of the affected tissue resulting from numerous minor infections of that tissue.

The argument runs thus First evidence that a bacterium is the exciting agent. Clinically the attack resembles that of the mild erysipelas of New York in which too a history of previous attacks is



common. Of 110 lymphangitis cases 64.5 per cent. developed abscesses and in all but one the organism was the  $\beta$ -haemolytic streptococcus. Subcutaneous nodules covered by red brawny skin occur in a tenth of lymphangitis cases and in a tenth of them (i.e., presumably in 1 per cent. of the nodules) the same streptococcus is found in pure culture.

A case is described with two nodules, one in the left forearm which subsided, and one in the right leg which suppurated, and the author adds, "It is difficult to believe that the nodule which subsided was due to *Wuchereria bancrofti* and that that which suppurated was the result of pyogenic infection" [could not one become secondarily infected and the other not?]. The conception of O'CONNOR's "focal spots" (in which worms have been demonstrated on excision) is that the parasites have nothing to do with their causation, for the worms are so many it is held, that when a spot is excised it is pretty sure to have one in it, and this will be dead because it has been killed by bacterial toxin. Blood counts during lymphangitic attacks are identical with those of erysipelas, a leucocytosis with polymorphonuclear increase yet in convalescence there is often an eosinophilia. As to 40 blood cultures in 35 patients 6 were positive in 4 patients. McKISLEY found none positive in 21. Grace holds it apposite to note that on adding the two together the positive rate is under 7 per cent., much in keeping with the result of blood culture in erysipelas. The morbid histology as described by O'CONNOR for acute filarial lymphangitis and MACCALLUM for erysipelas is held to be suggestive of both being erysipelas, though plasma cells large mononuclears and eosinophils are specifically mentioned in one case and not in the other.

In spite of the stress laid on the similarity of filarial lymphangitis to erysipelas of temperate climates, evidence is offered which is held suggestive that the  $\beta$ -haemolytic streptococcus associated with filarial lymphangitis differs from that commonly met with in temperate climates and is an organism of low virulence. Comparisons of British Guiana with Jamaica, and of the black with Chinese or European populations of Georgetown, British Guiana, leads to the conclusion that the incidence of lymphangitis and elephantiasis among communities is independent of their microfilarial rates, but is correlated with their standard of living and their use of footwear.

The conclusion that the condition is a manifestation of hypersensitivity to this haemolytic streptococcus is based on reactions to non-haemolytic streptococci, on the fact that it is rarely associated with any organism other than the  $\beta$ -haemolytic streptococcus, that the age incidence of positive Dick tests favours it, so do the presence of the subcutaneous nodules already mentioned, its high incidence in the lower limbs, the low incidence of positive blood cultures, and the mildness of constitutional symptoms. In fact there is held to be no evidence that *W. bancrofti* plays any part in the production of these lymphangitic attacks. C. L.

DE (M. V.) & CHATTERJEE (K. D.). Streptococcal Septicaemia and Filarial Oedema.—*Indian Med Gaz.* 1934 Oct. Vol. 69. No 10 pp 558-560 With 3 figs. on 1 plate.

A discussion of 3 cases among 75 consecutive autopsies leads to the conclusion that the rôle of filarial infection in the causation of fulminant streptococcal septicaemia, though very definite, is not yet fully understood.

The organism found locally or in the blood in all was *Streptococcus haemolyticus*. If it produces little pus formation prognosis is serious. In none of the cases could any source be found for an exogenous infection. It is held as an established fact that in males filarial infection usually remains localized in the genitalia in which place the streptococcal lesion occurs and the association is explained as possibly due to an upset symbiosis or to some condition of soil produced by the worms which is suitable for the streptococcus. C L

MEHON (T. Bhaskara) & ANNAMALAI (D. R.) Some Pathological Changes met with in Filarial Orchitis and their Significance.—*J. Trop. Med. & Hyg.* 1935 Jan 15 Vol. 38 No 2 pp 18-21 [13 refs.]

Examination of 5 cases leads to the conclusion that the ordinary changes in filarial orchitis are those of foreign-body reaction and that they are quite different when a microbic infection is added.

The type of inflammatory reaction round worms shows in the tissues clusters of lymphoid cells, eosinophils and mononuclears with a few plasma cells and very few polymorphs and with large giant cells about the periphery. These last appear to arise partly by fusion of the endothelial histiocytes which border the worm node. Local endolymphangitis obliterans with dilatation and hypertrophy of the muscular coat was present. In one case three female worms alive at operation, were present and all showed the same stage of pregnancy, extreme distension with embryos so being it is noted in agreement with the reviewer's view that parturition is simultaneously timed. In the other case the females when present were solitary [the hour of operation is not noted in any case]. In the fifth case there were large clusters of polymorphs showing the degenerate nuclei of secondary bacterial invasion. C L

HOMANS (John) & (by invitation) Cecil K. DRINKER & Madeleine FIELD Elephantiasis and the Clinical Implications of its Experimental Reproduction in Animals.—*Ann. of Surgery* 1934 Oct Vol 100 No 4 (Part 502) pp 812-829 (Discussion pp 829-832) With 11 figs [25 refs.]

The paper studies the composition and movement of tissue fluid in experimental and clinical elephantiasis, the condition of the lymphatics therein, and the clinical and surgical implications of the conditions disclosed.

There has been no success in establishing elephantiasis in animals by repeated removal of lymph glands nor is there positive support for suggestions that the condition is due to disorder of chemistry and water balance in the tissues or to malformation or varicosity of lymphatics. A case is described where pelvic exploration showed scarring of lymphatics over the left pelvic brim but to be successful in treating the condition operation would have to be early before the lymph vessels in the limb have been obliterated by elephantiasis. That they are so has been proved in experimental filariasis in the dog (cf this *Bulletin* Vol. 31 p 806). Thus in the normal dog when a suitable dye is injected between the toes light massage causes rapid filling of the whole lymphatic tree and the lymph vessels can, by the skilled, readily be cannulated. In the dog made elephantiasis experimentally, no vessels

are visible, but the dyed lymph can if the creature is white-skinned, be seen drifting about up or down the limb according to the animal's position, the movement being solely due to gravity. Exactly the same condition has been demonstrated in elephantiasis in man, the sclerosing process has destroyed all vessels and the dye as seen in the skin drifts about in the lymph-soaked tissues according to the position of the limb using thorotrast and X-rays the same effect is demonstrated. Some skin areas have, however remained uncoloured in these conditions, evidently because there the lymphatics are efficient so that if something in the nature of an Auchincloss operation is attempted, there is no object in removing skin higher than the point at which lymph as shown by such a test is carried off with reasonable efficiency and any operation designed to empty the lymphatics of the lower limb into the retroperitoneal sac cannot expect success unless performed before the lymphatic vessels have been destroyed by increasing elephantiasis. Both lymph and tissue fluid in this condition have from 2.7 to 5 per cent of protein, instead of the normal 1 per cent., and haemolytic streptococci can be cultivated from the tissue fluid of the elephantoid dog in the early hours of each lymphangitic attack but at no other time. C. L.

FERNANDO (S. E.) Ocular Filariasis. (Adult *Wuchereria bancrofti* in the Anterior Chamber of Human Eye).—*Jl Trop Med & Hyg* 1934 Jan 15 Vol. 38. No. 2. pp. 17-18.

The symptoms caused by a worm in the anterior chamber of the left eye and the description of the creature itself are given.

Turbid aqueous humour obscured the fundus of the red, painful and photophobic left eye, but in the anterior chamber was visible a whitish, threadlike worm in ceaseless coiling movement. It was removed through a corneal incision with complete recovery of the eye. Its full published description is as follows —

The nematode submitted for identification is *Wuchereria bancrofti*, a member of the subfamily Filariinae (order Filarioidea).

Its full length cannot be ascertained as the posterior region is missing. Its present length is less than 90 mm. The females of *Wuchereria bancrofti* reach a length of 100 mm. so that it is possible that the present specimen might have been a full-sized female.

A description of the worm in its present condition is as follows — It is very delicate, and tapering anteriorly. There is a distinctly enlarged, rounded head followed by a neck. The head bears two rows of papillae. The mouth is terminal and is not surrounded by lips. Oesophagus is long, showing indications of division into two parts. Female genital aperture is slightly posterior to the middle of the oesophagus.

The man, a Singhalese did not come from an endemic filarial area, nor were there microfilariae in the night blood. C. L.

i. LOW (G. Carmichael) & MANSION-BAHR (P. H.) with a Laboratory Report by A. H. WALTERS. Further Observations on Filarial Periodicity — *Lancet* 1934 Sept. 8. pp. 531-535 With 2 figs.

ii. LANE (Clayton) The Periodicity of *Microfilaria bancrofti* — *Ibid.* Dec. 29 pp. 1437-1441 [11 refs.]

1. The authors have studied another patient suffering from filariasis [see this Bulletin Vol. 30 p. 703] with a view to testing the periodicity

of the appearance of embryos of *W. bancrofti* in the peripheral circulation. The subject was a lascar in whose blood at night these embryos were present in large numbers. Two series of observations were made. In the first for 4 consecutive days 2 hourly counts were made of the embryos present in 20 cmm. of blood. On the first two days the maximum appeared in the 2 a.m. count on the last two at midnight. This is explained by the patient falling asleep earlier on these days thus giving an impetus to an earlier influx of embryos. The total numbers found were fairly approximate with an average of 417 in the 24 hours.

In the second experiment counts were similarly made at first for 4 days and later for 8 days with the patient reversing his usual habits and turning day into night. [In the text the counts were said to be made 2-hourly in the former period and 4-hourly in the latter but the graph shows a 2 hourly count throughout in spite of the statement which occurs more than once that he slept for 4 consecutive hours.]

In the second experiment no irregularity was noticed on the first day on the second there was a less rapid fall between midnight and 6 a.m. and a more marked irregularity on the third day. On the fourth the peak was reached at 4 a.m. and the noon figure was 28 compared with the midnight 47 this the authors describe as a marked fall in the total number of embryos at midnight counterbalanced by a marked increase of total numbers at midday. On the 5th to 8th days the midnight numbers were 40 59 53 and 55 the peak being reached at 2 a.m. except on the last day when it was at 4 a.m. and the noon counts were 23 67 37 and 48. Only once therefore, on the 6th day was the noon count higher than that at midnight. The average for the whole 24 hours was higher than under the normal conditions namely 448 for the complete period, and 463 for the last 4 days in place of 417. The minimal counts in the last period occurred from 6-8 p.m. The authors infer that it is likely that the same number of embryos are passed into the blood stream every 24 hours regardless of the habits of the patient and that there is daily migration and reappearance of the same undamaged embryos.

A fortnight after the patient resumed his ordinary mode of living the normal nocturnal periodicity returned. They conclude that periodicity is in some manner dependent upon the habits of the human host and that irregular periodicity is a better term [some would regard this as a self-contradictory term]. Thirdly that the minimal number of embryos in the circulation whether in reversed or normal life occurs at about 6 p.m. This is shown to be truer in the reversed than the normal graph in this article.

The authors also carried out an experiment with a guineapig the bearing of which on the argument the reviewer is unable to appreciate. They injected blood containing some 23 000 live embryos into the heart of a guineapig which was killed 5 minutes later and on examination no embryos could be found in the heart blood or organs. Clearly in this case they did not hide in an internal organ and no opportunity was given for them to reappear. It would appear to favour the argument that they were all killed off. [The authors explain this by saying that the moment they (the embryos) are transferred to incompatible blood they perish. The fact that none were found is taken as none were present. This is perhaps hardly justifiable as it would surely be without parallel in pathological experience. From the authors point of view however this absence as it seems implied.]

On the mechanism of filarial periodicity the authors offer no fresh evidence. They describe the classic cases of MANSON when the patient died suddenly after a dose of prussic acid and that of an infected Barbadian who died at 10 a.m. and embryos were found in the lungs only. The authors take for granted that the embryos in the first case must have been immediately immobilized owing to the large dose of the prussic acid taken and in the second they (so it appears to the reviewer) rather beg the question by assuming that lymph flow ceases immediately on death. Their considered opinion is thus stated in conclusion —

"We believe that filarial periodicity is best explained by parturition going on more or less continuously the young being, as MANSON put it, nearly constantly carried along the lymphatics and thoracic duct to the blood while the excess that would in time take place is checked and kept more or less constant by a mortality amongst the older and effete embryos.

[This would equally well, perhaps better account for absence of periodicity.]

H. Col. Clayton Lane begins by quoting the final paragraph of the above paper and then passes on to consider the views expressed.

He holds that Drs. LOW and MANSON-BAKER are not justified in assuming that because approximately the same total of embryos is found in certain samples of blood, whether the patient lives normally or reverses his habits there is daily migration and reappearance of the same undamaged embryos as against the authors' (Clayton Lane's) view of regular death of embryos and fresh parturition by the adult females. He mentions that the number of ova in the faeces of a patient with hookworm infestation may be roughly the same day by day although there is no analogous possibility of migration and reappearance.

Another point on which stress is laid is that the normal midnight swarm of embryos occurring at Calcutta (whence the patient came) was found to be the same at Greenwich i.e., the periodicity had changed with the change in local time and latitude—why then should change of habits be regarded as a circumstance to alter periodicity?

As regards the guineapig experiment Clayton Lane notes the work of MURKATROYD who injected the embryos from man to man and remarked on the same rapid disappearance [in this case, of course, the organs could not be examined, so the remark as to the pathological uniqueness of the result may still hold good]. This certainly disposes of the theory of the cause being [species] incompatibility of blood.

FOLLEBORN's experiments are related and commented upon. These went to show that the numbers of embryos in different parts of the circulation were not the same in life (or just before death) as shortly after death.

The author then gives an account of some *ad hoc* experiments by Professor C. K. DRINKER and Dr. Madeleine FIELD of Harvard University showing that lymph flow may continue for more than 1½ hours after sudden death from potassium cyanide poisoning. Accordingly the finding of lymph-borne microfilariae in the right heart and lungs after death from cyanide is no proof that they were there at the time of death.

To the statement why embryos should be able to hold their own against the currents of blood in the heart and large vessels is not clear but it is a fact that they do as LOW and MANSON-BAKER have written, and that they may do this by virtue of a spicule and surrounding

papillae, Clayton Lane replies that more modern technique shows that there is no spicule and that they thereby maintain their position is consequently not a fact.

The analogy with *Dirofilaria immitis* to which LOW and MANSON BAHR refer as regards their capability of withstanding the force of the blood-current is not valid, for here it is the adults which wind round the columnae carneae and so maintain their position in the rush of the circulation and not embryos as in the case of *W. bancrofti*.

Five years ago Clayton Lane concluded that the periodicity must be due to simultaneous parturition of the adult female filariae and O'CONNOR's findings that in the same cases (and he examined a number) all the female worms were at the same stage of pregnancy at the time of death of the subject and that the cycle is such that under normal conditions parturition occurs about midday support this view. [Many readers will call to mind the Meeting of the Royal Society of Tropical Medicine and Hygiene at the end of 1933 when slides were shown of females filled with embryos at noon but with collapsed and emptied uteri in the cases of those removed two hours later.]

The author from a study of O'CONNOR's slides and of what is known of the subject concludes that there occur in this periodic filariasis two parallel cycles each of 24 hours duration (the first a cycle of intra-uterine development ending with parturition normally about midday, the second the well-known one of the swarming of microfilariae in the blood with its apex about midnight) and that it is merely unreason which after independent confirmation will refuse to connect them as cause and effect. The question of the site of the daily destruction of embryos which must accompany a periodicity due to timed parturition is one which may more fittingly be taken up after simultaneous parturition has been confirmed.

H H S

HENKES (E. Harold) FAUST (Ernest Carroll) & DEBAKEY (Michael E.)  
*Filarial Periodicity in the Dog Heartworm, Dirofilaria immitis*  
 after Blood Transfusion.—*Proc Soc Experim Biol & Med* 1934  
 June Vol. 31 No 9 pp 1043-1046

"It is apparent that, in the case of the dog heartworm infection, periodicity cannot be explained on the basis of cyclical parturition and daily destruction of larvae."

The worm considered is *Dirofilaria immitis*. Recent work on periodicity is considered. The experiment consisted in importing apparently to New Orleans from Chicago (well outside the endemic area) a dog weighing 12 lbs. which was then kept in a double screened cage. On 23rd March a third of its blood was removed and the same quantity of blood from a heavily infected donor injected, the donor being anaesthetized by injection of the citrated blood of the recipient. Before the exchange the donor's blood showed a maximum of 47 000 microfilariae at 3 a.m. and a minimum of 16 000 at 7 a.m. and after it a maximum of 12 873 at 5 p.m. and a minimum of 6 000 at 7 p.m. The numbers at 5 p.m., which had been 21 400 before the exchange, rose from 5 275 on the 31st March to 44 500 on the 4th of May. The recipient had no microfilariae before the receipt of blood containing 27 573 of them per c.c. of donor's blood. After the bloods had become evenly mixed this should have given about 9 000 but only 8 per cent.

of this number ever appeared in the peripheral blood, the maximum figure immediately after the injection being 750 at 7 p.m. and the minimum 175 at 3 a.m. Thereafter at 5 p.m. the maximum of 750 was counted on 13th April and the minimum of 50 on the 4th of May.

Daily production and destruction of the microfilariae would have returned the count to normal levels within 24 hours" for injection of sodium citrate, of unstated quantity was shown to produce no apparent reduction in numbers of microfilariae. "The fact that the majority of embryos disappeared almost immediately after transfusion into the recipient may be due to their filtration by the viscera, particularly the lungs as suggested by Fülleborn." C. L.

THOMAS (J.) Processus de destruction des microfilaries vivantes par l'épéploon chez la sangsue philander [Destruction of Microfilariae in an Opossum by the Omentum.]—*Bull. Soc. Path. Exot.* 1934 Oct. 10 Vol. 27 No. 8. pp 735-737

This report from the Institute of Hygiene, Cayenne, French Guiana, describes the condition found in the great omentum of an opossum which had infection with a filaria and a trypanosome.

The creature had when seen a gaping wound in the head, in the exodermis from which were found microfilariae and trypanosomes. Neither is described. The omentum was nodular from numerous yellowish granulations mostly very small, but a few large and showing encysted adult filariae. The latter on section displayed a wall containing many pigmented cells, many vacuolated cells and a few giant cells. The early cysts containing microfilariae showed masses of these, entire and moving but not progressing and were lined by a flattened endothelium, the fluid showing few leucocytes mostly mononuclear. As to their fate the cyst wall thickens progressively by appearance of giant cells among large mononuclear and a few polynuclear cells, the cyst cavity lessens progressively in size and microfilariae become progressively fewer and show fragmentation till there is left a double walled granulation surrounding a central vessel clothed with giant and mononuclear cells. It is suggested that the microfilariae group themselves round blood vessels in the attempt to enter them, some penetrating, the rest being immobilized in the cysts. C. L.

Low (G. Carmichael) The Skin Conditions found in *Loa loa* Infections.—*Jl Trop Med & Hyg.* 1934 Dec. 1 Vol. 37 No. 23 pp 359-360

The skin conditions found in and the diagnosis of loa infection is considered.

Calabar swellings, a term first used by THOMPSON of Southern Nigeria, were believed by MANNON to be due to parturition by the female worm because he found microfilariae in fluid obtained by puncturing such a swelling. His patient, however had embryos in the blood. Low's control, in which a swelling was punctured in one who had no microfilariae in the blood, showed no embryos in the swelling. Low believes the swellings to be due to liberation of toxins from a dead worm. The other skin manifestations dealt with are pruritus, explainable by the presence of the parasite just under the true skin, and giant urticaria perhaps due to some personal idiosyncrasy. Diagnosis of loa infection is by seeing or extracting the worm, seeing embryos in the peripheral blood, the presence of Calabar swellings, unexplained eosinophilia, and Fairley's skin test. C. L.

RAMUNDAGA (D) An Unusual Case of Dracontiasis.—*East African Med J.* 1934 Dec. Vol. 11 No 9 pp 292-293

The opening was over the lower angle of the left scapula, and the worm extended over the left clavicle. There were it is held two worms described as fused together for the first two inches. C. L.

BRUMPT (E.), DUVOIR (M. E.) & SAINTON (J) Un cas de cénurose humaine dû au *Coenurus serialis* parasite habituel des lapins et des lièvres.—*Ann Parasit. Humaine et Comparée* 1934 Sept. 1 Vol. 12. No. 5 pp 371-383 With 8 figs. [15 refs.] [See this *Bulletin* Vol. 31 p. 787]

CASTELLANI (Aldo) Elephantiasis nostras (Non Filarial Elephantiasis).—*Jl Trop Med & Hyg* 1934 Sept. 1 Vol. 37 No 17 pp 257-264 With 4 text figs. 1 chart & 30 figs. on plates. [See this *Bulletin* ante p 73]

CAWSTON (F G) Neostom in the Treatment of Bilharzia Disease.—*Jl Trop Med & Hyg* 1934 Oct. 15 Vol. 37 No. 20 pp. 316-317

CAWSTON (F Gordon) The Treatment of Bilharzia Diseases by Antimony Potassium Tartrate, with the Consideration of Claims advanced for Other Remedies.—*Jl Trop Med & Hyg* 1934 Dec. 15 Vol. 37 No 24 pp. 385-396

CHEN (H T) Reactions of *Ctenocephalides felis* to *Dispylidium caninum*.—*Ztschr f Parasitenk* 1934 July 21 Vol. 6 No 5 pp 603-637 With 2 diagrams & 29 figs. on 4 plates. [3 pages of refs.]

GALLARDO (Vicente P) Anthelmintics in General Practice.—*Jl Philippine Islands Med Assoc.* 1934 Sept. Vol. 14 No 9 pp. 350-353

GRUBBS (Rameses) The Clinical Aspect of Ascariasis.—*Jl Trop Med & Hyg* 1934 Dec. 15 Vol. 37 No 24 pp 387-392.

HAUTEFVILLE (J) Ménigite vermineuse.—*Ann Parasit. Humaine et Comparée* 1935 Jan. 1 Vol. 13 No 1 pp 21-27 With 1 chart. [12 refs.]

LEATHERS (W S) & KELLER (A. E.) An Analysis of the Hookworm Problem in Mississippi.—*New Orleans Med & Surg J* 1935 Jan. Vol. 87 No 7 pp. 425-433 With 3 maps & 3 graphs. [14 refs.] [See this *Bulletin* Vol. 31 p 795]

LOPEZ NEIRA (Carlos) Terapeutica de las helmintiasis intestinales.—*Medicina Paises Calidos* Madrid 1934 Oct. Nov & Dec Vol. 7 Nos. 10 11 & 12. pp 470-485 497-528 545-586 [8 pages of refs.]

MARCHAL (G) SOULIÉ (P) & GRIGAUT (A.) Néphrose lipodique et helminthiase.—*Bull et Mém Soc Méd Hôpitaux de Paris* 1934 Dec. 24 3rd Ser 80th Year No 34 pp 1721-1728.

MONTIEL (Lucien) Etude statistique sur le parasitisme intestinal basée sur 7 000 examens coprologiques.—*Marseille-Méd* 1934 May 6 Vol. 71 No 13. pp 582-597 With 1 chart. [30 refs.]

TOSCONOTTI (Tito) Sopra un caso di cosiddetta appendicite verminosa.—*Polichinico Sez. Prat.* 1934 Nov 5 Vol. 41 No 44 pp 1728-1732.



## YELLOW FEVER.

- i. JAMES (S. P.) Renseignements concernant la fièvre jaune reçus pendant les six mois se terminant au 30 septembre 1934 [Information concerning Yellow Fever received during the Six Months ending 30th September 1934].—*Bull. Office Internat d'Hyg Publique* 1934. Dec. Vol. 26. No. 12. pp. 2096-2102. With 1 map.
- ii. PASTIE (E. D.) Résultats des récentes recherches sur la fièvre jaune au Soudan Anglo-Egyptien. [Recent Investigations on Y F in the Anglo-Egyptian Sudan].—*Ibid.* pp. 2103-2105.
- iii. BOYÉ. Cas probables de fièvre jaune à Port Gentil (Gabon). [Probable Cases of Y F at Port Gentil (Gabon)].—*Ibid.* pp. 2106-2107.
- iv. JORGE (Ricardo) La fièvre jaune africaine. [African Yellow Fever].—*Ibid.* pp. 2108-2122. (11 refs.)
- v. MOUTIER (R.) VAN HOOFF (L.) DUREN (A.) FORNARA (L.) CLARIBOET (G.) HENRY (E.) & HENRIARD (C.) Enquête sur l'endémicité actuelle au Congo Belge en 1932-1933. [Endemicity of Y F in the Belgian Congo during 1932-1933].—*Ibid.* pp. 2123-2135. With 1 folding map.
- vi. BOYÉ. Application en Afrique Occidentale Française du procédé de vaccination de Laignet contre la fièvre jaune. [The Application of Laignet's Method of Vaccination against Y F in French West Africa].—*Ibid.* pp. 2136-2139.
- vii. PIERCE (C. C.) Epidémiologie et données scientifiques nouvelles concernant la fièvre jaune. [Epidemiology and New Scientific Information concerning Y F].—*Ibid.* pp. 2140-2141.
- viii. BULLETIN DE L'OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE. 1934. Dec. Vol. 26. No. 12. pp. 2142-2145.—Rapport de la commission de la fièvre jaune [Report of the Y F Commission.]

1. The author deals chiefly with protection tests and vaccination. He briefly summarizes the results of protection tests in various parts of Africa, and also in Brazil, and directs attention to their great importance from an epidemiological point of view. It is evident that there is still much to be learnt about this aspect of the disease and four recent observations are mentioned in this connexion—the occurrence of outbreaks of yellow fever in rural districts in the absence of *Aedes aegypti*, the persistence of the infection for long periods without any obvious cases of the disease, in rural districts, after its disappearance from the large centres of population, the fact that hedgehogs are susceptible to the ordinary viscerotropic form of yellow fever, the problem whether or not the virus can persist in the internal organs after its disappearance from the blood, and the degree of fixity of the neurotropic strain of the virus.

Mention is made of the results obtained by FINDLAY in the serum vaccination of 75 persons, using horse immune serum prepared by PETTIT and STEFANOPOULO in Paris. Eighteen of the patients received 0.3 to 0.4 cc. per kilo body weight and the others 0.2 cc. per kilo, in addition to the usual dose of virus. Of these 14 had reactions attributable to the virus and 38 or 50 per cent., suffered from serum reactions due to the foreign protein. From a study on 305 persons vaccinated in various ways, it is found that about 5 per cent. are abnormally susceptible to the virus. In order to avoid any serious reactions, FINDLAY recommends the injection of a considerable excess of antibodies and by using doses of 0.4 cc. per kilo of the horse immune serum has successfully vaccinated 35 persons without producing any reaction attributable to the virus. Unfortunately there is the danger

of producing allergic reaction and there were two cases of serum sickness among these 35 subjects.

ii. The author discusses the results of protection tests in the Anglo-Egyptian Sudan and shows that the distribution of positive sera agrees with the hypothesis that yellow fever came from the west. In the southern part of the Bahr El-Ghazal however there is no evidence of its existence in recent times whilst in the north at Wau for example, the infection existed very recently. This absence in the south is attributed to the severe restrictions on any movements of population owing to the existence of sleeping sickness.

The first case of yellow fever in the Sudan to be diagnosed pathologically has been found at Wau where the liver of a man who died in July 1934 showed the characteristic lesions. The clinical history of the case agreed with this diagnosis.

iii. Evidence is produced in support of the view that in May 1934 a small centre of yellow fever existed at Port Gentil. A French couple both became ill ten days after their arrival and the husband died both cases being diagnosed as alimentary intoxication. An examination of the blood of the widow showed that it contained protective antibodies against yellow fever. It is of interest that the results of protection tests in Port Gentil seemed to indicate that the disease had been absent for at least 12 years as 19 sera of children aged 7 to 12 were all negative.

iv. An interesting discussion of the yellow fever problem with special reference to the possibility of its spreading to fresh localities. It is aptly pointed out that the disease has fallen from its importance as a world menace for since the discovery of the method of transmission every recent epidemic has been suppressed. With regard to the actual number of cases diagnosed as yellow fever in 1933 there were only 52 in Africa and 14 in Brazil and in the first nine months of 1934 23 in Africa and 10 in Brazil. Consequently the author is of the opinion that the disease is on the decline almost on the verge of extinction and there is no foundation for the pessimistic views that are sometimes advanced as to its dangers.

v. A detailed account of the results of mouse protection tests in the Belgian Congo from which it would seem that although the endemicity is wider than was realized conditions do not favour the development of yellow fever epidemics. Nevertheless the presence of a certain degree of endemicity shows that it is necessary to augment the inspection of European centres and also to guard against the increased possibilities in the spread of the disease afforded by modern methods of communication.

vi. An account of LAIGRET'S vaccination of 3 196 subjects in French West Africa [see below p. 285].

vii. A brief summary of various observations on yellow fever or its vectors containing nothing new.

viii. The results of mouse protection tests in Africa are summarized as follows —

In British West Africa out of more than 7 000 sera, 25 per cent were positive in French Niger 22 per cent in Dahomey 30 per cent in the Anglo-Egyptian Sudan from 0 to 16 per cent. In the Belgian Congo no positive cases occurred south east of a line from Dilolo to Albertville. In French Equatorial Africa all the territories were found positive. In Angola only a few localities were positive. The Commission reaffirms its confidence in the value of the mouse protection test

and the importance of continuing these investigations. But there is a divergence of opinion as to whether or not the presence of positive sera necessarily indicates the existence of clinical yellow fever. The histological examination of the liver obtained either by the racemotome or after autopsy is recommended in the cases of all fatal febrile infections of less than 10 days duration occurring in suspected endemic areas.

With reference to vaccination, the Commission urges the importance of following the history of all vaccinated subjects in order to decide the relative value of the two methods at present in use. *E. Huxley*

BRUYKES (Henry) MAHAFFY (A. F.) BURKE (A. W.) & PAUL (J. H.).  
Yellow Fever Protection Test Surveys in the French Cameroons,  
French Equatorial Africa, the Belgian Congo, and Angola.—*Trans.  
Roy Soc Trop Med & Hyg* 1934 Nov 27 Vol. 28. No. 1  
pp 233-258. With 4 maps.

Details are given of the results of a yellow fever protection test survey covering the examination of 4,828 specimens in 108 towns of the French Cameroons, French Equatorial Africa, the Belgian Congo, and Angola.

Results of similar studies have been previously published by the Belgian Mission, and also by BORE and JORGE (*this Bulletin* Vol. 31, pp 831-832). Except in French Equatorial Africa the percentages of positive sera were much lower than in West Africa proper probably owing to the fact that conditions in these regions are relatively unfavourable to the maintenance of yellow fever infection. Although extensive epidemics have occurred both recently and in the past, at present endemicity seems to be excluded throughout this entire region.

In French Equatorial Africa 1,643 specimens were examined and 18.4 per cent. were positive but no case of yellow fever has ever been reported from the Colony in spite of the fact that the protection tests indicate that extensive epidemics of the disease must have occurred within recent years. High percentages of positive sera were obtained in many towns in the interior including several near the border of the Anglo-Egyptian Sudan. The findings in the coastal area indicate that the incidence during recent years has been almost negligible.

In the French Cameroons only 3.8 per cent. were positive in 496 specimens collected in nine towns. The children were almost completely negative and the specimens from adults showed a fair percentage of positives in only two towns.

The survey in the Belgian Congo included the examination of 1,740 specimens from 43 towns, and 8.8 per cent. of these were positive. The interior seems to have been completely free from yellow fever during recent years, but has experienced the disease in the past. The results in towns along the Congo and Oubangui rivers suggest the possibility of the infection being carried into the interior of French Equatorial Africa by river traffic.

The results of the examination of 949 specimens from Angola showed only 11 positive, and the practically negative findings in the south and south-eastern portions of the Belgian Congo and throughout Angola, indicate that the limits of yellow fever invasion in these directions have been reached.

[The results recorded by JORGE (*this Bulletin* Vol. 31 p. 832) seemed to indicate that 44 out of 950 sera from Angola were positive.

These figures were derived from the author's table (p 1402) giving a summary of the results in which the *percentages* of positive and doubtful sera were totalled, giving the erroneous impression of an incidence four times higher than was actually the case.] E H

RECIO (A.) Absence d'immunisines anti-amariles chez les Cubains nés après la disparition de la fièvre jaune [The Absence of Yellow Fever Immune Bodies in Cubans born since the Disappearance of the Disease].—*Bull Acad Méd* 1934 Nov 6 98th Year 3rd Ser Vol 112, No 35 pp 543-546

By means of the mouse protection test the author has examined specimens of serum collected from 27 white and 14 coloured Cubans. The results are given in tabular form and show that 12 out of 16 persons born previous to 1901 contained antibodies against yellow fever but the sera of the 25 subjects born subsequent to this date gave uniformly negative results E H

DUDLEY (Sheldon F.) Can Yellow Fever spread into Asia? An Essay on the Ecology of Mosquito-Borne Disease.—*Jl Trop Med & Hyg* 1934 Sept. 15 Vol. 37 No 18 pp 273-278 [18 refs.] Also in *Jl Roy Nav Med Serv* 1935 Jan Vol. 21 No 1 pp 16-28 [18 refs.]

An interesting speculative essay on the possibilities of yellow fever spreading into Asia.

The author directs attention to the nature of the sea borne traffic between East Africa and Asiatic ports which is largely conducted by Arab dhows and coasting sailing vessels as primitive as ever were the old sailing ships which carried yellow fever across the Atlantic. These sea lanes should be as easy for the disease to travel by as was ever the old middle passage from West Africa to the Caribbean Sea in the past.

A comparison of the geographical distributions of *Aedes aegypti* dengue and yellow fever respectively suggests that the races of *A. aegypti* east of longitude 20 while remaining good carriers of dengue become inferior vectors of yellow fever [but see below p 292] Although there may be biological differences between the races of *A. aegypti* in various parts of the world, as suggested by certain transmission experiments and supported to some extent by epidemiological evidence, it is aptly pointed out what little things may upset the balance of Nature and it is conceivable that an increase in the rapidity and amount of mechanical transport might compensate for a hypothetical inferiority of the potential local vector or even allow the West African races of yellow fever mosquitoes to gain ascendancy over the races to the east of them and extend their range into Asia. It is of the greatest importance therefore, that sanitary and ships' medical officers should do all in their power to improve, encourage and enforce any measures which will hinder yellow Jack in travelling eastward from his stronghold in Central Africa.

This valuable article contains in addition many well-chosen examples of the epidemiology of insect-borne diseases, and should be read in its entirety by those interested in the subject E H

NICOLLE (Charles) L'infection inapparente, forme naturelle d'extinction de certaines maladies infectieuses. [Non-Evident Infection, a Natural Stage in the Disappearance of Certain Infectious Diseases.]—*Arch Inst Pasteur de Tunis* 1934 Dec. Vol. 23. No. 4 pp. 433-440

The author sees in the results of protection tests for yellow fever in the Anglo-Egyptian Sudan [this *Bulletin* Vol. 31 p. 833], a demonstration of the existence of a disease which has ceased to produce any clinical signs of its presence, but can still be detected by the protective antibodies that are found in the serum. It is considered that this is a very good example of the final stage in the extinction of an infectious disease, an interesting hypothesis developed by the author in his essay "*Déclin des maladies infectieuses*" published by F. Alcan, Paris.

E. H

MATHIS (C.) Pouvoir protecteur exercé vis-à-vis du virus amari de souris par le sérum du sujet ayant fourni la souche française du virus de la fièvre jaune. [The Protective Action against Mouse Yellow Fever Virus of the Serum of the Patient who furnished the French Strain of Virus.]—*Bull Acad Méd.* 1934 Oct. 21. 99th Year 3rd Ser Vol. 112. No 33. pp 336-340.

The French strain of yellow fever virus was originally obtained in 1927 from a mild case of the disease in a young Syrian at Dakar [see this *Bulletin* Vol. 25 p. 538]. After an interval of about 7 years the author examined the serum of this subject by means of protection tests in mice, and found that it contained antibodies against the mouse virus, though only to a slight degree.

E. H

STEFANOPOULO (G. J.) & MOLLARET (P.). Hémiplegie d'origine cérébrale et névrite optique au cours d'un cas de fièvre jaune. [Hemiplegia of Cerebral Origin and Optic Neuritis in the Course of a Yellow Fever Case.]—*Bull et Mém. Soc. Méd Hôp. de Paris.* 1934 Nov. 19 3rd Ser Vol. 50 No 29 pp. 1463-1465.

The possibility of ordinary yellow fever virus showing neurotropic affinities is supported by the authors' account of a patient who developed hemiplegia and other nervous symptoms following an attack of yellow fever. The authors produce convincing evidence in support of the view that the nervous lesions were the result of the yellow fever virus and insist on the danger of nervous complications in using neurotropic virus for vaccination. Consequently they advocate the use of combined virus and immune serum for this purpose instead of virus alone.

E. H

MATHIS (C.) LAIGRET (J.) & DURIEUX (C.) Trois mille vaccinations contre la fièvre jaune en Afrique Occidentale Française au moyen du virus vivant de souris, atténué par le vieillissement. [Three Thousand Vaccinations against Yellow Fever in French West Africa, by Means of Living Mouse Virus, attenuated by Age.]—*C. R. Acad Sci* 1934 Oct 15 Vol. 199 No 16. pp. 742-744

The authors have submitted a total of 3 193 Europeans in French West Africa to the method of vaccination involving three inoculations of living mouse virus attenuated by age in the same way as the spinal cords of rabbits infected with rabies.

The infected mouse brains were attenuated for one two and four days respectively and then dried *in vacuo*. Appropriate doses of the dried material were made up in ampoules and used for inoculation. The treatment consisted of three inoculations at intervals of 20 days first of the virus attenuated for 4 days next of the 2-day virus and finally of that attenuated only one day.

According to the authors no local reaction has ever been observed but about one-third of the subjects showed a febrile reaction after the first, less frequently after the second, and very exceptionally after the third inoculation. The reaction developed 6 days after the inoculation and was accompanied by fever headache and pain in the orbit and back, which lasted from 12 to 30 hours. Two cases presented more severe symptoms, one a meningic syndrome and the other a myelitis with a transitory paraplegia. They both recovered however and neither the blood nor the cerebrospinal fluid was infective to monkeys or mice.

Among those vaccinated in Senegal 70 per cent acquired immunity after the first inoculation but three inoculations are recommended. Nevertheless, the authors mention that cases of yellow fever [numbers not stated] have occurred in patients at least 20 days after the third inoculation so the method is not infallible. E H

LAIGRET (J) Résultats d'une mission effectuée en A.O.F. pour l'organisation de la vaccination contre la fièvre jaune. [The Results of a Mission in French West Africa for the Organization of Vaccination against Yellow Fever]—*Bull Soc Path Exot* 1934 Nov 14 Vol. 27 No 9 pp 813-816

— La vaccination contre la fièvre jaune (quatrième mémoire) Sur une mission pour l'application de cette vaccination en A.O.F.—*Arch Inst Pasteur de Tunis* 1934 Dec. Vol. 23 No 4 pp 413-437

The author gives a brief summary of the method of vaccination recommended by him namely three inoculations of attenuated mouse virus suspended in glycerine [see this *Bulletin* Vol. 31 p 79] and gives the results of applying the method for the protection of more than 3000 subjects in French West Africa. Since the inoculations seem to have been attended without any accidents except nervous symptoms in two cases which both recovered, the establishment of a centre in France is advocated, so that persons could be vaccinated under favourable conditions and acquire immunity before arriving in the endemic areas. For the present the Pasteur Institute at Tunis will continue to prepare the vaccine, and will send it to Paris where the inoculations will be made gratuitously at the Pasteur Hospital by Dr René MARTIN. Since yellow fever vaccination by the use of virus and immune serum is also practised at the same hospital, the author asks that any person wishing to have virus alone should demand the Method of the Pasteur Institute Tunis. E H

FINDLAY (G M) Immunisation against Yellow Fever with Attenuated Neurotropic Virus.—*Lancet* 1934 Nov 3 pp 983-985 [17 refs.]

The author gives the results of inoculating rhesus monkeys with attenuated virus as used by MATHIS LAIGRET and DURIEUX in their ~~max~~ experiments in West Africa.

Six monkeys were inoculated subcutaneously with 1 cc. of a 1 in 100 dilution of infected mouse brain, attenuated by an exposure of 4 days at 20°C. Four of these monkeys showed virus in the peripheral blood stream and developed immunity the remaining two remained negative but did not develop any immunity. On receiving the second inoculation of mouse virus attenuated for 2 days, these two monkeys both showed virus in the blood and subsequently became immune. An additional four monkeys were inoculated with only 0.5 cc. of the 4-day vaccine. Three showed virus in the blood and one of these developed encephalitis after 12 days and virus was found in large quantities in its brain. The fourth monkey showed no virus in its blood and did not develop immunity.

These results support the view that the development of immunity is correlated with the circulation of living neurotropic virus in the peripheral blood stream and emphasize the danger of using this method of vaccination for human immunization. The barrier between the blood stream and the brain may be broken down and the central nervous system invaded by the virus, as seems to have been the case with two of the persons vaccinated by LAURET (above). Moreover it is well known to occur in mice and guinea-pigs inoculated with the neurotropic virus as well as in monkeys. A further danger is the possibility of the neurotropic virus suddenly reverting to the viscerotropic form, for experiments with hedgehogs [see below p. 290] show that the mouse virus should be regarded as pantropic rather than strictly neurotropic.

Finally the presence of active neurotropic yellow fever virus in the blood during the course of vaccination renders the patient a potential danger both to himself and the community if any of the known mosquito carriers of yellow fever are present for it has been shown that *Aedes aegypti* is capable of taking up this virus from the blood of monkeys and transmitting it to other animals [see this Bulletin, Vol. 31, p. 355]. In view therefore of the dangers attending this method, the use of attenuated neurotropic virus for human immunization is not recommended. E. H.

FIXDLEY (G. M.) Immunisation contre la fièvre jaune au moyen de virus neurotrophe vivant et d'immuno-sérum hétérologue. [Immunization against Yellow Fever by Means of Living Neurotrophic Virus and Heterologous Immune Serum].—*Bull. Acad. Méd.* 1935. Jan. 22. 89th Year 3rd Ser Vol. 113 No. 3. pp. 73-85. [32 refs.]

A good general discussion of the subject followed by an account of the results obtained in the immunization of 100 persons against yellow fever by means of inoculations of living neurotropic virus and heterologous immune serum prepared by PETTIT and STEFANOPOULO.

It is considered advisable not to use neurotropic virus after more than 150 passages in mice, as after 200 passages the neurotropism has a tendency to become augmented and, moreover antigenic modifications may possibly develop and interfere with the development of immunity against the original virus.

The author emphasizes the dangers of using living virus attenuated in various ways, since the circulation of virus in the circulation constitutes a source of danger not only to the patient but also to the community in tropical countries where the transmitting agent occurs.

When, however immune serum in sufficient quantity is injected any reactions due to the virus are checked and at the same time virus does not circulate in the blood. The necessity for an adequate dose of immune serum is well exemplified in the history of 100 cases 70 males and 30 females who were vaccinated in this way. When less than 0.3 cc. per kilo body weight of immune serum was used 15 out of 57 cases showed reactions which could be attributed to the action of the virus. The remaining 43 cases received injections of 0.3 to 0.4 cc. per kilo body weight and such reactions were suppressed. Approximately half of all the cases treated showed reactions due to the injection of the heterologous proteins. In 3 cases there was definite local oedema two hours after injecting the serum but in all the others the reaction appeared between the 3rd and 10th day. Only 9 subjects are stated to have shown symptoms of any importance. E H

LAIGRET (J) Immunisation against Yellow Fever Vaccination and Sero-Vaccination. [Correspondence.]—*Lancet* 1935 Jan 19 pp 176-177

A reply to the foregoing communications.

The author admits that the multiplication of the virus in the vaccinated organism is the essential condition in the development of immunity but the intensity of this infection is so feeble that up to the present he has been unable to prove the virulence of the blood in any vaccinated persons. In the case of FINDLAY's monkeys the relatively large dose inoculated is considered to be the reason why he was able to infect mice with their blood. With regard to the fear that the living vaccine transmitted by mosquitoes from vaccinated to non vaccinated persons could communicate yellow fever return to virulence has never occurred under the conditions of human vaccination. Reference is also made to unpublished experiments by the author in conjunction with MATHIS and DURIEUX. Each day for 20 days different batches of mosquitoes were fed on vaccinated persons and subsequently fed on unvaccinated persons and finally ground up and inoculated into rhesus monkeys. None of the men or monkeys showed any signs of any infection nor developed immunity. The risk of a meningeal reaction although real is considered to be very slight in view of the fact that in more than 3 000 human vaccinations only two cases have been observed, and both recovered without sequelae. E H

MATHIS (C) & MATHIS (M.) A propos de la vaccination contre la fièvre jaune. [Vaccination against Yellow Fever]—*Bull Acad Méd* 1934 Dec. 18 98th Year 3rd ser Vol. 112. No 41 pp 817-820

A polemical reply to FINDLAY's article on this subject [above]

The authors maintain that the publications cited do not support his conclusions that the attenuated virus may produce encephalitis in man and also that mosquitoes biting inoculated subjects may possibly become capable of transmitting yellow fever. The various publications including the present authors more recent experiments are summarized with the object of showing that there is no satisfactory evidence that neurotropic yellow fever virus can change into the viscerotropic form during a single passage. Moreover 4 000 vaccinations by means of attenuated neurotropic virus have been practised in French West Africa without producing any signs of the disease. E H



DURUM (A) Où en est la question de la vaccination contre la fièvre jaune. [The Present Position of Vaccination against Yellow Fever]—*Grandes-Méd.* 1935 Jan. 13 Vol. 15 No. 11 pp 300-303.

A general account of the subject.

E. H

MATHIS (C.) DURIEUX (C.) & ADVIER (M) La vaccination anti-amarille comporte-t-elle des dangers dans les régions où la fièvre jaune sévit endémiquement et où les "*Stegomyia*" abondent? (Première note.) [Is Yellow Fever Vaccination Dangerous in Regions where the Disease is Endemic or where "*Stegomyia* abounds?]-*Bull. Acad. Méd.* 1934 Nov. 6, 96th Year 3rd Ser Vol. 112, No 35 pp. 535-538.

Three patients were inoculated each with 1 cc. of a one per cent. suspension of neurotropic virus equivalent to 0.002 gm. of mouse brain, and none of them showed any reaction. The serum of each patient was subsequently tested in mice for its protective properties. The serum of one of them protected 4 out of 5 mice, the other two gave inconclusive results. Mosquitoes (*Aedes aegypti*) were fed on all three patients during the 6 to 8 days following the inoculation of the virus, and subsequently allowed to bite two *Macacus rhesus* neither of which developed any signs of infection. One of these monkeys was also inoculated with the ground-up contents of these mosquitoes, also with negative results.

E. H

DHONT (C. M.) SCHÜFFNER (W. A. P.) & SNIJDERS (E. P.) Over het gedrag van het neurotrope "virus fixe" der gele koorts bij caribee en rhesus-ape. [Action of the Neurotropic "Fixed Virus" of Yellow Fever in Guineapigs and Rhesus Monkeys].—*Nederl. Tijdschr. v. Geneesk.* 1934 Oct. 20 Vol. 78, No. 42, pp. 4826-4836 With 5 figs. on 1 plate. [10 refs.] English summary

The first animal in which successful transmission of yellow fever from man was obtained was the monkey *Macacus rhesus*. That was a great step forward, but the possibilities of experimentation were greatly opened up when it was shown that the guineapig and the mouse were both susceptible animals.

In the present series of experiments the first attempt was to transmit the neurotropic virus, the mouse fixed virus, to the guineapig. Infective material for the first inoculation in guineapigs was obtained from mice in the 183rd passage of the Dakar strain. One half a mouse brain in unfiltered suspension diluted 1-500 in 1 per cent peptone and in dose of 0.01-0.02 cc. per guineapig, was used in intracerebral injection. None of the animals died of shock and none within 24 hours, which contrasted strongly with earlier experiments. This satisfactory result is ascribed to the use of what was now a neurotropic instead of a viscerotropic virus and a smaller dosage. About 4 days after inoculation a definite rise of temperature occurred (average 40.2°C.) then a fall to normal and, before death, a collapse temperature of about 35°. Loss of weight was the other main sign of infection. As in mice, the pathological condition was one of encephalitis, which was shown histologically by the characteristic perivascular lymphocytic "cuffing" of the cerebral vessels. The guineapig brain virus could be identified as a true yellow fever virus by using the protection test with a known yellow fever immune serum and a control normal serum respectively. The virus could

also be transmitted from one guineapig to another in series and again back to the mouse without loss of pathogenicity. An experiment was carried out to show the transmissibility of guineapig virus to the monkey by intramuscular injection. There were no immediate symptoms but the animal fell sick after 20 days with apparent paralytic symptoms and died on the 25th day. Two monkeys were inoculated with blood and liver suspensions respectively intramuscularly from this one. Both sickened 21 days later and both recovered. These two monkeys were subjected to the bite of a group of infective *Aedes aegypti* mosquitoes (viscerotropic virus) but except for a rise of temperature in one of them to  $40.6^{\circ}$  were not otherwise affected although a control monkey bitten by the same mosquito died of yellow fever. The deduction made is that the inoculation of blood and of liver suspension respectively gave rise to a slight attack which was recovered from and that this rendered the monkeys immune to yellow fever. The neurotropic yellow fever virus can also be transmitted from mice by intramuscular injection to monkeys. The disease is more protracted than the usual septicaemic one and death may not take place for 3 weeks. A final experiment showed that intramuscular injection of the neurotropic virus in the monkey results probably in a temporary septicaemia which however is not demonstrable after the 3rd day. In this respect it contrasts with the viscerotropic virus.

Their results say the authors taken as a whole accord very well with those of the American and French workers and may be regarded as confirmatory.

W. F. Harvey

LLOYD (Wray) & MAHAFFY (A. F.) The Use of Guinea Pigs in Tests of Immunity against Yellow Fever with Small Quantities of Serum. — *Amer J Trop Med* 1935 Jan Vol 15 No 1 pp 51-58

The advantage of being able to obtain a neutralization or protection test with such minute amounts of serum as may be obtained from infants led the authors to test the possibility of using guineapigs in the same way as THEILER used mice [see this *Bulletin* Vol. 28 p 723].

The results of inoculating serum virus mixtures intracerebrally into guineapigs are compared with those of protection tests in mice and in a series comprising 116 sera gave correct results in 95 per cent of the cases. For the test 0.05 cc. of a 0.5 per cent neurotropic virus suspension was mixed with 0.15 cc. of the serum to be tested and then incubated at  $37^{\circ}\text{C}$  for two hours.

E. H.

FINDLAY (G. M.) & CLARKE (L. P.) Infection with Neurotropic Yellow Fever Virus following Instillation into the Nares and Conjunctival Sacs. — *J Path & Bact* 1935 Jan Vol 40 No 1 pp 55-64 With 2 charts [16 refs.]

The nasal instillation of neurotropic yellow fever virus in monkeys and mice was found to be followed by the development of encephalitis. Virus also reached the peripheral blood stream in small quantities 72 hours after instillation in mice after which it disappeared. In five out of six rhesus monkeys infected virus was present in the blood 48 hours after instillation but had disappeared by the 6th day. In the sixth monkey the virus appeared in the blood on the 5th day and disappeared on the 7th day.

The virus was present in the olfactory lobes of a monkey and in the cerebral hemispheres of mice 2 days after nasal instillation, and then spread generally throughout the brain. The instillation of virus in the conjunctival sacs of 20 mice was followed by the development of encephalitis in 8 individuals after an average incubation period of 10 days, whilst with nasal instillation 36 out of 50 developed encephalitis after an average period of 9 days. In a discussion of the possible routes by which the infection reaches the brain it is considered that whilst the direct extension of virus along the axones cannot be entirely excluded, there is considerable evidence to show that the perineural sheath spaces are a possible and probable means of spread.

It was found that 5 monkeys containing immune bodies in their blood were immune to nasal instillation of the virus. Twelve mice that had survived nasal instillation were inoculated intracerebrally with the virus and with one exception all developed encephalitis; therefore it would seem that these mice had escaped the previous exposure owing to non-absorption of virus from the mucosa of the naso-pharynx. E H

STEFANOPOULO (G.) MOLLARET (P.) & DEXSOS (E.) Inoculation du virus de la fièvre jaune au Porc. [The Inoculation of Yellow Fever Virus into the Pig].—*Bull Soc Path Exot*, 1934 Nov 14 Vol. 27 No 9 pp 816-820 With 5 figs on 2 plates & 1 chart.

A young pig was inoculated intracerebrally with a neurotropic strain of yellow fever virus. Four days later it showed a sudden rise of temperature and subsequently developed nervous symptoms with progressive paralysis and died on the 7th day with typical symptoms of myelo-encephalitis. Nevertheless six mice inoculated with the cerebrospinal fluid and a monkey and six mice inoculated with an emulsion of the brain of this pig remained uninfected, and the monkey subsequently was inoculated with virus and died of yellow fever.

A second pig was inoculated subcutaneously with a viscerotropic strain, then 4 weeks later with a neurotropic mouse strain, and finally with two more doses of the ordinary virus. Protection tests with the pig's serum were feebly positive 28 days after the first inoculation, but became strongly positive after the last two doses. The cerebrospinal fluid was also strongly protective. E H

FIDDLAY (G. M.) & CLARKE (L. P.) The Susceptibility of the Hedgehog to Yellow Fever. II.—The Neurotropic Virus.—*Trans. Roy Soc Trop Med & Hyg* 1934 Nov 27 Vol. 28, No. 3 pp. 333-345 With 8 figs. on 2 plates.

The authors have previously recorded the susceptibility of the hedgehog to viscerotropic strains of yellow fever virus [this Bulletin, Vol. 31 p. 841] and in the present article show that this species is also susceptible to neurotropic strains injected intracerebrally subcutaneously or intraperitoneally.

The symptoms develop in 6 to 11 days and are invariably fatal; but, unlike what is found in other susceptible animals, at death virus is present not only in the brain, but also in the liver, kidneys, spleen and adrenals, though only rarely in the blood. Virus obtained from the organs of hedgehogs produces a fatal encephalitis in mice and even after 10 passages in hedgehogs behaved as a fixed neurotropic strain.

and moreover did not acquire any increased capacity for producing visceral lesions. It can be passed through Seitz filters and is neutralized by known yellow fever immune sera.

The changes produced by the neurotropic strains in the hedgehog include very slight lesions in the central nervous system but especially focal degeneration in the liver with acidophilic necrosis of the cytoplasm occasional intranuclear inclusions and infiltration with mononuclear and polymorphonuclear leucocytes. In the stomach there are petechial haemorrhages in the gastric mucosa. The characteristics of neurotropic and viscerotropic yellow fever virus in the hedgehog are shown in the table.

*Characteristics of Neurotropic and Viscerotropic Yellow Fever Virus in the Hedgehog*

	Viscerotropic strain.	Neurotropic strain
	Incubation period in days.	
	4-7	6-11
	Distribution of virus in tissues at death.	
Blood	+++	±
Brain	++	+++
Liver	+++	++
Spleen	+++	++
Kidney	+++	++
	Lesions.	
Liver	General necrosis	Focal necrosis
Kidney	Extensive degeneration of tubular epithelium	Degeneration of occasional epithelial cells
Stomach	Black vomit and haemorrhages	Occasional small haemorrhages
Heart	Fatty degeneration	No lesions
Brain	No lesions	Slight increase in microglia occasional perivascular infiltration and increased mononuclear reaction in meninges

E H

FINDLAY (G. M.) HEWER (T. F.) & CLARKE (L. P.) The Susceptibility of Sudanese Hedgehogs to Yellow Fever—*Trans Roy Soc Trop Med & Hyg* 1935 Jan 25 Vol. 28 No 4 pp 413-418 With 4 figs. on 1 plate

The results of these experiments show that Pruner's hedgehog from the Sudan is susceptible to yellow fever and the possibility of such a species acting as a reservoir for the virus cannot be ignored.

Four Pruner's hedgehogs (*Atelerix albiventris* = *Erinaceus pruneri*) from the Sudan were inoculated subcutaneously with viscerotropic yellow fever virus. The first two were inoculated one with liver and the other with blood of a monkey infected with the Asibi strain both died of yellow fever after 4½ and 9 days respectively. The third hedgehog, inoculated with a Berkefeld filtrate of the liver of an infected European hedgehog died after 22 days and a monkey inoculated with the liver of this animal died of yellow fever 11 days later. This hedgehog had been kept at 50 to 60 F and was in a semi-comatose condition for 15 days after inoculation. The prolonged duration of the disease in this individual may possibly be due to the

hibernating condition, for a European hedgehog kept at the same temperature also showed an incubation of 17 days when inoculated with yellow fever.

The fourth Sudanese hedgehog inoculated with a Seitz filtrate of the liver of the second one, did not die, although a European hedgehog inoculated with the same material died in 8 days. It was subsequently found to be immune. E H

MATHIS (Maurice) *Biologie comparée, en conditions expérimentales, de quatre souches du moustique de la fièvre jaune. [The Comparative Biology under Experimental Conditions, of Four Strains of Yellow Fever Mosquitoes.]—C. R. Soc Biol 1934. Vol. 117 No. 35 pp. 878-880*

The author compared four strains of *Aedes aegypti* obtained respectively from Athens, Cuba, Dakar and Java, with regard to the duration of the various stages in their development, and also the number of eggs in the first two batches to be laid.

All four strains resembled each other very closely the hatching of the eggs being produced by the same microbial factors, the larval stage lasting from 6 to 8 days (at 25°C.) the adults emerging after a nymphal stage of 48 hours, and the females laying their eggs within 48 hours of a blood meal. Unlike *Culex pipiens* and *Anopheles maculipennis* there is no evidence of the existence of distinct races, and the author is of the opinion that *Aedes aegypti* is a very homogeneous species in all parts of the world and consequently is a potential source of danger for the transmission of yellow fever in all countries where climatic conditions are favourable. E H

MOLLARET (Pierre) & STEFAKOPULO (G. J.) *Le liquide céphalo rachidien lombaire et sous-occipital dans la fièvre jaune expérimentale du Macacus rhesus. [Lumbar and Sub-Occipital Cerebrospinal Fluid in Experimental Yellow Fever in Macacus rhesus.]—C. R. Soc Biol 1934 Vol. 117 No. 37 pp. 1101-1103*

Nine rhesus monkeys were inoculated subcutaneously with a viscerotropic (Asibi) strain of yellow fever and the cerebrospinal fluid was examined in each. In spite of the absence of nervous symptoms, in every case there was a leucocytic reaction in the fluid collected on the 2nd to the 4th day after inoculation, consisting entirely of lymphocytes, which rose in some cases as high as 150 elements, with an average of 30 to 60. The albumen content, Pandy's reaction and precipitation of colloidal benzoin showed no important changes.

In two other monkeys the inoculation was followed by the development of nervous symptoms and in one of these inoculated with a neurotropic strain and which only showed signs of illness on the 15th day there were marked changes in the cerebrospinal fluid as indicated in the following table —

Albumen.		Leucocytes.	Pandy reaction.	Colloidal benzoin.
Before inoculation 0.15 gm.	..	72	—	0000010000000000
15th day after .. 0.65 gm.	..	80.0	—	0000022221000000
18th .. .. 1.00 gm.		672	+	0000022221000000

Five monkeys inoculated into the nervous system with a neurotropic strain all showed reactions analogous to the preceding case

A resistant monkey and also six immunized animals all showed a lymphocytic reaction when inoculated with yellow fever virus. In three out of four monkeys inoculated with a neurotropic strain the cerebrospinal fluid contained virus from the 3rd to the 11th day of the disease. Moreover it was positive in 3 out of 8 monkeys inoculated with a viscerotropic strain.

In vaccinated or recovered monkeys the cerebrospinal fluid develops protective antibodies sometimes to a very high titre and the results in general support the view that yellow fever virus has certain neurotropic affinities.

E H

NICOLAU (S) KOPCOWSKA (L) & MATHIS (M) Etude sur les inclusions de la fièvre jaune. [A Study of Yellow Fever Inclusions.] —*Ann Inst Pasteur* 1934 Nov Vol 53 No 5 pp 455-508 With 36 coloured figs. on 1 double plate. [Refs. in footnotes.]

The present study is mainly an expanded account of the results previously published in a series of notes [see this *Bulletin* Vol 31 pp 499 842 & 843]. The authors' main conclusions based on the examination of human cases of yellow fever and also of monkeys, mice, guinea-pigs and rabbits infected in various ways are that the real yellow fever inclusions are oxyphilic bodies without any internal structure, sometimes surrounded by a halo occurring in the karyoplasm, which is somewhat rarified, but still preserves its staining properties.

The dimensions of the bodies vary from less than  $1\mu$  in diameter up to 3 or  $4\mu$  and generally they are multiple in each cell. It is necessary to distinguish these bodies from the oxychromatic degeneration of the nucleus of the infected cell the result of its death or injury. The yellow fever inclusion body is supposed to be a response of the nucleus to the invasion of the virus each particle of which is supposed to be enclosed in a kind of envelope, with the object of preventing its multiplication. These bodies are found not only in the nervous system but also in other cells derived from the ectoderm such as hepatic and endothelial cells also endothelioid cells of the spleen.

The authors consider that the so-called neurotropic strains of yellow fever do not multiply exclusively in the nervous system as the virus can be found in the circulating blood for some days after being injected into the peritoneal cavity. It is thus not strictly neurotropic in the same way as rabies, poliomyelitis or Borna's disease.

E H

HUGHES (T P) A Partial Purification of Yellow Fever Virus through Adsorption and Elution.—*Jl Bacteriology* 1934 Oct Vol 28 No 4 pp 401-413 With 3 charts

By using the well known method of adsorption on kaolin followed by selective elution with dilute ammonia the author has made preparations of mouse yellow fever virus possessing a high degree of activity and having a protein content at least 50 times less than can be demonstrated by chemical tests for protein.

A suspension of infected mouse brain in distilled water was centrifuged and the supernatant fluid passed through a Seltz filter. To 9 cc. of the resulting filtrate was then added 2.25 cc. of a 40 per cent. suspension of kaolin in distilled water and the mixture shaken for 1 hour at room temperature. The kaolin was then removed from the supernatant fluid and both tested for virus. The virus was found to have been completely adsorbed by the kaolin, from which it was released by the addition of N/10 and N/100 ammonium hydroxide solution but not by weaker dilutions (N/1,000).

Further experiments using a glycerine-acetate non-toxic buffer system, showed that the virus was adsorbed throughout its range of survival from pH 6.5 to 10.0. One-tenth volume of kaolin was found sufficient to adsorb all virus from suspensions having a low protein content, but was not effective in suspensions containing 50 per cent. serum (about 2.5 per cent. protein). For satisfactory results the protein content should be kept low.

Experiments with varying concentrations of ammonia showed that N/100  $\text{NH}_4\text{OH}$  was the optimal one for routine use, and two minutes elution was sufficient to release the virus from kaolin. The virus particles evidently behave differently towards kaolin than do serum proteins or other substances present in blood serum or brain extracts. They are more rapidly and completely adsorbed (within 15 minutes) and when so adsorbed are released by a lower concentration of ammonia. The partial purification of yellow fever virus seems to be accomplished with ease and rapidity by means of this method. E. H.

**HOSKINS (Meredith).** An Attempt to transmit Yellow Fever Virus by Dog Fleas (*Ctenocephalides canis* Curt.) and Flies (*Stomoxys calcitrans* Linn.)—*Jl Parasitology* 1934 Sept. Vol. 20 No. 4 pp. 299-303

Dog fleas, *Ctenocephalides canis* Curt., were fed on rhesus monkeys infected with yellow fever and then allowed to bite normal monkeys immediately afterwards and at intervals of 7 to 72 hours. In no case was infection produced by their bites but by injecting the contents of these fleas into monkeys it was found that the virus survived for 7 hours in the gut but died out before the expiration of 18 hours.

In the case of the stable fly *Stomoxys calcitrans* Linn., infection was produced by bites 8 hours after the infective blood meal, but not after 16 hours. The contents of these flies remained infective up to 42 hours after the meal but the injections of flies 48 and 72 hours after feeding did not produce yellow fever in normal monkeys. The fact that these flies will readily bite a new host immediately after being interrupted in feeding suggests that they may be potential carriers of some importance. E. H.

**JOURNAL OF THE ROYAL NAVAL MEDICAL SERVICE.** 1935, Jan. Vol. 21 No. 1 pp. 28-34 With 1 fig.—**The Menace of Yellow Fever.** By a Medical Officer Royal Navy

A general article on the subject, containing extracts illustrating the dangers of yellow fever in the past, and in particular an interesting

account of the organization of mosquito control service in Rio de Janeiro which has been applied at all the larger Brazilian ports

E H

GORDON (R. M.) Notes on Yellow Fever, with Special Reference to the Possibility of its Recurrence in Sierra Leone. With a Foreword by the Director of Medical and Sanitary Services, Sierra Leone.—1934 Dec. 20 pp. Freetown Govt. Printer

A useful summary of the main facts concerning yellow fever with special reference to the possibility of its recurrence in Sierra Leone. The information has been brought up to date and issued in pamphlet form as a book of quick reference for any Medical Officer who may be called upon to contend with an outbreak of the disease. E H

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SKIDMORE (E. P.) POSTHUMS (S.) & SCHÖFFNER (W.) On the Protective Power of Yellow Fever Sera and Dengue Sera against Yellow Fever Virus.—*Amer J Trop Med.* 1934 Nov Vol. 14 No. 6 pp. 519-545 [27 refs.]  
[See this *Bulletin* Vol. 31 p. 840]



## RELAPSING FEVER AND OTHER SPIROCHAETOSSES.

KEMP (Hardy A.) MOURMUND (W H) & WRIGHT (Harry E).  
Relapsing Fever in Texas. IV *Ornithodoros torridus* Doggs a  
Vector of the Disease.—*Amer J Trop Med* 1934 Sept.  
Vol. 14 No. 5 pp 479-487 [10 refs.]

The authors give various notes on *Ornithodoros torridus* with special reference to the transmission of relapsing fever in Texas.

The tick seems to be widely distributed in Texas, having been recorded from several localities, usually sandy caves, in the north and south central parts of the State. Its rôle in the transmission of the disease has been demonstrated experimentally by the production of infection in rabbits, monkeys and rats, by the bites of these ticks. When feeding the larvae attach themselves very quickly and become engorged within 10 to 30 minutes, when they detach themselves and leave the host. The nymphs usually behave in the same way but the adults generally remain attached for hours, even up to two days. Coxal fluid is secreted during the feeding but this fluid does not seem to carry the infection as no spirochaetes could be found in it, and rats inoculated with the fluid remained uninfected. Moreover infection was produced by the bites of ticks in which the coxal apertures had been sealed with collodion.

Ticks were killed and examined at intervals of 2 to 15 days after feeding on a rat heavily infected with the Texas spirochaete. The organisms were found to make their way to practically every organ of the body large numbers being found especially in the connective tissue. Although hereditary infection had been recorded the authors, in three experiments, obtained negative results by the inoculation of rats with saline emulsions of eggs laid by infected ticks. E. Hinde.

SACHS (Albert) Relapsing Fever in Chitral.—*Jl Roy Army Med Corps* 1934 Oct Vol. 63 No 4 pp 217-230 With 1 map in text

The author has analysed the medical case sheets of 50 cases of human relapsing fever that occurred in Chitral during 1932 and 1933 and gives a general account of the disease.

It is caused by a spirochaete morphologically resembling *S. neerovialis* and the fever in all respects conforms to the known type. It is generally very mild however and first attacks may be missed especially as the onset has a close resemblance to that of malaria, for which it has frequently been mistaken. The incubation period varies between 5 and 15 days.

With reference to transmission clinical evidence supports the view that both tick and louse-borne types are present. No cases have occurred during the Chitral reliefs, when large numbers of troops march along the Hindustan-Chitral road, but always camp in the open, and do not use the levy posts or employ coolies. The disease seems generally to be contracted at one of the levy posts along the Dir Droah section and as the cases occur mostly in the hot weather the evidence is more in favour of the tick-borne type. *Argas persicus* was found in large

numbers at one post where the disease was prevalent, and in addition examples of *Ixodes ricinus* and *Hyalomma aegyptium*. Bugs were found at all the posts.

No definite evidence as to immunity is available since no strains of spirochaetes are now obtainable in India. E H

VILLAIN (G) Septième cas de fièvre récurrente hispano africaine observé en Tunisie. [Seventh Case of Spanish-African Relapsing Fever observed in Tunis.]—*Arch Inst Pasteur de Tunis* 1934 Dec. Vol 23 No 4 pp 447-448

The record of a case of infection presumably with *Spirochaeta hispanica* in a native of Tunis living about 10 miles north of Enfidaville. The course of the disease was typical and spirochaetes were found in the patient's blood but a monkey and two guinea-pigs inoculated with blood containing rare spirochaetes on the 9th day of the disease, and also two guinea-pigs inoculated with lice from the patient failed to show any signs of infection E H

KLEINE (F. K.) & KRAUSE (M) Die Rolle der Wanze bei der Verbreitung des Rückfallfiebers [The Role of Bugs in the Spread of Relapsing Fever]—*Arch f Schiffs- u Trop Hyg* 1934 Nov Vol 38 No 11 pp 486-487

The authors conclude that bed bugs can only play a very small part as a reservoir for relapsing fever not to be compared with that of ticks or lice. [See ROSENHOLZ, this *Bulletin* Vol. 24 pp 685-7]

Larvae of bed bugs were fed on mice infected with strains of both European and African relapsing fever. From the sixth day onwards 2 to 10 specimens were ground up after various intervals and inoculated into mice. Out of 300 bed bugs 4 per cent were found to be infective at intervals up to 80 days after the meal of infected blood, but out of 150 adult bugs similarly fed and inoculated into mice after 6 days interval none produced infection. In addition 3 000 larvae from infected parents were inoculated into mice with negative results

E H

KROO (H) Studien ueber Immunität und Chemotherapie bei neugeborenen und erwachsenen Tieren. Untersuchungen ueber die Spirochäteninfektion der Hühner. [Immunity and Chemotherapy of Newly-Born and Adult Animals. Researches on Fowl Spirochaetosis.]—*Ztschr f Immunitätsf u Experim Therap* 1934 Dec. 31 Vol 84 No 1 pp 1-13

Adult fowls and one-day old chicks were inoculated intramuscularly with similar doses of fowl spirochaetes. In the adult birds the infection lasted only 3 to 5 days whilst in the one-day old chicks it was much more prolonged the birds remaining positive up to 18 days after infection (in one case 21 days)

When killed spirochaetes were inoculated no immunity developed in the one-day old chicks whilst the adult birds developed a well marked resistance

In spite of the favourable chemotherapeutic index for arsenobenzol in the treatment of fowl spirochaetosis, one-day old chicks inoculated with the maximum tolerated dose were not cured, for after a time

spirochaetes reappeared in the blood. Unlike the blood of adult fowls similarly treated, the serum of the infected chicks inoculated with chemotherapeutic agents, had little or no spirochaeticidal property. This is said to be in accordance with the fact that the relapse strain was immunologically identical with the original strain. The prolonged duration of the infection, the failure of chemotherapy to effect a cure, the occurrence of relapses, and the absence of spirochaeticidal antibodies in the serum are considered to have a common basis. However one-day chicks after infection and treatment were resistant against reinfection in the same way as adult fowls. The development of spirochaeticidal antibodies and obvious immunity seems to be a process which varies at different periods in the life of the fowl. E.H

GRILLO (J.) & KRUMHOLTZ (R.) Experimentelle Untersuchungen ueber Misch- und Sekundärinfektion. V Mitteilung Ueber die Beeinflussung der experimentellen Nagamainfektion des Meerschweinchen durch eine Mischinfektion mit der *Spir. schubistomae* oder dem *Spirillum* der Rattenbisskrankheit (Sodoku) sowie durch chemische Substanzen, die eine Temperatursteigerung oder sonstige Stoffwechseländerungen bedingen. [The Influence on Nagana Infection in Guinea-pigs of a Mixed Infection with either *S. schubistomae* or the *Spirillum* of Rat Bite Fever also of Chemical Substances causing a Rise in Temperature.]—*Zeit f. Bakt. I. Abt.* Orig. 1934 Oct 5 Vol. 132. No. 7/8. pp. 385-403. With 2 figs. [22 refs.]

The authors find that mixed infection with either *S. schubistomae* or *Spirillum minus* affects the course of the disease in guinea-pigs infected with *Trypanosoma brucei* the life of the animals being prolonged and the numbers of trypanosomes appearing in the circulation considerably reduced. In mice, mixed infections did not influence the course of the disease.

When guinea-pigs infected with *Trypanosoma brucei* were injected with chemical substances that raised the body temperature, such as pyrilfer and sulfosin, the length of life of the guinea-pigs was prolonged, even though the substances had no obvious trypanocidal action. Similar results were also obtained with ioduran and thyroloidin, other substances producing alterations in the general metabolism of the guinea-pigs.

Discussing these results and previous work on the subject the authors consider that in the case of mixed infections the effect of the second infection is to give an additional stimulus to the cells comprising the defence mechanism of the host, with the result that there is an increase in antibody formation against both infections and correspondingly the life of the host is prolonged. E.H

LEVADITI (C.) VAINMAN (A.) & PAIC (M.) Dissociation des fonctions de mobilité et de reproduction chez les spirochètes et les trypanosomes, au moyen du rayonnement total de la lampe à mercure [Dissociation of Motility and Reproduction in *Spirochaetes* and *Trypanosomes* by Means of the Total Rays of the Mercury Lamp.]—*C. R. Soc. Biol.* 1934 Vol. 117 No. 30 pp. 357-361 With 1 chart. [13 refs.]

The authors have exposed the Brazzaville strain of *Spirochaeta gallinae* the fowl spirochaete, and *Trypanosoma cruzi* respectively

to the total rays from a mercury lamp of 500 watts at a distance of 40 cm. In each case exposure to the radiations for periods of 10 to 30 minutes destroyed the reproductive capacity of the organisms but did not affect their motility E H

COLLEMAN (George E.) *Relapsing Fever Problem of California.*—*Amer J. Public Health* 1934 Oct. Vol 24 No 10 pp 1056-1061 [20 refs.]

A general review of the subject, with special reference to the author's own observations. E H

## REVIEWS AND NOTICES.

STRONG (Richard P.) SANDGROUND (Jack H.) BEQUAERT (Joseph C.) & MUÑOZ OCHOA (Miguel) *Onchocerciasis with Special Reference to the Central American Form of the Disease.*—Contrib. from Dept. of Trop. Med. & Inst. for Trop. Biol. & Med. Harvard Univ. No. 6 pp. xiv+234. With 2 maps, 103 figs. & 6 plates. 1934. Cambridge Mass. Harvard Univ. Press, London. Humphrey Milford, Oxford Univ. Press. [21s.]

This monograph comes from the Department of Tropical Medicine and the Institute for Tropical Biology and Medicine of Harvard University. Each part deals with that section of the subject in which the writer's special knowledge gives him special authority.

In Part II Sandground deals with the validity of the various species of *Onchocerca*. He has obtained an unrivalled collection of material from Strong's first Guatemalan expedition, and has compared it with much from a number of different sources. He considers the generic characters as to those of species his criterion is this: "In order to establish a new species safely it is necessary to point out constantly present and if possible easily recognizable zoological characters by which it may be distinguished from related forms." He concludes, first that *O. cercaria* Brumpt 1919 is a synonym of *O. robustus* Leuckart 1893 and further that, on the basis of his material, there must fall within the same species *O. flemosa* (Wedl, 1856) of *Cervus elaphus* the red deer of Central Europe [which in that case becomes the valid specific name] *O. gibsoni* Cleland and Johnston, 1910, from Australian cattle and perhaps the lost *O. limalis* (Stiles, 1892) if indeed it belongs to this genus. Moreover *O. indica* Sweet, 1915 is a synonym of *O. gibsoni*. *O. cervicalis* Railliet and Henry 1910 is a synonym of *A. reticulata* Diesing 1841 and *O. bovis* Plettner, 1912, is one of *O. gutturosa* Neumann 1910.

In Part III Bequaert deals equally helpfully with the taxonomy of the Simuliidae of Guatemala. Three have been demonstrated to be transmitters of *Onchocerca*, namely *S. metallicum* Ballard, 1859 which name takes precedence of *S. aridum* C. C. Hoffman, 1890 *S. callidum* (Dyar and Shannon, 1927) which displaces *S. mooseri* Dampf, 1827 and *S. ochraceum* Walker 1861. A general survey based on the literature is made of the preadult stages of the Simuliidae, and apparatus is described by which the adult is bred from the larva. For this the essential requisite is that the water used shall flow at not less than 1.1 kilometres per hour. The optimum rate is 4.5 and the upper figure is at least 30. It is illusory to slow speed by damming a stream in the hope that breeding will then cease in it, for it will persist at the weirs. As to temperature, breeding is possible from just below the snow line to a hot spring at 30-6°C.

Muñoz Ochoa describes in Part IV the local geography, seasons, climate, population and its customs, and the epidemiological statistics of certain coffee plantations in which at different ages the infection rate varies from 10 to 60 per cent in males and from 0 to 33 per cent in females and notes that newcomers never escape the bites of simuliids.

In Part I Strong provides the cement for the narrative. The onchocerca area in Guatemala is a strip on the Southern slope of the central range some 60 miles long and 20 miles wide by the shaded map and varying from 2 000 to 4 500 feet in altitude and in it the inhabitants of 4 coffee plantations have been examined for it is in them with their shade trees that the infection is most prevalent. In that one Moca, in which the housing and sanitation of the permanent staff is the best there is an infection rate among them of 40 per cent yet in another Helvetia which lies 20 miles outside the present limits of endemicity and in which close examination has failed to reveal any infection, the geographical and climatic conditions were practically the same as in Moca—that is to say numberless steep valleys with more or less swiftly flowing streams with simuli breeding abundantly in all of them and a fertile volcanic soil 8 to 14 feet deep. All seem to have a floating as well as a permanent Indian working population. Accordingly the immunity of Helvetia that is the absence there of infective simuli remains unexplained though it is suggested that such flies may be wind borne or carried as stowaways in the ears of animals. Unexplained also is the localization of nodules about the head. This can hardly be attributed to the settling down of infective larvae at the spot where the simulum bite occurred for although as the photographs show these Indians are ordinarily well covered with clothing yet when working the men may wear nothing but a loin cloth and a large woven palm hat and simulum bites almost invariably out of doors and by day. Again comparison with the photographs illustrating Hissette's work on the Belgian Congo (this *Bulletin* Vol. 30 p. 709) where also blinding onchocerciasis is prevalent bears this out for most of the persons there shown have the body largely bare the expedition which Strong aims at making to this area should shed welcome light on the problem.

A full review of this monograph is impossible but it is noteworthy that 11 per cent of proved infections had no palpable tumours so bringing the infection into line with that produced by *O. gibsoni* in the horse. Considerable space is suitably given to the ocular lesions which occurred in 5 per cent of cases only and to the siting of microfilars in the eye. As to removal of tumours cases are recorded where others have appeared nearby but in this locality 4 per cent of simulum flies were infected. On the other hand the removal of all onchocerca tumours in a population of about 1 000 led to a drop in the infection rate from 40 to 4.5 per cent in one year. Such are some of the important facts displayed in a notable publication. *Clayton Lane*

CALIC (Charles F.) [M.D. M.A. (Hon. Yale) F.A.C.P. F.A.C.S. Colonel U.S. Army Retd. D.S.M. etc.] *Amoebiasis and Amoebic Dysentery*—pp. viii+315. With 54 figs. 1934. London: Baillière Tindall & Cox, 7-8 Henrietta Street, Covent Garden. W.C.2. [22s. 6d.]

In this book the author presents his readers with a very good account of the modern conception of amoebiasis of man which he defines as the invasion of the tissues by the pathogenic amoeba *Entamoeba* (spelt *Endamoeba* according to American custom) *histolytica* (not *dysenteriae* as some American writers would insist). He adopts the view that amoebiasis is not synonymous with amoebic dysentery which he regards as an unfortunate term for it gives rise in the minds of most

## REVIEWS AND NOTICES.

STRONG (Richard P.) SANDGROUND (Jack H.) BEQUAERT (Joseph C.) & MUÑOZ OCHOA (Miguel) *Onchocerciasis with Special Reference to the Central American Form of the Disease.*—Contrib from Dept of Trop Med & Inst for Trop Biol & Med Harvard Univ No 6 pp xiv+234 With 2 maps 103 figs. & 6 plates. 1934. Cambridge Mass Harvard Univ Press London Humphrey Milford, Oxford Univ Press. [21s.]

This monograph comes from the Department of Tropical Medicine and the Institute for Tropical Biology and Medicine of Harvard University. Each part deals with that section of the subject in which the writer's special knowledge gives him special authority.

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tions. Whether microphotographs are as good for instructional purposes as carefully executed drawings is an open question. However in this case they seem to answer very well the purpose for which they are intended. There can be no doubt that the book is a good one which can be recommended with confidence to medical men seeking information on the subject with which it deals. C M Wenyon

BARRAUD (P J) [F.R.E.S F.Z.S F.L.S Entomologist to the Malaria Survey of India Indian Research Fund Association] *A Practical Entomological Course for Students of Malariology—Health Bull No 18 Malaria Bureau No 9* pp viii+141 With 208 figs on 18 plates 1934 Delhi Manager of Publications [Rs 1-10 or 2s. 9d.]

It is interesting to compare the arrangements made for teaching a subject in different parts of the world, and we welcome the present Bulletin which gives detailed information about a course on the entomological side of malariology. We understand that the class has been organized in its present form for about ten years at Karnal in the Punjab under the Malaria Survey of India, and that Captain Barraud has been in charge of the entomological teaching for six years. Teaching in entomology occupies the whole of the students' time for two weeks: the contents of the Bulletin are divided to provide 14 lectures and 14 periods of practical work.

It is evident that teachers in India experience the difficulty which is familiar in this country: the entomological teaching must start at the beginning and it cannot be assumed that the student has any general knowledge of the structure or nature of insects. After introducing a few elementary fundamental facts, the teacher proceeds to an account of the structure of the adult and larva, certain parts of which are described in great detail. On this basis of anatomical knowledge the students are then taught to identify Indian species of *Anopheles* in the adult and larval stages. During the course of the fortnight they also receive instruction in dissection and mounting in observing the criteria of the age of a mosquito and on the enemies and parasites of these insects. The class also goes collecting and is shown how to find larvae and transport them, how to rear *Anopheles* from the egg etc. Catching stations are also visited. A consideration of the precipitin test is very rightly we think, not included in the entomological part of the course. The Bulletin contains a full list of necessary apparatus and of diagrams and relevant literature shown to the class from time to time. It contains also valuable notes on small but important points of method for use in the field or the laboratory.

The reader will discover that the course at Karnal deals very thoroughly with the Indian species of *Anopheles* and that much emphasis is given to the anatomical side of the subject. Your reviewer feels that some of the anatomy might be omitted. The student must certainly learn enough to understand a description of an *Anopheles* adult or larva so that he can identify it: but is he concerned with the Chaoborinae, the rotation of the terminalia, the empodium tentorium, parabasal spines and other 'beggarly rudiments'? In the course which is outlined in the Bulletin under review the anatomical lessons are taught very thoroughly but one wonders whether the student realizes that all the preventive problems with which he has to deal centre round the live insect. If the opportunity ever occurred of



medical men, to the idea that dysentery is the most common symptom of amoebic infection, whereas in the vast majority of cases the symptoms are so mild that they are often attributed to some other cause. The author believes however that the presence of the amoeba in the intestine is definite evidence of intestinal lesions for he is not one of those who thinks that *E. histolytica* can live harmlessly in the lumen of the intestine like *E. coli*. The carrier though he shows no evident symptoms of infection and may never have had dysentery yet definitely has intestinal ulceration, the symptoms of which can usually be detected if carefully looked for.

In connexion with the epidemiology of amoebiasis, the world distribution is discussed, while the methods of spread by food handlers, flies and other means are critically examined. The conclusion is reached that though infection is as a rule necessarily sporadic, there do occur from time to time, particularly when gross faecal contamination of the water supply occurs, veritable epidemics, the most recent and striking of which the author considers to be the Chicago outbreak. This is said to have resulted from direct communications between the pipes of the water supply and sewage system in one or more large hotels. In fact it was this outbreak resulting in the discovery that amoebiasis is far more widespread in the United States than had been suspected before, that induced the author to write this book for the assistance of medical men who had had little previous experience of the disease.

The description of the causative amoeba *Entamoeba histolytica* and the various non-pathogenic amoebae with which it may be confused, the symptomatology and pathology of intestinal amoebiasis and the complications and sequelae which may follow is carefully done. On the subject of diagnosis it is suggested that an X ray investigation of the condition of the intestine in symptomless carriers might throw light on the character and extent of the lesions in these cases. As regards the modern method of inspection of the lower part of the large intestine by the sigmoidoscope as an aid to diagnosis the author expresses some scepticism, for he contends that it is always possible to detect the amoeba by faecal examinations if these are properly carried out. Some authorities in this country may be inclined to disagree with the author in this for it seems that often time may be saved by sigmoidoscopy which has enabled amoebae to be discovered in scrapings from an ulcer when faecal examinations had been consistently negative. On the other hand, it is clear that the instrument can give no information as to the condition of the intestine above the sigmoid flexure.

It is well known that the author has devoted much time to investigations on the complement fixation reaction as a test for amoebiasis, and in this book he has devoted a whole chapter to its consideration. The technique of carrying out the test and the method of preparing the antigen from cultures of *Entamoeba histolytica* are carefully described. Those who are interested in this subject will be grateful to the author for his clear account of the test, which has been elaborated mainly by himself. On the question of treatment the author's views appear to be sound. No extravagant claims are made for any particular line of action and the timely warning is given that there is no method of treatment which will eliminate infection with *Entamoeba histolytica* in every case.

Such are some of the features of this very interesting and useful book. It is well got up and has an adequate supply of illustrations, most of which are microphotographs of what must be very excellent prepara-

tribution and malaria prevalence. The Missiroli Hackett precipitation reaction here finds a place. Chapter VI is concerned with the survey of a malarious district and the mode of carrying it out with dissection of mosquitoes measurement of endemicity splenic and parasitic indices examination of blood and Henry's sero- and melano-flocculation and interpretation of results.

The final chapters are devoted to measures of prevention as they may be applied to man to the mosquito and to the district—olling the use of Paris green of larvicides drainage changing the degree of salinity of a breeding site general bonification etc. The choice of site, erection of houses and their protection in malarial zones and an account of the organization of anti-malarial campaigns complete the work.

The whole is well illustrated with various graphs plates and figures. There is a fairly full list of contents but this cannot take the place of an index with which a work of this kind a sort of encyclopaedia *in piccolo* should certainly be provided. The book deserves to be and doubtless will be widely read.

H H S

VAN NITSEN (R.) [Médecin en chef de l'Union Minière du Haut Katanga] & DUWEX (J.) [Ex Pharmacien Chef de Service aux Troupes Coloniales] *Traitement et prophylaxie des maladies des pays chauds.*—380 pp 1934 Bruxelles Imprimerie des Travaux Publics Société Anonyme 169 rue de Flandre

A book divided into two sections the first (158 pages) as the authors say in their preface is an attempt to give in condensed form therapeutic methods employed in the treatment of tropical diseases including those suggested in more modern literature, the second (200 pages) is a form of abridged Belgian pharmacopoeia.

The diseases dealt with are those commonly included under the term tropical diseases and they appear in this book in alphabetical order. The treatments advocated are essentially on the side of drug treatments and details in regard to the care of the patient are dismissed in a few words. To those who are ignorant of Belgian medicine the long lists of remedies which are here given place would perhaps cause dismay. Though perhaps in no branch of medicine is active treatment so often demanded yet with this book in his hand it would be difficult for the younger practitioner to learn to appreciate the value on occasion, of a little masterly inactivity.

As an example it is proposed to cite here the preparations which are advised in the treatment of blackwater fever in this order—to arrest haemolysis—snake antiserum hemostil or other antiserum calcium chloride hypertonic saline intravenous glucose and sodium bicarbonate to maintain diuresis—soda and Vichy water cupping injections of nephrine lactose theobromine urenilo salyrgan, neptan cyanide of mercury papaverine also biocholine colloidal iron and arsenic, adrenalin transfusions etc. Nowhere is the danger of syncope if the patient sits up mentioned. Prophylactic measures are dismissed in a few sentences. The book will doubtless be a useful one to medical men practising in Belgian and French colonies. It contains some useful information and some points sometimes forgotten by our own medical officers but as a whole it will be quite useless in the hands of the British tropical practitioner.

H S Stannus

e.g. plague pseudo-tuberculosis, tularaemia, sodoku trichinosis, infective jaundice, typhus etc. Chapter II deals with the ectoparasites of the rodents their life-histories, with excellent photographs and a key to the fleas and the acarines. This is followed by three chapters treating in more detail the biology of rat fleas, their seasonal prevalence, their anatomy and mode of transmitting plague. Plague infection of rats is the subject of Chapter VI both natural and experimental infection in the former the acute and chronic forms and those in which there are no detectable macroscopic lesions in the latter the results of the different routes of infection, cutaneous subcutaneous, intraperitoneal, alimentary tract, etc.

The remaining chapters are devoted to conditions as found in Barcelona. The results of autopsies on Barcelona rats are detailed and depicted in good illustrations in Chapter VII. The succeeding chapter deals with bubonic plague in the town from 1905 with a spot map showing the distribution of human cases in plague years 1905 with 52 cases and a fatality rate of 19.6 per cent. [7 10 cases] 1919 (total number not stated, but at least 7) 1920 a single case 1922, 28 cases in October and November 1923, two cases one each in November and December 1925 one only in March, a man who brought a cargo of plantains from the Canary Islands 1930, four cases in October all fatal, and 1931 31 cases in August-December 8 fatal. In Chapter IX this last outbreak is described more minutely the course of the outbreak and clinical characters of the cases then follows a discussion as to the source which was not determined, whether infected rats, or fleas or merchandise or a human case. Reviewing all these outbreaks (those of 1920 and 1925 can hardly be called outbreaks, seeing that there was but a single case in each) September-November seemed to be the usual time of prevalence but in the 1905 outbreak which continued from June of that year to the following April, there were 15 in July and 19 in January.

The usual methods were adopted for dealing with the outbreak—notification of suspected cases, examination by experts, removal of the patient and contacts to the Infectious Diseases Hospital and isolation of the former, bacteriological diagnosis for confirmation, destruction of rats, etc.

The penultimate chapter is an account of a study of the Barcelona refuse dumps and illustrations show how insanitary dwellings, mere shacks, are in close proximity. A discussion follows on the chief methods of dealing with the town refuse whether by incineration or by fermentation processes and subsequent use for agricultural purposes.

In the final, summarizing chapter the authors state that 8,074 rats were examined both for themselves and for their ectoparasites and 4,268 bacteriologically. Over 99 per cent. of the rats caught were *E. norvegicus*. As regards their swimming powers, the authors' experiments showed that *E. norvegicus* cannot keep afloat, in fresh water at all events, for more than 5 minutes and drowns in that time. It makes no effort to swim after 3 minutes. Some authors have stated that it can swim half a mile and can traverse a river such as the Volga.

Of 4,982 fleas caught on the rats 1,985 were *X. cheopis* and 1,643 *C. fasciatus* i.e. 39.8 and 32.9 per cent. respectively. Of all the 4,268 rats examined bacteriologically between July 1931 and January 1934, only one (in September 1931 that is in the epidemic period) showed signs indicative of plague and came from a place where four human cases had occurred. Inoculation experiments from it into guinea-pigs nevertheless were negative.

The authors conclude that they do not believe there was any connexion between the outbreaks on epidemiological grounds, nor that since 1905 there has been a latent enzootic of the disease. They maintain that there is a definite connexion between rats, refuse dumps and plague and that prophylactic measures must include solution of the house refuse problem and systematic rat destruction.

H H S

# TROPICAL DISEASES BULLETIN

Vol. 32]

1935

[No 5

## RELAPSING FEVER SOME RECENT ADVANCES

By E. HINDLE M.A. Sc.D. Ph.D

*Sectional Editor Tropical Diseases Bulletin*

(Received March 1st 1935)

The present article comprises references to some of the more important recent advances in our knowledge of human relapsing fevers. With few exceptions attention will be confined to papers that have appeared during the last five years since the writer's article on blood spirochaetes (HINDLE 1931) contains a brief summary of our knowledge of the subject up to 1930 based on publications previous to that date.

### *Epidemiology*

In recent times there has been a remarkable diminution in the number of cases of relapsing fever in Europe and North Africa, but in 1930 endemic foci still persisted in Italy and especially Russia (League of Nations Report, 1930). Contrasting with this post war decline in European countries, an extensive and deadly epidemic of louse borne relapsing fever swept across Equatorial Africa, starting from Upper Guinea about 1921. According to LASNEY (1930) the disease was probably introduced by natives from the Mediterranean region as the first cases at Kouroussa occurred among Moroccan and Algerian soldiers. It spread down the Niger and during 1922 epidemics occurred towards the east in the Dori region, and the number of deaths caused during the first two years in the French Sudan and Niger is estimated at 80 000 to 100 000. In 1924 it spread to the Upper Volta region and across to Koutiala, causing at least 20 000 deaths. In 1925 it broke out in the Lake Chad region and invaded Northern Nigeria and the Cameroons. It persisted until 1929 in North Equatorial Africa and about 10 per cent. of the population is estimated to have died of the disease the mortality varying from 5 to 25 per cent. of the whole population. The epidemic reached Darfur in September 1928 and according to ATKEY (1929) in one district alone 10 000 died out of a total population of 45 000. It was brought under control in 1928 although subsequently isolated outbreaks have occurred from time to

time. Apart from this great epidemic, a number of smaller outbreaks have been recorded in other parts of the world, among the more interesting being sporadic cases of tick-transmitted relapsing fever in North America (see below).

The following list comprises a brief summary of publications during the past five years dealing with cases of relapsing fever arranged according to the countries in which they occurred.

*Europe*—SYSSINE (1931) records a steady diminution of the disease in Russia, from 19 701 cases in 1925 to only 1 656 in 1930.

*Asia*.—SACHS (1934) in a detailed analysis of relapsing fever in Chitral during 1932 and 1933 considers that the clinical evidence supports the view that both tick and louse-borne varieties were present. TSCHIREJKIN (1930) describes 10 cases of Bokharan relapsing fever. KATZ (1930) gives an account of 33 cases of the "Persian variety" observed in the Western Pamirs, and KASSIRSKY (1933) a description of the main features of Central Asiatic tick fever based on a study of 78 cases at TASHKENT. ROBERTSON (1932) contributes a general discussion of relapsing fever in China with special reference to Shanghai, where the clinical symptoms resemble those of the European strain. CHU, DETTRICK and CHUNG (1931) give the results of a study of 26 cases in children in Peking, and HIRAKI (1933) isolated strains of Manchurian relapsing fever and studied them with special reference to the persistence of residual brain infections. TORIYA (1931) gives a general review of the subject with special reference to the Manchurian strain.

*Africa*—Numerous papers have been published on the various strains of relapsing fever occurring in North Africa and their relation to the infections occurring in wild rodents. In Morocco, DELANOT (1929) considers that at least three strains may occur *S. recanensis*, the ordinary European form, *S. hispanica* or a related form, causing the Spanish African type of relapsing fever and *S. marocana*, causing a mild non-relapsing type. On the other hand, NICOLLE and ANDERSON (1929b) find that all the strains of tick transmitted relapsing fever in Morocco belong to the same species, *S. hispanica*. This Spanish African strain, variously referred to as either *S. hispanica*, or *S. hispanica* var. *marocana* has now been recorded from Algeria, by SERGENT (A), MANCRAUX and BALLISTE (1933) and HORRECKMEIER (1933). In Tunis, NICOLLE, ANDERSON and LE CHUITON (1931) observed three cases of the same strain which were also studied by NICOLLE, LAIGRET and SICARD (1933). What seems to be a new strain of the *hispanica* group has been isolated by ANDERSON and WASSILIEFF (1933) from *Ornithodoros erraticus* collected from burrows of *Momota* *sharon* in South Tunisia. In Cyrenaica (Tripoli) cases of relapsing fever, probably tick transmitted, have been recorded by FRANCHINI and TADDIA (1930) and MEDULLA (1931). A focal epidemic in Amara, Eritrea is supposed by DE PAOLI (1930) to have been introduced by travellers from Abyssinia.

Further South reference has already been made to the great epidemic of louse-borne relapsing fever which devastated North Equatorial Africa from 1921 to 1929 described by LASNET (1930) CAZAROFFE (1930) and LE GAC (1931). Also a small epidemic occurred during 1927 and 1928 in villages of the Dori region (MALTEZAR, 1929). RUSSELL (1931) contributed a valuable study of cases occurring in the Gold Coast during 1929 and 1930.

Our knowledge of tick transmitted relapsing fevers in West Africa especially at Dakar is summarized by MATHIS (1931). The discovery of *Ornithodoros erraticus* in that region by DURIEUX (1932) removed the problem surrounding the transmission of the local strain of *S. duttoni* ( $\Rightarrow$  *S. duttoni* var *crociduræ*) for until then no one had succeeded in finding *Ornithodoros* in Senegal. MATHIS and DURIEUX (1934a) and FEYTE (1932) have brought forward evidence in support of the view that the disease is probably much more common in Dakar than the number of recorded cases would lead one to suppose.

ADVIER, ALAIN and RIOU (1934) have given a general account of cases observed in Dakar and other parts of Senegal and call attention to the difficulties of diagnosis as spirochaetes were found in the blood of only 25 out of 46 patients, and even then were extremely rare. MATHIS and DURIEUX (1934b) demonstrated the existence of an endemic centre at St. Louis Senegal, whilst DUBOIS (1931a) compared two strains of *S. duttoni* from different parts of the Congo and found that they were immunologically distinct.

*America*—Although previously suspected the first definite record of the existence of tick transmitted relapsing fever in the U.S.A. has been made by WELLER and GRAHAM (1930) who traced cases of the infection in Central Texas to a cave in the Colorado River Valley containing large numbers of *Ornithodoros turicata* the transmitting agent. Subsequently sporadic cases have been recorded from various other parts of the Southern United States. PORTER BECK and STEVENS (1932) give a useful summary of 30 cases in California, where there is good evidence that wild rodents harbour the infection (See also LEGGE 1933). In addition, PALMER and CRAWFORD (1933) give details of six cases occurring in British Columbia, the first record of relapsing fever in Canada, where the wood tick *Dermacentor andersoni* is considered to be the most probable vector.

Relapsing fever in California has been the subject of a detailed account by COLEMAN (1933 and 1934 a & b) based on the study of three strains isolated from human cases. These strains were found to differ from *S. duttoni* and *S. novyi* as judged by cross-immunity tests. Relapsing fever in Texas has been studied by KEMP MOURSE and WRIGHT (1933) who found that it was immunologically identical with *S. novyi*. Subsequently (1934) these authors made transmission experiments with *Ornithodoros turicata* comparing the Texas strain with four other strains *S. novyi*, *S. hockleyi*, *S. duttoni* and *S. recurrentis*. In feeding experiments none of these four strains could be transferred from rat to rat by *O. turicata* and the spirochaetes died out in the tick within a week of being ingested. BRUMPT (1933) on the basis of similar results, named the causative organism *Spirochaeta turicatae* as it differs from *S. novyi* in being transmissible by *O. turicata*.

DUNN and CLARK (1933) give a general account of relapsing fever in Panama, where it is known to have been endemic since 1905. *Ornithodoros talaje* and *O. venezuelensis* are prevalent and both have been shown to be efficient carriers.

#### Animal Reservoirs

Since NICOLLE and ANDERSON (1927) developed the interesting hypothesis that small mammals and especially rodents commonly serve as reservoirs of infection for relapsing fever there has been abundant evidence in support of their view in the large number of wild rodents that have been found naturally infected with various strains of

spirochaetes, pathogenic to man. In addition, collections made from the burrows of rodents have often revealed the presence of infected ticks, which had previously escaped notice. As might have been expected, much of the work on this subject has been conducted by NICOLLE and his colleagues, working in North Africa, where strains of relapsing fever have been isolated from a number of animal sources.

DELANOE (1929) isolated a strain of Moroccan relapsing fever (*S. hispanica* var. *marocana*) from *Ornithodoros* collected from the burrows of porcupines in Morocco and later (1930) from the porcupines themselves. The strain was pathogenic to guinea pigs and three men inoculated with infected blood from these animals showed scanty spirochaetes from the 8th to the 10th day. NICOLLE, ANDERSON and COLAS-BELCOUR (1929) found that a young porcupine could be infected with this strain and its blood became infective to other animals, but in view of the comparative rarity of the porcupine and its habitat, it is not considered to be as likely a host as the common small rodents.

Algerian foxes have also been found naturally infected with the Moroccan strain (DELANOE 1931a) and infected *Ornithodoros* have been collected from their burrows. Spontaneous infections with the same strain also occur in the jackal and hedgehog (DELANOE, 1931b). According to BLANC, NOURY and FISCHER (1933) another important reservoir of this strain is the common grey rat, *Mus norvegicus*, for at Casablanca at least 1 in 22 was infected, as tested by the inoculation of their brains into guinea pigs. DELANOE (1933b) also found a young weasel, *Mustela vulgaris* caught in Morocco naturally infected with *S. hispanica*. The central nervous system of this animal remained infective after the blood had become negative. The examination of large numbers of wild animals in Morocco (DELANOE, 1931c) indicates that infection with this strain of relapsing fever is very widespread in nature and there is no likelihood of its being eradicated.

A strain isolated from Gethse squirrels (*Atlantoxerus gethse*) by BLANC, NOURY, BALTARARD and FISCHER (1933) is said to resemble the ordinary Spanish-African type but DELANOE (1933a) in specimens collected at Agadir found a blood spirochaete differing considerably from the typical *S. hispanica* for guinea pigs were refractory as well as *Meriones*. Moreover experimentally this worker failed to infect squirrels by subcutaneous inoculation of *S. hispanica* and considers that it is not likely to be a reservoir.

ANDERSON and WASSILIEFF (1933) obtained a new strain of relapsing fever from *Ornithodoros erraticus* collected from the burrows of *Meriones* skews in South Tunis. Porcupines inoculated with the strain had a short infection with visible spirochaetes. *Meriones*, a non-apparent infection, with no visible spirochaetes and two human subjects had severe attacks one of them being fatal.

A SERGEANT (1933) studying the locality of the first Algerian case of Spanish-African relapsing fever found *Rhipicephalus sanguineus*, from the patient's dog, naturally infected with the spirochaete, as tested by the inoculation of these ticks into guinea pigs. Moreover this species was subsequently shown to be capable of transmitting the infection by its bite, so that Spanish-African relapsing fever can be spread not only by *Ornithodoros* but also by the dog tick.

Batches of ticks, *O. erraticus* collected in or near Delkar from burrows of rats, were found by DUREUX (1932) to be naturally infected with the local strain of relapsing fever as tested by feeding experiments on 10

patients (MATHIS DURIEUX and ADVIER, 1933 1934). An examination of the local fauna by MATHIS and DURIEUX (1934a) shows that many of the rodents can serve as reservoirs of infection in addition to *Crocidura stamphi* which is the most important. As tested by the inoculation of blood or brain emulsion into mice or rats, the following species were found to harbour the infection —*Epimys decumanus* *E. alexandrinus* *E. rattus* *E. golonda campanae* *E. concha* and the common wild mice *Mus musculus gentilis* and *M. m. spretus*. The two latter however were only rarely infected. Similar experiments, also by MATHIS and DURIEUX (1934b) showed that wild rats, *Epimys decumanus* and *E. golonda campanae* collected in St. Louis Senegal and the neighbourhood were naturally infected with the same strain of relapsing fever. ADAMT (1932) examined wild rodents from various parts of Katanga Province and found a wild rat *Aethomys kaiseri* infected with a strain of relapsing fever pathogenic to man but not to guinea pigs thereby differing from the Spanish African strain.

In California PORTER BECK and STEVENS (1932) obtained the infection from nine chipmunks and two squirrels by the inoculation of their blood into white mice and further support to the view that field rodents are victims of spirochaetes which may be conveyed to man is afforded by the record of a case in Sierra County where the patient a medical entomologist was infected by the contamination of a wound with the blood of a freshly killed tamarack squirrel which was subsequently found to contain spirochaetes (LEGGE 1933).

In Panama an extraordinarily wide range of animals has been found to harbour spirochaetes which seem to be identical with the human infection including marmoset monkeys (*Leontocebus geoffroyi*) opossums (*Didelphis marsupialis densis*) armadillos (*Dasypus novemcinctus fenestratus*) calves and a horse (DUNN and CLARK, 1933). It would seem therefore, that in the case of tick transmitted relapsing fevers a wide range of animals may serve as reservoirs for the infection and the importance of any species in this connexion probably depends to a large extent on its numbers and habitat and especially on its proximity to human habitations. Consequently the smaller rodents are likely to be the most important carriers.

#### Transmission.

In nature all known varieties of relapsing fever are transmitted exclusively by the agency of lice ticks, especially those belonging to the genus *Ornithodoros* and possibly of bed bugs. With reference to the latter recent observations tend to show that the bed bug is a more favourable host than was previously suspected and although epidemiological evidence does not support the view that they are of any great importance as carriers, yet their possibilities cannot be entirely ignored. ROSENHOLZ (1927) in a careful series of experiments found that when spirochaetes were ingested by bugs the organisms invaded the haemocoel and persisted there indefinitely although they gradually disappeared from the gut. These spirochaetes in the haemocoel retained their virulence and presumably could reproduce the infection in human beings in the same way as the body-lice by the infected contents getting on to an excoriated surface since the mere bite of these infected bed-bugs was quite innocuous. CZARKOWSKA and BLANK WEISBERG (1930) found that spirochaetes persisted in the gut of the bed bug up to 48 days after an infective feed, but became motionless after 48 hours. Active spirochaetes appeared in the haemolymph after 6 to 7 days and



the injection of infected bugs up to the 15th day and also of haemolymph, produced infection in mice. KLEINE and KRAUER (1934) found that when larvae of bed-bugs were fed on mice infected with both European and African strains of relapsing fever about 4 per cent. remained infective up to 80 days after the infective meal. On the other hand 150 adult bugs similarly fed gave uniformly negative results, and also 3 000 larvae reared from infected parents were inoculated into mice without producing any infection. It is concluded, therefore, that these insects can only play a very small part as carriers of relapsing fever, not to be compared with that of ticks or lice.

Many species of *Ornithodoros* have been found naturally infected with spirochaetes infective to man and NICOLLE and ANDERSON (1929a, 1929c) give further experiments in support of their view that any species of *Ornithodoros* is capable of transmitting all strains of relapsing fever normally transmitted by ticks belonging to this genus. They insist however that it is necessary to feed the ticks on the infected animal during the nymphal stage in order to succeed. DELAKOFF (1931c) also gives two examples of unsuccessful attempts to infect adult *Ornithodoros erraticus* with the Moroccan strain of relapsing fever. These conclusions are opposed by KRITSCHIEWSKI and DVOULITSKAYA-BARISCHEWA (1931) who transmitted both *S. recurrentis* and *S. hispanica* (Berbera strain) by the bites of *Ornithodoros papillipes* infected only in the adult stage also by KLEINE and KRAUER (1934), who found that adult *Ornithodoros moubata* when fed on mice infected with *S. duttoni* became infective.

The discovery of *Ornithodoros erraticus* in Senegal by DURIEX (1932) considerably extends the range of this important North African carrier which has repeatedly been found infected with various strains of relapsing fever even when collected from the burrows of animals far removed from human habitations. Among localities from which ticks infected with *S. hispanica* have been found may be mentioned pigsties, the burrows of porcupines and fox-holes (DELAKOFF 1929) as well as the burrows of small rodents. Moreover in addition to *S. hispanica*, this species of tick has been shown to be the natural carrier of the following strains—*S. normandi* (NICOLLE, ANDERSON and COLAS-BELCOUR, 1929) a strain found at Carthage related to the latter but referred to as *S. erraticus* (NICOLLE, ANDERSON and LAURET 1932) another human strain isolated by ANDERSON and WASSILIEFF (1933) from ticks collected from burrows of *Meriones shawi* in South Tunis whilst in Dakar it takes the place of *O. moubata* as the carrier of the local relapsing fever the agent of which was previously named *S. crocodurus* but is now considered identical with *S. duttoni* (MATHIS, DURIEX and ADVIER, 1933). This species also transmits a group of spirochaetes found in small rodents, including *S. gouldi* which is very feebly pathogenic to guinea-pigs and rats, and does not infect man (NICOLLE and ANDERSON 1930).

*Ornithodoros papillipes*.—Successful transmission experiments with this species, using the tick borne Central Asiatic strain of relapsing fever (*S. persica*, *S. sogdiana*, or *S. ussibekistanica*) have been recorded by MOSKWIN (1929) KRITSCHIEWSKI and DVOULITSKAYA-BARISCHEWA (1931) and PAVLOVSKII (1932). The latter worker failed to transmit the disease by *Ornithodoros lahorensis* and considers that *O. papillipes* is the only proved vector in Central Asia.

*Ornithodoros turicata*.—This widely distributed species seems to be the most important carrier of tick transmitted relapsing fever in the

U.S.A. WELLER and GRAHAM (1930) traced cases of relapsing fever in Texas to a cave containing large numbers of these ticks. BRUMPT (1933) found that the Texas strains were readily transmitted to mice rats, and *Peromyscus* by the bites of *O. turicata* but all attempts to transmit *S. hispanica* *S. duttoni* and *S. venezuelensis* and also *S. novyi* (BRUMPT 1934a) gave negative results. On the other hand, NICOLLE, ANDERSON and LAIGRET (1932) recorded the experimental transmission of a strain of *S. hispanica* found in Tunis by the bites of *O. turicata*. The infection was by bite from one nymphal stage to the next. KEMP MOURSUND and WRIGHT (1934) also obtained similar results and working with *S. novyi* *S. kochi* *S. duttoni* and *S. recurrentis* found that none of these four strains could be transmitted from rat to rat by *O. turicata* moreover the spirochaetes died out in the tick within a week of being ingested. The Texas strain however was easily transmitted by its bite, rabbits monkeys and rats being infected. Although they state that hereditary infection has been recorded, it is curious that these authors failed to infect rats by the inoculation of saline suspensions of eggs laid by infected ticks.

*Ornithodoros venezuelensis* has been shown capable of transmitting a spirochaete occurring naturally in the blood of squirrel monkeys *Leontocebus* caught in the Republic of Panama (CLARK DUNN and BENAVIDES 1931). One man was infected by the bites of nymphal and adult ticks fed on an infected monkey about five weeks previously. A batch of 60 larval ticks, reared from adults that had fed on an infected monkey failed to produce any infection when allowed to bite a human volunteer.

*Ornithodoros talaje* another carrier of human relapsing fever in Central America, has been found infesting opossums in Panama, of which 10 per cent. showed spirochaetes in their blood, transmissible to marmosets, rats and mice (DUNN and CLARK, 1933).

The possibility of ticks belonging to genera other than *Ornithodoros* serving as carriers of human strains of relapsing fever is supported by the observations of A. SERGENT (1933) who in Algeria found specimens of *Rhipicephalus sanguineus* from a dog naturally infected with a strain of *S. hispanica*. Larvae of this dog tick were fed on infected guineapigs and after moulting the nymphs were allowed to gorge on four normal guineapigs. After 17 days interval one of these animals became infected, with numerous spirochaetes in its blood. In addition, PALMER and CRAWFORD (1933) consider that the wood tick, *Dermacentor andersoni* is the most probable vector of cases of relapsing fever occurring in the West Kootenay district of British Columbia. LEGGE (1933) found only *Ixodes* on Californian field rodents naturally infected with a strain of relapsing fever.

The problem of what happens to the spirochaete after being ingested by its transmitting host has been rendered still more uncertain by recent publications. KLEINE and KRAUSE (1932a) fed clean *Ornithodoros moubata* on a mouse infected with *S. duttoni* and found that spirochaetes as such, persisted in the ticks for at least 33 days, and also remained infective. In some of the ticks, however the spirochaetes died out. On the contrary MOSKWIN (1929) working with clean *Ornithodoros papillipes* and a strain of Bokharan relapsing fever found that within 12 days of being ingested, spirochaetes had completely disappeared from all parts of the tick. Yet these ticks were infective up to 170 days after the infective meal. This author traced all stages from the spirochaete in the alimentary canal to granular and cyst like

forms in the Malpighian tubules, salivary glands and ovaries, and the inoculation of these organs into guinea-pigs in all cases produced infection. HATT (1929) by a study of sections of *Ornithodoros morbitus* infected with *S. duttoni* found that spirochaetes entered the cells of the tick and segmented into coccoid or bacillary forms, from which short spirochaetes subsequently developed. In this particular example the spirochaetes completely disappeared within 3 days of ingestion, but in the case of *S. hispanica* in *O. savignyi* the spirochaetes were still segmenting on the 5th day, had disappeared by the 9th day and the coelomic fluid remained negative till the 20th day when it became strongly positive, with all stages from short forms up to complete spirochaetes. Similar results were obtained with *O. savignyi* infected respectively with *S. duttoni* and *S. normandi*.

An entirely different life-cycle for *S. anserina*, the common fowl spirochaete, has been advanced by KNOWLES, GUTTA and HART (1927). As a result of recessant division in the gut of the tick the spirochaetes are said to become about one-third the length of the ordinary blood forms, and extremely slender. These so-called "linear" forms then invade the coelomic fluid and when there generally show a very fine terminal flagellum at each extremity. These forms are found in all parts of the body but accumulate especially in the salivary glands, where they develop into normal spirochaetes. Finally MARCHOUX and CHODINE (1930) as a result of the examination of the blood of fowls bitten by infected *A. vexans*, concluded that there is an invisible infective stage of the spirochaete in the blood before the appearance of spiral forms.

### Chemotherapy

Relapsing fevers are generally treated by injections of salvarsan, or one of its derivatives, but all strains do not respond satisfactorily (e.g. DICKINSON 1932, DE LA CAMARA, FERNANDEZ MARTINEZ, DE BUIE and JUAREZ, 1932) and many attempts have been made to find more efficient therapeutic agents.

The method of administration is of importance, for KATZ (1930) in cases of tick transmitted relapsing fever in the Pamirs, found that irregular doses of neosalvarsan merely prolonged the apyretic period without any appreciable alleviation of the symptoms. This author recommends three injections—0.3 gm. on the first day of the attack, 3-4 days later 0.45 gm. and finally after 5-6 days interval, 0.6 gm.

ROSKIN and LEVINSON (1930) found that exposure to ultraviolet rays greatly increased the therapeutic and sterilizing action of salvarsan in mice infected with *S. duttoni*. 35 out of 47 irradiated mice were cured by one injection of salvarsan as compared with only one out of 41 controls not exposed to the action of the lamp. Raising the body temperature by keeping animals at 40°C. for two hours before and after an injection of salvarsan, has been found to have a very marked effect on residual infections (LEBEDEWA and GALANOWA, 1932). A number of mice infected with *S. duttoni* were treated in this way and 17 days later tested for sterility: all were found to have been completely sterilized, whilst out of the same number of controls treated at ordinary temperatures, 60 per cent. showed residual brain infections. An analysis of the organs of "heated" and control mice, showed that the brains of the former contained 5 to 10 times as much arsenic as those of "unheated" mice that had received the same dose of salvarsan. MENK (1931) recommends the use of a mixture of neosalvarsan and solganal, a gold preparation, which in mice infected with *S.*

*duttoni* was found to be approximately four times as effective as either of the drugs by itself.

For the treatment of human cases of tick fever in Nyassaland J. TODD (1930) recommends the use of intramuscular injections of sodium potassium bismuth tartrate for adults 0.2 gm. of the drug dissolved in 2 cc. sterile water on two successive days. Apart from being less expensive, the drug is said to be much more effective than novarsenobenzol since the temperature is brought down within 30 hours and relapses are almost unknown.

HASSKÓ (1933) tested the effect of 15 trivalent and 5 pentavalent arsenic compounds on mice infected with *S. duttoni* and found only one (BR 34) to give results comparable with neosalvarsan. Antimony in the form of Stibosan H471 was found to be effective in the treatment of infections with Central Asiatic tick fever. Bismuth-yatren A has been used with success in the treatment of mice infected with *S. recurrentis* (KRITSCHESKI 1930) and many gold preparations have been tested with more or less favourable results especially in the treatment of residual brain infections or strains resistant to arsenical compounds. Among the gold salts that have been recommended may be mentioned Sulpho-crisolo I.S.M. (CUBONI 1929a) Allochryzine (HOWARD 1929) Triphal (BASKIN 1931) Solganal or Solganal B (DUBOIS 1931b) and various gold compounds of which Solganal gave the best results (TODA, 1931).

The method of action of drugs in the treatment of spirochaetal infections has been studied by various authors who disagree in their conclusions. MORETTI (1929) in the case of arsenical compounds found that splenectomy or blocking the reticulo-endothelial system greatly reduced, if it did not entirely abrogate the effect of the drug, hence the integrity of this system is considered to be essential for successful chemotherapy. HASSKÓ (1932) as the result of experiments with *S. recurrentis* in mice, came to the conclusion that this infection has a transitory paralysing effect on the reticulo-endothelial system and suggests that drugs are first absorbed by the spirochaetes and subsequently deposited in the tissues together with them.

STERNBERG and PINES (1933) concluded that in the case of Stibosan the drug acted directly on the spirochaete and not through the tissues of the host.

An interesting new method of studying these problems has been introduced by SINGER and FISCHL (1934) and FISCHL, KOTRBA and SINGER (1934) who by means of chemical analysis of the mineral content of the spirochaetes determine the amount of arsenic or gold present in these organisms before and after treatment with organic arsenical or gold preparations. Their results suggest that the chemotherapeutic agents unite directly with the spirochaetes, but further *in vivo* experiments led SINGER, KOTRBA and FISCHL (1934) to the view that the action is a complex phenomenon comprising three phases—(1) A physico-chemical adsorption of the substance by the pathogenic organism (2) a change in this adsorbed substance owing to the vital activities of the cell, resulting in the formation of an actual poison and (3) the completion of cure by the immune substances of the organism of the host. FELDT (1934) used the same method in a study of the action of chemotherapeutic substances in rats infected with three strains of relapsing fever and spirochaetes: one normal, another resistant against salvarsan and the other against solganal. It was found that the resistant strains contained approximately the

same (never less) quantities of arsenic or gold as the normal strain, a result which supports the view that salvarsan and solganal do not act directly on the parasites. The action of these compounds is supposed to be through the natural defence mechanism of the animal body and the resistance of spirochaetes to be dependent on their resistance to this defence function. This view is also supported by the results of KROG (1934) who found that, in spite of the favourable chemotherapeutic index of arsenobenzol in the treatment of fowl spirochaetosis, one-day old chicks inoculated with the maximum tolerated dose were not cured, for after a time spirochaetes reappeared in their blood.

A summary of previous work on *S. duttoni* is given by GRAY (1929) who found that his strain was markedly resistant to organic arsenicals also a bismuth compound. Bismostab had little or no effect on the disease. CUBONI (1929a) using an arsenic resistant strain of *S. duttoni* in mice, found that the infection could be cured by Salfo-crisol I.S.M., a gold preparation. FELDT (1932) succeeded in producing strains of *S. recurrentis* resistant against salvarsan and solganal, respectively. The salvarsan-resistant strain after passaging in normal mice for 10 weeks lost its resistance, but the solganal strain was still resistant after 19 months. Resistant strains of *S. pallida* were also produced. According to KAUTSCHOWSKI and DEMIDOWA (1932) when salvarsan-resistant strains of *S. duttoni* in mice are exposed to the action of sodium thiosulphate (0.05 cc. of a 2.5 per cent. solution per gm. body weight), they become susceptible to the action of salvarsan, in contrast with the original strains which retain their resistance. The alteration is supposed to be the result of new chemoreceptors being formed on the spirochaetes by the action of the thiosulphate.

Two strains of Manchurian relapsing fever one producing residual brain infections and the other not were found by TODA (1931) to be identical in their resistance to neosalvarsan. ROTHERMUND (1932), also with WICHMANN (1932) as the result of testing the effect of a number of chemotherapeutic substances including arsenic, antimony bismuth and gold compounds, on mice infected with *S. duttoni* came to the conclusion that the examination of the brain for spirochaetes as a criterion of the efficiency of any chemotherapeutic substance, and also the use of persistent brain infections for general chemotherapeutic experiments, are of little value.

### General Pathology

The changes in the spleen histology of 15 fatal cases of relapsing fever in the Gold Coast have been described by RUSSELL (1932) who also gives a useful historical survey of the subject. The most important and characteristic change was found to be the occurrence of milium lesions, consisting of a zone of congestion and cell infiltration round the Malpighian bodies. BRUMER (1934b) found that guinea-pigs infected with a Central Asiatic strain, transmitted by *O. papillipes* often showed a large clot apparently arising from the anterior end of the spleen, and the peritoneum contained a quantity of non-coagulated blood. A study of the effects of three strains of relapsing fever spirochaetes in the eyes of rabbits is given by IGERSHEIMER and BODENHEIMER (1935) who found that the spirochaetes may persist in the cornea after their disappearance from other parts of the body.

Changes in the leucocyte formula in relapsing fever are recorded by MURATET and LE GAC (1930) who studied cases at Wadal, Central

Africa. Although the number of polymorphonuclears and mononuclears did not alter appreciably a more detailed examination showed that the number of lymphocytes diminished whilst the mononuclears increased, and the polymorphonuclears increased at the expense of the eosinophiles. In addition the Arneth index was always deviated towards the left. CHU DEITRICK and CHUNG (1931) in children infected with relapsing fever in China found the leucocyte count of little value, but thrombocytopenia was constantly observed in the febrile attacks the number of platelets falling below 100 000 returning after recovery to 200 000 to 300 000. No prolongation of the bleeding or coagulation time was noticed. An examination of the blood of guinea-pigs infected with *S. hispanica* by VAN DEN BRANDEN DUMONT and NELIS (1930) showed that the blood sugar content remained unaffected by the presence of this spirochaete. The urine of guinea-pigs infected with *S. hispanica* was found to contain the virus at the height of the infection in 2 out of 6 animals also the aqueous humour but the vitreous humour was always negative (REMLINGER and BAILLY 1929b).

### IMMUNITY

The discovery of soluble specific substances in spirochaetes (HINDLE and Bruce WHITE 1934) has introduced a new method for the study of spirochaetal immunity. The isolation of these substances in each case has been effected by solution of the spirochaete in 0.5 per cent. NaOH followed by extraction with industrial alcohol treatment of the filtrate with acetic acid, then refiltration and further precipitation of the filtrate with acetone. By a process of differential precipitation an acetone-insoluble fraction was obtained free from protein which is considered to be either a carbohydrate or a carbohydrate-containing substance. It reacted in high dilutions with homologous antisera, producing a zone of precipitation at the junction of the solution and antiserum. Since repeated injections of the substance into normal rabbits failed to produce any precipitating antibodies it is considered to fall into the category of haptenes.

In relapsing fevers the study of immunity is complicated by the fact that the spirochaetes of successive attacks often differ in their serological characteristics. A detailed investigation into the types of spirochaetes found in experimental infections with Indian relapsing fever by CUNNINGHAM THEODORE and FRASER (1934) shows that although in successive febrile attacks there is a tendency for the alternation of two main types in addition other types may develop following the first attack, or the first relapse. RUSSELL (1933) using African pouched rats, *Cricetomys gambianus* infected with a strain of relapsing fever isolated in Accra, showed that the relapse strain (B) was serologically distinct from that of the first attack (A). In successive passages if a rat infected with type B relapsed it produced spirochaetes of type A, and conversely. In addition a third type appeared in one of the second relapses. This author emphasized the importance of discounting results obtained with first passage animals when isolating strains of the relapse type since in addition to inoculating spirochaetes of this type one also inoculates immune bodies against spirochaetes of the first attack and the passive immunity thereby induced is liable to influence the type with which the animal is expected to relapse. JAKIMOW (1929) found that in a case of a Berlin strain of

*S. recurrentis*, the relapse strain was distinct from the original strain in about 50 per cent. of the cases tested whilst GRAY (1929) in animals infected with *S. duttoni* was unable to find any immunological difference between the spirochaetes of successive relapses, and failed even to demonstrate the presence of antibodies.

The problem of immunity in spirochaetal diseases, whether dependent on residual infections, or on the development of immune bodies ("sterile immunity") is discussed by ARISTOWSKY and WAINSTEIN (1929) who found that it was possible to produce immunity against *S. recurrentis* by the inoculation of dead spirochaetes. Also RUSSELL (1933) immunized *C. gambianus* against a West African strain by the inoculation of dead spirochaetes combined with immune serum. On the other hand, KRATZ (1932) produced only a comparatively transient immunity by the inoculation of living spirochaetes and immune serum and found that the administration of immune serum at the crisis of the infection actually had a harmful effect. KROD (1934) found that after the inoculation of dead fowl spirochaetes into one-day old chicks no immunity developed, but adult birds similarly inoculated developed a well-marked resistance.

BELEZKI and LMANSKAJA (1929) consider that antibodies, spirochaetolysins, play the most important part in protection against spirochaetes, as evidenced by their gradual dissolution in the organs and blood. Phagocytosis although it takes place, is said to be comparatively feeble and to play a very subordinate part in the disappearance of the organisms. This view is supported by KALAJEW (1931) also by KRITSCHIEWSKI and RUBINSTEIN (1931) who found that both splenectomy and blockage of the reticulo-endothelial system did not abolish acquired immunity to *S. duttoni*. In addition VELU BALOGH and ZOTTER (1931b) found that splenectomy either before or after infection with *S. hispanica* had no effect on the course of the disease. LEVADITI MARIE and LÉFÈVRE (1931) like KALAJEW (1931) concluded that the production of immunity is under the control of the nervous system, since it does not develop if the nervous centres are affected functionally or anatomically by a local infection. On the other hand, PLAUT and GRABOW (1930) in detailed experiments with *S. duttoni* found that the termination of each attack was not dependent on the production of antibodies, and the sudden death of the spirochaetes is regarded as due to factors which have not yet been explained. KROD (1934) in the case of fowl spirochaetosis, considers that the development of spirochaeticidal antibodies and obvious immunity are different factors which vary at different periods in the life of the fowl.

The blood of certain animals seems to possess spirochaeticidal properties against *S. duttoni* for CUBOXI (1929b) found that the fresh serum of cattle, sheep and goats invariably killed all spirochaetes within 1-2 hours at 37°C. This property disappeared when the serum was inactivated by heating.

NOHRA (1929) tested the immunity of the offspring of mice infected with a Manchurian strain. His results indicated that the offspring are often resistant owing to the passage of immune bodies through the placenta, and not to antenatal infection of the young themselves. On the contrary in the case of guinea-pigs infected with *S. hispanica*, REMLINGER and BAILLY (1929d) found that the spirochaetes passed to their offspring at all stages of gestation, but the milk was not infective.

*Residual Brain Infections*

The discovery that relapsing fever spirochaetes may persist in the brains of animals for considerable periods after apparent recovery has proved a valuable aid in the study of natural reservoirs for many animals whose blood was negative have been found to harbour the infection in the central nervous system and the inoculation of brain tissue is now a routine procedure in any such investigations. The factors influencing the production of such residual infections which are by no means invariable have been the subject of much discussion. According to KRITSCHESWSKI and BRUSSIN (1931) the different races of relapsing fever spirochaetes show varying degrees of neurotropism and somatropism, the African strains in general being highly neurotropic and the Russian (presumably louse borne) strains highly somatropic and very little neurotropic. This view is opposed by KOLLE, PRIGGE and ROTHERMUNDT (1931) who consider that the persistence of spirochaetes in the central nervous system depends essentially on low virulence and feeble development of antibodies and ROTHERMUNDT (1928) records experiments with a Russian strain usually not producing residual brain infections which after its virulence had been lowered in various ways acquired the property of producing persistent brain infections in mice. HIROKI (1932) in similar experiments with a Manchurian strain of relapsing fever found that altering the virulence did not affect the number of residual brain infections and later (1933) in a statistical analysis of the comparative mortality of the African strains which often produce brain infections and the Manchurian strains which do not possess this property showed that there was no significant difference between them. His results are entirely opposed to those recorded by PRIGGE and ROTHERMUNDT and support the view that spirochaetes persist in the brain by virtue of a specific neurotropic character.

Alterations in the percentages of residual brain infections produced in mice by strains of *S. duttoni* and *S. hispanica* respectively have been recorded by ROTHERMUNDT (1932). A strain of *S. duttoni* which constantly produced brain infections in 1928 four years later produced only 30 per cent infected but after passage through a human subject the incidence rose to 55 per cent. Similar results were obtained with the *crocidurae* strain of *S. duttoni* and also with *S. hispanica* but in the opinion of the reviewer the possibility of different strains of mice varying in their susceptibility to neurotropic infection has never been taken into calculation and makes it difficult to assess the value of these and other similar experiments. SAGEL (1930) studied four African strains, two of which produced brain infections in the mouse whilst the other two did not. A strain of *S. duttoni* and a Moroccan strain were found to lose their serological distinction and to have increased their virulence to man, as a result of brain passage. REMLINGER and BAILLY (1929b) using a strain of *S. hispanica* found that when inoculated intracerebrally spirochaetes persisted in the brains of guinea-pigs and also in various refractory animals such as the fowl, pigeon and tortoise. In the latter the spirochaetes remained alive approximately the same length of time as infected blood kept in glass pipettes (about 45 days).

MATHIS and DURIEUX (1930) found that residual brain infections were a constant feature in mice inoculated with the Dakar (*crocidurae*) strain of *S. duttoni* and might persist up to 235 days after the original inoculation and they recommend the use of brain emulsions



for inoculation instead of blood, in order to reduce the number of animal passages necessary for the maintenance of this strain in the laboratory (MATHIS and DURIGUX, 1931). It is necessary however to be sure that residual brain infections are a feature of the strain, for LAGRANGE (1931) using a strain of *S. duttoni* obtained from BURROFF found that only one out of 11 mice showed a brain infection, although the majority of rats similarly inoculated had residual infections, the brain of one animal being infective 242 days after the original inoculation.

In the case of Californian relapsing fever COLEMAN (1934) found that infection of the brain in mice did not persist after the blood had ceased to be infective. CLARKE (1929a) demonstrated residual brain infections in young guinea-pigs infected with *S. duttoni* up to 44 days after the disappearance of spirochaetes from the circulation. *S. hispanica* which more readily infects guinea-pigs, has been recovered from the brains up to 100 days after inoculation (PAMPANA, 1929).

The conditions affecting the production of these residual infections have been studied by VELU BALAZET and ZOTTNER (1931b) using guinea-pigs infected with *S. hispanica*. No matter what method of inoculation was used the spleen became infective as quickly as the brain and it was concluded that the spirochaetes persisted in the brain because of the weakness of the defence mechanism in that part of the body. Splenectomy before or after infection, was found to have no effect on the course of the disease and neither splenectomy nor blockage of the reticular-endothelial system caused spirochaetes to reappear in the circulation of animals with residual infections. SEMKOVA (1931) claims that alcohol greatly increases the chance of residual brain infections, for when mice that had been given 0.3 cc. of 18 per cent. alcohol daily for varying periods, were injected with *S. duttoni* 30.1 per cent. of the brains contained spirochaetes, as compared with only 19.4 per cent. in the case of normal mice similarly infected.

The form in which spirochaetes persist in the brain is still the subject of discussion. LEVADITI, ANDERSON, SELBIE and SCHONF (1928 and 1930) and also REMLINGER and BAILLY (1929b) maintaining that there is an invisible stage, whilst BEUNDEES (1932) and BEUNDEES and VAN THIEL (1932) although admitting the possibility of such an ultra-microscopic stage, incline to the view that spirochaetes, as such, persist in the brain but are generally so rare as to escape notice.

#### Mixed Infections

It is well known that when a susceptible host is simultaneously inoculated with trypanosomes and spirochaetes, the course of the infection is often prolonged.

VASSILIADIS and JADEM (1930) found that when mice containing large numbers of *S. hispanica* in their blood were inoculated with *Trypanosoma rhodesianus* the incubation period of this latter infection was slightly prolonged and the death of the animal a little delayed. The action of *S. duttoni* on *Tr. fuscum* was found to be much more marked, the incubation period being prolonged from 2 to 12 days. On the other hand, PIER, BALAZET and ZOTTNER (1931a) found that the simultaneous inoculation of *S. hispanica* and *Tr. microsum* had no effect on the development of either infection.

KAWAMURA (1931) made the interesting observation that even one strain of spirochaetes might influence the action of another strain in the same host. Thus in mice inoculated with strains of *S. duttoni* and *S. hispanica*, either simultaneously or separately with an interval of 24-48 hours, the resulting mixed infection persisted longer than either of the infections alone. Both

strains were recovered from the brains of mice after the parasites had disappeared from the circulation. The simultaneous inoculation into mice of three strains of relapsing fever *S. recurrentis*, *S. duttoni* and *S. marocana* is stated by RUBINOWITZ and KAPUSTO (1931) to have resulted in the appearance of a new race of spirochaetes serologically distinct from the three original strains. The new race was not simply a mixture for it was passed through mice immunized against each of the three original strains and retained its antigenic properties. It remained constant for six passages in mice, but on the seventh passage the three original strains reappeared. It is difficult to accept these remarkable observations without independent confirmation for strains of spirochaetes, especially those producing residual brain infections are very liable to become mixed in the laboratory as shown by NICOLLE and ANDERSON (1929d).

KAWAMURA (1931) also studied the effect of two strains of spirochaetes *S. duttoni* and *S. hispanica* on mice infected with *Trypanosoma brucei*. When inoculated simultaneously the duration of life of the infected animals was about 22 days as compared with only 4 days when the spirochaetes were inoculated 2 days after the trypanosomes. Also in mixed infections the removal of the spirochaetes by a dose of solganal, resulted in the mice dying of trypanosomiasis within 6 to 7 days whilst untreated mice lived 24 to 25 days. The spirochaete is supposed to act by strengthening the natural resistance of the organism, but in mice which had been "blockaded" or splenectomized it produced the same effects as in normal mice.

Similar results are recorded by GRILLO and KRUMERCH (1934) in the case of guinea pigs infected with either *S. usbekistanica* (= *persica*) or *Spirillum minus* and *Trypanosoma brucei*. In addition the life of guinea pigs infected with *T. brucei* was prolonged by the injection of chemical substances, which raised the body temperature or which produced alterations in the general metabolism. These authors are of the opinion therefore that in mixed infections the effect of the secondary infection is to give an additional stimulus to the defence mechanism of the host.

### Therapeutic Uses

Certain authors recommend the use of relapsing fever instead of malaria, for therapeutic purposes.

Owing to the mildness of the fever the invariable spontaneous cure and the ease of inoculation MÂS DE AYALA (1931) regards *S. hispanica* as the most satisfactory agent and gives details of a clinical study of 230 cases. Direct vein to vein inoculation of 2-3 cc. of blood during a febrile attack is said to give the best results. REMLINGER and BAILLY (1929c) call attention to the advantages of this strain, for it can easily be maintained in guinea pigs. The virus can be transported either by means of infected ticks or by simply defibrinating infected blood and preserving it in glass pipettes plugged with cotton wool. Such blood was found to remain virulent for at least 20 days at room temperature (REMLINGER and BAILLY 1930a).

### Cultivation.

A simple new culture medium made from egg which does not require the addition of serum has been described by LI YUAN PO (1933) who maintained strains of *S. recurrentis* in this medium for at least 38 generations without the cultures losing their virulence for mice.

SCHARKER (1934) found that this medium gave good results with the fowl spirochaete equal to any of the ordinary media containing serum. MANTOUFEL and DRESSLER (1933) also obtained excellent results with this method but in addition describe a new medium, consisting of pieces of allantoic membrane in Tyrode's solution, in which strains of *S. hispanica* remained virulent for at least 38 passages. On the other

hand, CONSTANTINESCO (1931) using a strain of *S. eltoni* found that when cultured in plasma containing pieces of fowl embryo, or mouse brain and spleen, the spirochaetes rapidly lost their virulence.

MARCHOIX and CHORIXE (1933) using a slight modification of Galloway's method, claim to have obtained cultures of an invisible but virulent phase of the fowl spirochaete. Cultures were obtained both from the blood and organs of infected fowls and also from infected ticks. The necessary anaerobic conditions were sometimes obtained by adding *Bacillus encrarians* to the medium, and mixed cultures of this nature, continued for at least 62 passages, still remained virulent.

LAUDAUER (1931) made further simplifications in this medium and studied the factors influencing the growth of the spirochaetes. JAROS (1933) using fowl spirochaetes grown in a serum medium, found that their virulence fell lower and lower with successive passages, especially if the cultures were grown at 37° to 40°C. After 43 subcultures the 4-day old cultures were still virulent, but 8, 12, 13 and 16 day-old cultures were all non-pathogenic. In earlier passages the virulence could be restored, but ultimately the spirochaetes lost their pathogenicity although the ordinary growth and motility was unaffected.

Using four strains of relapsing fever grown in a simple medium of inactivated horse or rabbit serum diluted with saline, MONROE MUEDEA (1929) also found that cultures of spirochaetes might become completely negative to microscopical examination but retain their virulence. Very often these seemingly negative cultures showed small granules resembling micrococci, but these organisms failed to grow on agar slopes. Out of 17 mice inoculated with cultures showing no trace of spirochaetes, 15 became infected with spirochaetosis after 2 to 4 days.

ERERSON and MOSSMAN (1931) for *S. hispanica* recommend the use of hormone broth containing brain mash, or of a sodium-citrate dextrose medium containing brain tissue. Cultures were found to remain virulent for 2 months at 38°C. A life-cycle is stated to occur in the cultures, passing from a granular stage to the adult spirochaetal form, and the preparation of a cinematograph record of this evolution is said to be in progress.

SEGUX (1930) in cultures of *S. calligya* from genital condylomata, observed very small spirochaetes 1 to 2  $\mu$  long, each with a drawn-out extremity resembling a flagellum. These forms appear as mere granules under dark-ground illumination. All intermediate stages were found between these minute forms and the ordinary spirochaetes.

HINDLE and ELFORO (1933) have shown that spirochaetes, including *S. pallida* pass readily through graded collodion filters, and this method furnishes a simple and effective means of separating them from other organisms and also of estimating their diameters.

### Staining Methods.

To facilitate search for spirochaetes in blood PAMPARA (1931) recommends the following solution which keeps for months.—Methylene blue (B extra) 2 gm. distilled water 100 cc. dissolve filter and add 4 cc. of formalin and 10 cc. of glacial acetic. The blood is obtained in thick drops, and dried rapidly by holding over the microscope lamp. The stain is poured on and allowed to act for 10 minutes, then rapidly washed in running water blotted and dried. The spirochaetes and nuclei of the leucocytes stain blue and stand out amid unstained surroundings. WYNN (1929) finds that mordant methods give good results since spirochaetes have a greater affinity for acid dyes, whilst bacteria usually take basic dyes. He recommends that the material containing spirochaetes be placed

on a slide in a drop of 5 per cent. glacial acetic acid, and then put in the incubator for 15 minutes evaporation being prevented by covering with a hollow ground slide. The drop is then spread out on the slide and allowed to dry. The slide is then covered with a mordant prepared by mixing one part of a solution of 100 gm. tannic acid in 100 cc. of 95 per cent. alcohol with two parts of undiluted formalin containing 7.5 per cent. acetic acid. After 2-5 minutes the excess mordant is washed off with warm water and the film stained with a mixture of acid and basic dyes such as gentian violet and acid green, brilliant green with acid violet or with acid fuchsin, etc. The slides are stained for 2-5 minutes in a saturated solution of the basic dye, then washed off with water and covered for 10-30 minutes with the acid dye in 30 per cent. alcohol. The slides are finally washed in water and allowed to dry without heating.

Du (1931) recommends the use of carbol fuchsin for one minute after dehaemoglobinizing for 5 seconds with 6 per cent. acetic acid in 95 per cent. alcohol. After trying eight different methods VAN DEN BERGHE (1931) found the following to give the best results:—

Fix the film for 2-4 minutes in Røge's formal-acetic or in alcohol containing 10 per cent. formalin, allow to dry and stain for 2-3 minutes in a 3 per cent. aqueous solution of Victoria Blue 4 R (Grübler). Wash off the stain in water and allow to dry.

#### General.

The necessity for the identification and control of relapsing fever spirochaetes maintained in laboratories is emphasized by NICOLLE and ANDERSON (1929d) who mention some examples of errors in the identification of well-known strains. They consider that the relapsing fever spirochaetes seem to fall into two groups: a very homogeneous *S. duttoni* group, all the strains of which are serologically identical, in marked contrast with the remaining forms, all of which show great variation and a tendency to break up into serologically different races, so that one could almost form new species out of each strain. The authors' views as to the specific identity of the strains of relapsing fever occurring in Spain and North Africa have been criticized by DELANOE on the grounds that too large doses of spirochaetes were used in their cross-immunity tests. Accordingly NICOLLE and ANDERSON (1932) repeated the tests with four races isolated from cases of Spanish African relapsing fever, using different doses and methods of infection and showed that the dosage is of no significance and the races of spirochaetes isolated from different individuals showing the same type of disease can all be distinguished by cross-immunity tests, as well as by agglutination or lysis.

Many species of mammals have been shown to be susceptible to infection with various strains of spirochaetes. (See above 'animal reservoirs'.) REMLINGER and BAILY (1929a) in the case of *S. hispanica* found that in addition to the invariable susceptibility of the guinea-pig, the hedgehog, wild rats and wild mice could be readily infected, also with difficulty rabbits, young dogs and in one case a 3 months old kitten. Adult cats were refractory, also the fowl, pigeon, martin, tortoise, frog and fishes. BODECHTEL (1930) found that *S. recurrentis* and *S. anserina* might be found in the blood of lizards, frogs and goldfish inoculated with these spirochaetes, but the organisms merely persisted for a few days and there was no evidence of multiplication.

The susceptibility of spirochaetes to the action of various cytolytic agents *in vitro* is well shown by the action of sodium ricinolate which has been found by VROLLE (1934) to kill spirochaetes, even in dilutions

of 1 1,000 in media containing proteids. The exposure of *S. duboisii* to the total rays from a mercury lamp of 500 watts at 40 cms. for 18 to 30 minutes is said by LEVADITI, VAINMAN and PAIC (1934) to destroy the reproductive capacity without affecting the motility of these organisms.

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## LEPROSY

LEPROSY REVIEW 1934 Oct. Vol.5 No 4 pp 149-197 With 15 figs. on 4 plates & 1 text fig. Quarterly Publication of the British Empire Leprosy Relief Association, 131 Baker Street, London W 1 [2a]

The most important paper in this issue is by F G Rose on the curability of leprosy, based on many years work in charge of a campaign against the disease on modern lines in British Guiana, with the aid of a leper hospital and dispensaries for out-patient treatment of early cases found by surveys. Still more important he has been able to follow up for long periods nearly all the discharged patients in a manner not yet possible in other leprosy countries and to prove that not more than 14.1 per cent. have shown lasting relapses. Tables of the data are given and Dr Rose's own summary as follows speaks for itself.

"1 Of 801 patients suffering from leprosy under observation in British Guiana from 1928 to 1934 138 have died, and 16 have left the country

"2 Of the remaining 647 180 are cases spontaneously arrested, leaving 467 who have undergone active treatment during this period.

"3 Eighty-six of these received treatment for less than a year, leaving 381 whose ultimate fate is considered.

"4 Two hundred and fifty-seven were early cases, of whom 76 are now arrested, 66 quiescent, and 66 improved.

"5 One hundred and twenty four were advanced cases of whom 22 are arrested 15 quiescent and 66 improved.

6. It is suggested that arrested and quiescent cases in whom function has been completely restored should be termed recovered in addition.

"7 Of the 142 early quiescent and arrested cases, 100 and of the 37 advanced cases 10 have completely recovered.

8. Ninety-eight cases have become arrested, of whom 13 have eluded observation.

"9 Of these 85 14.1 per cent. have relapsed and have not yet become re-arrested.

"10 Relapse generally occurs within the first two years after the arrested stage has been reached.

"11 Treatment should be continued for at least six years after arrest.

"12 An arrested case may be deemed cured after six consecutive years of inactivity

13 Special attention should be devoted to childhood infection.

The Editor of the review has adopted the unusual procedure of asking leprosy experts working under totally different conditions in far distant countries, to criticize Dr Rose's paper. The most experienced of these is Dr E. Muir of Calcutta, who strongly supports Dr Rose in the following findings among others.

(2) The table of results in early cases corresponds to the results that we obtain in India in places where the patients attend regularly and are efficiently treated. (3) The results in advanced cases also correspond closely with results obtained in India under favourable circumstances. [The reviewer declined an invitation to comment on Dr Rosz's paper as he accepts unreservedly the records and conclusions of that able and experienced worker.]

The evaluation of the results of treatment in incipient leprosy is once more dealt with by J. RODRIGUEZ who repeats his experience that chaulmoogra preparations are less effective in the very early and often bacteria free stages than in those with more developed dermal lesions containing abundant lepra bacilli. [This may possibly be due to the fact that destruction of the bacilli leading to a gradual production of immunity is an important factor in recovery.]

In a further yearly review of his leprosy work in Korea R. M. WILSON records the value of localized anaesthesia and nerve thickening in early diagnosis. In treatment he still finds injections of 5 to 7 cc. doses of pure freshly obtained hydnocarpus oil the cheapest most satisfactory and most painless method. In 70 to 80 per cent. of early cases marked improvement is obtained. He has noticed a pellagroid condition of cases in the spring and that most of the Korea cases come from the southern humid half of the country. A paper on dye treatment is dealt with below under that heading.

L. Rogers

MARCHOUX (E.) *La lutte contre la lèpre dans les colonies françaises.* [Anti-Leprosy Measures in the French Colonies.]—*Internat J Leprosy* Manila. 1934 Aug-Oct Vol. 2 No 3 pp 311-314

The antileprosy campaign that has long been carried on in the French colonies based on the internment of cases has not given the expected results. The conditions of the measures in force and a widespread idea that the disease is hereditary have resulted in an attitude strongly antagonistic to the system in spite of efforts to ameliorate the circumstances of those affected and the disease has not only persisted but is continually spreading. To deal with the situation the Minister of Colonies has appointed a permanent commission composed of Drs Marchoux, Jeanselme, Gougerot and Burnet which has considered a revision of measures for leprosy control for the colonies.

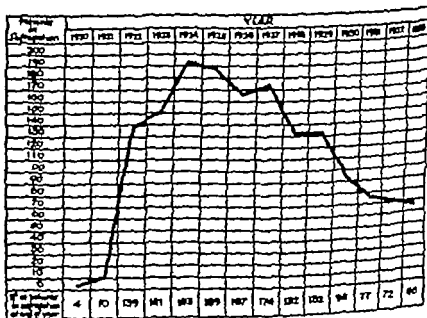
The principles approved are briefly that the disease is a communicable one the germ of which escapes from the tissues only when there are ulcers in the absence of which even prolonged contact is not dangerous. ulcers of the mucosa present a greater difficulty than those of the skin and ulcers may be precocious and inconstant. Diagnosis should, therefore be made as early as possible this requires a skilled specialist but an educated populace will make diagnoses by themselves, so there is need of instruction of the public in regard to this and also regarding the dangers of contagion and the value of early treatment. The first task is to enumerate the cases and to classify them—cutaneous, mucous, nervous and latent being the three types enumerated. Methods of providing treatment under different conditions, the desiderata as regards hospitalization, and the practicable methods of educational propaganda are enumerated.

L. R



GRANT (Alan M B) *Leprosy at Nauru since 1923.*—*Internat. J. Leprosy* Manila, 1934 Aug-Oct, Vol. 2, No. 3, pp. 305-310 With 1 text fig

This important article reports the further progress of the effort to reduce the high incidence of leprosy at Nauru by modern methods since the publication of Dr BRAY's article in 1930 [see this *Bulletin*, Vol. 2, p. 997] which is conveniently reprinted in this issue of the journal. The 2,500 inhabitants are examined frequently for early cases of leprosy and only the infectious ones are segregated in accordance with the advice of L. ROGERS. The accompanying chart and table show that the infectious bacteriologically-positive cases have fallen from 183 in 1924 to 68 at the end of 1933 or by almost two-thirds within one decade, but the rate of decline is now less, partly owing to the admission of 18 cases without bacteriological examination in 1932. In addition 155 uninfected cases are attending clinics as out-patients, and none of these are discharged as apparently cured until after five years treatment with two years freedom from all active symptoms. They live in separate houses and apart from any children. Hydrocarpus osteri are used in treatment. In the last five years 83 have been paroled, and only 22 have relapsed, but 21 of 48 of discharged clinical cases were again given treatment for relapse. Nine have died in five years. Infants born in the isolation station are separated from their parents at birth. The author concludes that leprosy is slowly decreasing, that early diagnosis by frequent inspections has been of paramount importance, and that "the division of the cases into infectious and uninfected and the different treatment of these groups has given better results than would have resulted with compulsory segregation of every case of leprosy."



Graph showing the total number of cases of leprosy in segregation at the end of each year since the appearance of the disease at Nauru.

(Reproduced from the *International Journal of Leprosy*)

Admissions discharges and relapses at both clinic and isolation station Naum  
during the five years 1929-1933 inclusive

Occurrence.	Year				
	1929	1930	1931	1932	1933
Admissions new patients to station	5	4	4	16 <sup>a</sup>	4
clinic	29	60	31	43	8
Discharges, patients from station	4	39	19	21	—
clinic	6	2	3	22	15
Relapses, admitted to station	—	—	—	—	11 <sup>b</sup>
"          " clinic	—	—	—	—	21 <sup>b</sup>
Total number of cases in station	132	93	77	72	66

<sup>a</sup> This number was admitted without bacteriological examination.

<sup>b</sup> Total for the five-year period

L R

GOMES (J M.) *A lepra no Estado de S Paulo* (Notas endemio-  
logicas) [Leprosy in the State of S Paulo]—*Mém Inst Oswaldo*  
*Cruz* 1934 July Vol 28 No 3 pp 317-387 With 7  
plates (2 maps) English summary pp 388-390

Leprosy has increased gradually in S Paulo State during the last  
century with more active foci in certain areas requiring most attention.  
The great majority of these are found on non-sandy soil with high  
humidity. Examination of lymphatic glands and allergic manifesta-  
tions indicate that a large number of contacts with open lepers become  
infected without showing signs of the disease, mostly during childhood,  
and more from their mothers than from their fathers.

L R

DENNEY (O E) *The National Leprosarium, Carville, La.* Review of  
the More Important Activities during the Fiscal Year ended June 30,  
1934—*Public Health Rep* 1934 Nov 16 Vol. 49 No 46  
pp 1359-1365

In spite of a reduced budget the activities have been maintained at  
this institution. New admissions numbered 64 and 20 were paroled,  
leaving 361. Chaulmoogra oil orally in from 3 to 155 drops three times  
a day was used in 225 cases and benzocaine-chaulmoogra oil intra-  
muscularly twice weekly in 123 while 50 were on esters intramuscularly.  
Several dyes were tried without encouraging results. The usual  
special services were maintained. Initial apparent increase in acid-  
fast bacilli from leprosy lesions was obtained on a variety of culture  
media, possibly due merely to concentration through autolysis of the  
tissues inoculated with them but no active subcultures could be  
obtained.

L R

SHARP (Leonard) *Further Report on Bunyoni Leper Colony, Kigezi,*  
*for 1933-34 with Statistics.*—*East African Med J* 1934 Nov  
Vol. 11 No 8 pp 245-255

During a further year's work at this West Uganda island settlement  
the numbers under care increased from 300 to 522. Improved buildings  
and additional land for cultivation have been supplied and plantations  
of eucalyptus trees made. Over 100 children are being taught and 83

have shown arrest of the disease. A much needed home for untainted children has been built, for 57 per cent. of the children of lepers have become infected, and without separation from their parents probably 75 per cent. would eventually develop the disease. One-third of all the lepers in the colony are children under 15 years of age 73 per cent. of whom are early or mild cases and among 194 early nerve or cutaneous cases 43 per cent. have become arrested during the year and they constitute 92 per cent. of the total arrested cases. Similar tables to those of the previous year's report are given with 46 per cent. improved in addition to the 23 per cent. arrested, including all treated for three months or over. They are subdivided into numerous tables, three with only 2 to 5 cases and nine more with less than 20 cases, but the general conclusion come to is that those with no drug treatment did best and those with most injections did worst brilliant green being better than chaulmoogra oil preparations. In view of the shortness of the treatment in some at least the results of the five years' treatment, found by Dr. ROSE to be necessary to obtain the best results with chaulmoogra preparations, will be awaited with interest.

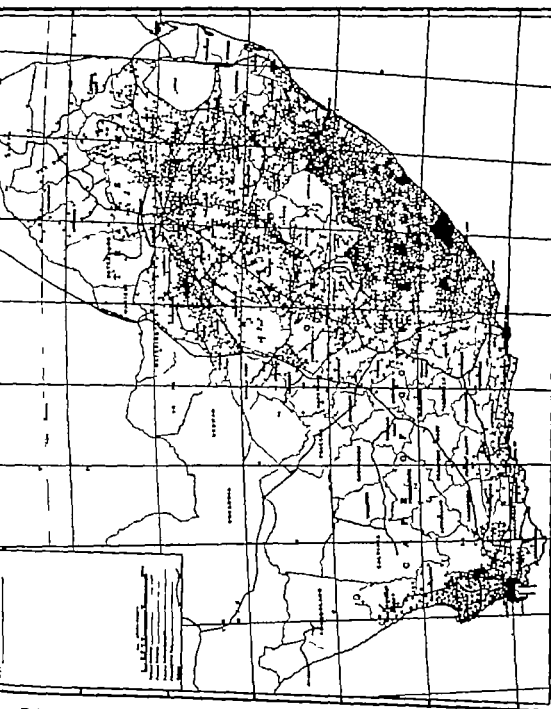
L. R.

UNION OF SOUTH AFRICA. ANNUAL REPORT OF THE DEPARTMENT OF PUBLIC HEALTH YEAR ENDED 30TH JUNE, 1934. [*Leprosy* pp. 31-45 With 6 maps (1 folding)]

This report is by Sir E. N. THORNTON and it takes a more hopeful view than earlier ones. The expenditure has fallen from £30,000 fourteen years ago to £154,000 when the health department took over the work in April 1924 and to £97,428 in the last financial year which is still nearly one-fourth of the cost of the whole public health work. After some historical data and information for the enlightenment of the public on the low infectivity and chronicity of the disease, it is stated that "In its early stages the disease is most amenable to treatment. Chaulmoogra oil still holds the field. The disease is decreasing among Europeans and there are probably fewer cases than once thought among non-Europeans. Tables show 2,165 total, but only 93 pure Europeans, segregated in leper institutions, which have now all been converted into well staffed hospitals. In addition there are 1 certified and 6 home segregated Europeans, 1,512 in all discharged probationally but still under surveillance and 889 released from surveillance as no longer requiring to be watched. Treatment remains voluntary and the ethyl esters and sodium salts of the lower melting point fatty acids are the most popular preparations. Compulsory segregation is still considered the only sound method in S. Africa.

An instructive study of leprosy incidence among non-Europeans from 1900 to 1930 has been made by Dr. J. F. WOOD and is illustrated by maps. The data show a rate of 1.9 per mille, 855 cases, in the Orange Free State mostly the Northern and Middle districts. From the Transvaal there were 2,860 admissions, or 2.4 per mille, with most on the border of the Vaal River. Natal showed 1,424 cases or 1.2 per mille, mostly along the Basutoland border. The Cape Province had 2,488 cases, or 1.5 per mille. The four smaller native areas show rates of from 2.6 to 3.7 per mille. A spot map of all the cases shows a remarkable concentration of cases in the eastern areas, especially around the hilly Basutoland, and in a small one near Cape Town. [The distribution of high rainfall is similar]

L. R.



Relative incidence of leprosy in non-European population of South Africa during the period 1900-1930

[Reproduced from *Union of S Africa Annual Report of the Department of Public Health for Year ended 30th June 1934*]

Yu (K. Y) Leprosy among Natives of Manchuria.—*Jl Oriental Med* 1934 Nov Vol. 21 No 5 pp 67-71

This is a brief account of four cases of leprosy among the indigenous inhabitants of Manchuria, who were probably infected during long residence in Mukden villages of Shantung mining and artisan immigrants. L.R

GALT (Curtis M.) & YAWT (Nol) Kluangkiang Married Lepers' Settlement.—*Internal. J. Leprosy* Manila. 1934 Aug.-Oct. Vol. 2. No 3 pp. 315-317

On account of too many lepers leaving this colony in China early in 1932 married lepers were allowed to start a neighbouring village of their own on a self-supporting basis, and lepers in the colony were permitted to marry and move to the village treatment being supplied to them as before. Only those in fairly good health, who could build a modest house and cultivate a garden were granted such leave. It now includes forty-seven couples, together with six children taken to the village and twenty-five born there of whom seven have been adopted by friends and 18 await adoption, which is common custom there, and it is also hoped to provide an untainted home for children. There has been only one request for return to the parent home and no financial aid has been needed, but attendance for treatment has not been very regular. The finances of the parent colony have benefited greatly and losses of patients have been much reduced, so the experiment is being continued with an open mind as to the ultimate results. L. R.

HAYASHI (Fumio) The Anti-Leprosy Works in Various Parts of the World as I have seen them.—*J. Public Health Assoc. Japan*. 1934 Sept. Vol. 10 No 9 pp 1-13

This is an interesting but diffuse account of the impressions of the author during a year's tour of a number of leprosy countries, in which he bears witness to good work being done. He emphasizes the number of infections of children under leper segregation, including 39 per cent. of those born at Cullion, and the importance of homes for untainted children removed as early as possible from leper parents, and elsewhere in India. He prefers the Japan solution of preventing conception by doing vasectomy on the husband before marriage is allowed. He is not in favour of the Cullion parole system unless the patients are followed up, which has not yet proved feasible. The surveys in India are commended. The incidence, so common in Japan, of alopecia in leprosy is discussed and the conclusion come to that a cold climate favours its occurrence. The great decline in the mortality rates among lepers in various countries is pointed out. The value of the Mitsuda reaction is stressed. With regard to treatment he says "The efficacy of chaulmoogra oil is an obvious fact still there are some who doubt its value." L. R.

VELASCO (Felix) Frequency of Leprosy among Parents and Children its Bearing in the Transmission and Epidemiology of the Disease.—*Reprinted from Rev. Filipina de Med. y Farmacia*. 1934. Sept. Vol. 25 No. 9 pp. 423-433 [18 refs.]

This inquiry was carried out in the Manila leper hospital among 27 adults with 125 children of whom 80 were examined 61 or 78.3 per cent. were leprosy, 22.9 per cent. being bacteriologically positive and 77.1 per cent. clinical cases. The incidence in the children was highest where one or both of the parents were positive, lower when the father is a clinical leper and least when both parents were healthy. A noteworthy feature was that the early recognizable lesions are usually found on the bare skin surfaces which during infancy are

most frequently in contact with the skin of the mother and these are also the frequent sites in adults. This fact seems to justify the assumption that transmission is a direct skin to skin contact between the leper and the susceptible infant or young child. Moreover the results of leprolin tests indicate that infection most frequently takes place in infancy  
L R

WAYSON (N E) Leprosy with Tuberculosis in Hawaii.—*Public Health Rep* 1934 Oct 12. Vol 49 No 41 pp 1201-1212

The author discusses the well known frequency of the association of tuberculous and leprosy infections as seen in Hawaii where DOOLITTLE obtained 75 per cent of positive tuberculin reactions among 1,500 school children. In a group of leprosy patients tuberculin reactions were about half to one-third as frequent as in other groups. The average annual death rate from tuberculosis among 155 lepers was nearly 2,000 per 100 000 against 100 in the general population. Febrile and local leprosy reactions are more common in patients with tuberculous complications namely 70 per cent against 15 per cent in those without this complication. The explanation of these data is not very clear except that any complicating disease tends to increase the severity of leprosy. Methods for the control and treatment of tuberculosis may have a good effect on leprosy incidence  
L R.

BASU (N K.) Deficiency of Vitamin-B<sub>2</sub> (G) as an Etiologic Factor in Leprosy.—*Ztschr f Vitaminf* Berne 1934 July Vol. 3 No 3 pp 194-195

In this short note the author states that the occurrence of pellagra in lepers led him to investigate their diet in Calcutta, where it is very poor in protein and vitamin B especially in B<sub>2</sub>. On giving a teaspoon daily of a preparation adjusted to the strength of marmite he found after a month improvement in the sensation of nerve forms of leprosy but no effect in nodular cases.  
L R

CAMPOS (Nelson de Sousa) A prova da histamina no diagnostico da lepra maculo-anesthetica [The Histamine Test in Diagnosis of Maculo-Anaesthetic Leprosy].—*Brasil-Medico* 1934 Dec. 29 Vol 48 No 52 pp 1083-1088

The author describes the effect of the phosphate or hydrochloride of histamine when a needle is inserted through a drop of it into the skin not deeply enough to draw blood, or when a solution of it is injected intradermally. For the test the author uses a 1 per cent solution or 0.1 cc. of it for injection. The procedure has already been described by RODRIGUEZ and PLANTILLA [see this *Bulletin* Vol. 29 p 268] but these authors used a 1 in 1 000 solution and stated that reactions are not constant if stronger solutions are used.

The effect on the normal skin and on skins showing conditions of dermatitis not associated with nerve lesions is a reddening of 3-4 mm diameter round the site of the prick in 20 seconds followed by a wider flush in 15-30 seconds and a wheal in 5 minutes or less. In the case of leprotic maculae this reaction fails to appear and the author regards the test as one of considerable diagnostic value in early cases where bacteriological examination has proved negative. There are certain

drawbacks or limitations to its usefulness, however for "interpretation of results is impeded in dark skins, in lesions associated with much erythema and in dark cicatricial spots" H H S

LOWE (John) A Further Note on Nerve Abscess in Leprosy.—*Internat. J. Leprosy* Manila. 1934 Aug-Oct. Vol. 2, No. 3. pp. 301-304 With 6 figs. on 2 plates.

This brief note is illustrated by excellent photos of the external appearances in five cases, and of a large abscess of the ulnar nerve dissected out at an operation. In Dichpall the incidence among about 5 000 lepers was 2 per cent., but half of these followed reactions induced by potassium iodide. They were met with in all the nerves most commonly affected by the disease and produced evident swellings under the skin in superficial nerves. The lepra bacillus was found in half those operated on, and in nearly every case in the neighbouring thickened portion of the nerve together with caseous-like material. Such abscesses may occasionally perforate the skin and continue discharging for years, but they may also undergo resolution, so operations are not always required unless pressure symptoms develop. Drainage is unnecessary after dissecting out the abscess material when it has escaped from the nerve sheath, as not infrequently occurs. These cases are equally common in Calcutta, but more frequently involve the subcutaneous nerves. L. R.

WADE (H W) Tuberculoid Changes in Leprosy II. Lepa Reaction in Tuberculoid Leprosy III. The Pathology of a Nerve Abscess.—*Internat. J. Leprosy* Manila. 1934 Aug-Oct. Vol. 2 No. 3 pp. 279-292. With 20 figs. on 5 plates 293-300 With 12 figs. on 2 plates.

The first of these papers discusses six cases of probable lepra reaction seen in South Africa, four diagnosed as such clinically of which two were severe, and two showing doubtful reactions, but were bacteriologically positive. One severe reaction followed the administration of potassium iodide and was of long duration. Histologically the lesions showed only tuberculoid changes with the production of epithelioid and some giant cells, together with relatively numerous bacilli for this type, but not in the form of globi, and mostly in the advancing border in the reacting cases. The prognosis of this development is thought to be unfavourable. Excellent photos accompany the paper.

III deals with the microscopical changes in nerve abscess tissue supplied by Dr. Lowe at Dichpall [above]. This was found to present a highly organized tuberculoid granuloma, surrounded by an inner capsule of vascular lymphoid follicles, and an outer one apparently derived from the perineurium the whole considered to be the product of a lepra reaction in a nerve and containing few or no bacilli. L. R.

PESCHKOWSKY (G W) Steigerung der fagocytären Aktivität der polynukleären Leucocyten als Resultat der entzündlichen Exacerbation, und das weisse Blutbild als Ausdruck des Typus der entzündlichen Reaktion bei Lepa. [The Blood Picture in Leprosy]—*Internat. J. Leprosy* Manila. 1934. Apr-July Vol. 2 No. 2. pp. 129-138 English summary

The author describes the blood picture in leprosy as the result of an inflammatory reaction of the reticulo-endothelial system. The presence

of monocytosis is unfavourable as it indicates the dissemination of the disease with the formation of fresh granulomata with proliferative chronic inflammation. On the other hand lymphocytosis is favourable in most cases, as it coincides with a period of convalescence and decrease of the inflammatory process. Polymorphonuclear leucocytosis accompanies an exacerbation of the disease with suppurative inflammation and subsequent destruction of the bacilli in the polynuclear leucocytes

L R

LAI (Daniel G) The Dextrose Tolerance Test in Leprosy—*Amer J Trop Med* 1934 Nov Vol. 14 No 6 pp 575-584 With 1 fig

Sixty lepers and one normal control have been tested with the following results. The mean basic metabolic rate was 62.7. The fasting blood sugar rate varied from 62 to 124 mgm per 100 cc. and averaged 88.5 mgm. The composite blood sugar curve was considered normal. During the test 58 per cent showed glycosuria once or more. In 27 per cent. high and in 19 per cent flat curves were seen and the renal threshold was usually low. Thus in spite of individual variations uncomplicated leprosy tends to give a normal blood sugar curve and glycosuria is apparently due to a low renal threshold commonly occurring in leprosy

L R

SARDJITO & SITANALA (J B) Additional Notes on Lepa Bacilli in the Thick Blood Drop taken from Normal-appearing Skin Areas of Lepers.—*Meded Dienst d Volkgezondheid in Nederl Indië* 1934 Vol. 23 No 4 pp 159-167 [11 refs]

These workers conclude from their investigation that the acid fast bacilli found in drops of blood obtained from normal looking skin of leprosy patients are derived from the circulating blood and only to a negligible degree from the tissue fluids. This indicates that the disease is disseminated through the blood stream but the bacilli may accumulate in the capillaries and later make their way into the surrounding tissues to start new lesions. The examination of blister fluids for bacilli is therefore not advised. They found the bacilli in thick blood preparations made by pricking the healthy skin of the ear or a finger in 85 per cent. of nodular and in 17 per cent. of nerve cases

L R

MOUTROUSSIS (Konstantin) Ueber die Bazillämie bei Lepa und sonstige Befunde im Blute bei Leprakranken. Vorläufige Mitteilung. [Bacillæmia in Leprosy]—*Arch f Schiffs- u Trop Hyg* 1934 Nov Vol. 38 No 11 pp 487-494 With 5 figs

The author records the examination of the blood of 79 lepers for acid fast bacilli with positive results in 45 of 48 nodular cases in 13 out of 15 with macular lesions in 6 of 9 nerve cases and in 8 of 9 mixed ones

L R



OTA (Masao) & SATO (Saburo) Cultivation of Leprosy Bacilli and of the Tubercle Bacillus from Leprosy Tissues.—*Internat. J. Leprosy* Manila. 1934 Apr-July Vol. 2. No. 2 pp. 175-192. With 12 figs. on 1 plate. [30 refs.]

After giving a short account of previous Japanese work on the subject the authors describe their own attempts to cultivate the leprosy bacillus and lay due stress on the difficulties in deciding whether acid-fast bacilli so obtained are true lepra ones. Their work is well summarized in their own conclusions as follows —

"1 An acid fast bacillus cultivated from leprous materials is not necessarily the leprosy bacillus. We have obtained cultures of the human tubercle bacillus from a clinically typical leprous nodule and a typical leprotic lymphoma.

2. It is very difficult to obtain the tubercle bacillus from the blood by Löwenstein's method, even with lepers having complicating tuberculosis. We used this method in 83 cases of advanced nodular leprosy one half with pulmonary tuberculosis and obtained no culture of the tubercle bacillus. On the other hand we cultivated twelve strains of acid-fast bacilli which were not tubercle bacilli.

3. In one instance, four months after an acid fast bacillus was obtained from a leper by the blood culture method, the same organism was also recovered from a nodule removed from the same patient, demonstrating that the cultures were not contaminations from outside but that the patient had a general infection with this organism. This is important evidence that the organism is the leprosy bacillus.

"4 Two other strains of the acid-fast bacillus were cultivated from nodules from two patients. It is more difficult to obtain these organisms from the nodule than from the blood though we believe that more positive results may be obtained by improving the technic.

5 From the results of animal inoculations and complement-fixation and skin reactions not described in this paper it seems highly possible that the strains obtained by us are *Mycobacterium leprae*.

6. These strains may be divided into two types according to the color of the cultures, one being whitish, the other ochre or orange-colored, though these characteristics are not always constant and in some cases whitish strains change to ochre color during subcultivation. These types we call *Myc. leprae* var. *album* and *Myc. leprae* var. *aureolum*, respectively. L. R.

DENNEY (O. E.) A Microscopic Study of *Mycobacterium leprae*.—*Internat. J. Leprosy* Manila. 1934 Aug-Oct. Vol. 2. No. 3 pp. 275-278. With 25 figs. on 3 plates.

This is a brief description of the morphology of the lepra bacillus in unstained material, and is illustrated by high magnification drawings. The beading and branching of the organisms is well brought out, and also the appearances of globi masses of bacilli, which are described as disk-like colonies of organisms surrounded by a cell membrane. The significance of the granules is still unknown. L. R.

STEIN (A. A.) & STEPRIN (M. I.) Die spezifische Allergie bei Leprosen. [Specific Allergy in Leprosy].—*Archiv für Dermatologie und Syphilis* Nederl. Tijdschr. v. Hyg., Microbiol. en Serol. 1934. Vol. 1. No. 3 pp. 209-218. [11 refs.]

The author reports that the injection of emulsions of leprosy nodules (leprolin) into the skin produces specific reactions. In clinical cases the

appearances of the reactions are similar to those of tuberculum. In more advanced cases the reaction varies from negative results in mixed and nodular cases to positive ones in nerve cases. Healthy persons give positive reactions. Negative results are met with in persons who have had no contacts with lepers and positive ones in those who have had such contact

L R

NAKANURA (Keiso) & KOBASHI (Shigeho) Inokulationsversuche der Menschenlepra auf Hausratten I Mitteilung [Inoculation of Leprosy to Rats.]—*Keiso Ji Med* 1934 Sept. 30 Vol. 5 No 3 pp 184-189 With 8 figs. (1 coloured) on 2 plates.

The authors report that by the inoculation into young rats of human leprosy material after damaging the nasal mucous membrane by acid an infection will result and also by intratesticular inoculation after removal of the thyroid gland.

L R

JORDAN (Paul) Notas preliminares sobre o gambá' como animal de experiência para a lepra. Pesquisa dos bacilos ácido-resistentes nos animais sãos [Opossum as Experimental Animal in Leprosy]—Reprinted from *Folia Clin et Biol.* São Paulo 1934 No 3 pp 85-88 German summary

BOYÉ in Cayenne found an opossum with mutilated toes as in leprosy and the inguinal glands and an infiltration of the bones showed acid fast rods. An opportunity occurred to dissect opossums but no signs of leprosy bacilli were found in the nasal mucus glands brain or spinal cord or in internal organs. Fifty fleas caught on the animals were also negative. Opossums were inoculated with human leprosy material with negative results

L R

JORDAN (Paul) Estudo sobre o sêro leproso Experiências com extractos de actinomicetos como antígenos na reacção do desvio do complemento [Complement Reactions in Leprosy]—Reprinted from *Folia Clin et Biol.* São Paulo 1934 No 3 pp 81-84 [11 refs.] German summary

The author records that lepers negative to the Wassermann reaction may yet give positive results with an alcoholic extract of actinomycetes.

L R

DES ESSARTS (J Quérangal) & LEFROU (G) Note sur le diagnostic différentiel entre les nodules élémentaires lépreux et tuberculeux dans les lésions cutanées. [Differentiation of Skin Lesions of Leprosy and Tubercula.]—*Bull Soc Path Exot* 1934 Oct. 10 Vol. 27 No 8 pp 706-709

This is a short note on the microscopical differences between tuberculous and leprosy lesions of the skin. The main points are that in leprosy the nodules stain more uniformly but are more irregular in shape affect the epidermis less with more irregular arrangement of the cells are more vascular contain few lymphocytes and giant cells do not caseate and contain much larger numbers of acid fast bacilli.

L. R.

GILLIER (R.) Formol-gélification des sérums lépreux. [Formol-Gel Test with Leprous Sera.]—*Bull Soc Path. Exot.* 1934 Oct. 10. Vol. 27 No. 8. pp 709-713 With 2 figs.

The author has applied this test in 18 lepers, 2 children living with leper parents and 30 syphilitics, and concludes that the formol-gel test is positive in Wassermann negative lepers. The optimum strength is one to two drops of formol added to 1 cc. of serum. The reaction is more rapid than with syphilitic sera. L. R.

MONTESTRUC (E.) Lèpre et séro-flocculation de Vernes à la résorcine. [Vernes Resorcin Sero-Flocculation in Leprosy]—*Bull Soc. Path. Exot* 1934 Oct. 10 Vol. 27 No. 8. pp 713-715

This reaction consists in a flocculation of serum on the addition of 1.25 per cent solution of resorcin due to an excess of englobulins and pseudoglobulins—it was first used in tuberculosis. The present paper records tests in 17 nerve and 34 nodular lepers, and the conclusions are come to that it occurs only in the nodular form, and that it is of no use in the diagnosis of early cases since it only takes place in those easily recognized either clinically or bacteriologically. L. R.

RUBINO (Miguel C.) Les antigènes lipidiques d'organes dans la séro-diagnostic. Nouvel antigène de séro-flocculation dans la lèpre. [Lipoid Antigens of Organs in the Sero-diagnosis of Leprosy.]—*C R Soc Biol* 1934 Vol. 117 No. 35 pp. 894-897

This is a preliminary report on the employment of lipid alcoholic extracts of the organs of rabbits, with formalized red corpuscles of sheep as an antigen in the sero-flocculation of the serums of lepers. Extracts of the kidneys gave no reactions and those of nervous tissues slight ones, but the liver preparations were the most active. Reactions may be obtained with the sera of lepers which are negative, with those of syphilitics and other diseases. The diagnostic value of this test has not yet been worked out and purer lipoids are required than have yet been obtained. L. R.

PALDROCK (A.) & POOMAN (A.) Die Trypanblauquaddelreaktion bei Lepra. [The Trypanblue Wheal Reaction in Leprosy.]—*Internat J. Leprosy* Manila. 1934 Aug-Oct. Vol. 2 No. 3 pp 271-274

This reaction is carried out by the intradermal injection of a 1 in 5 000 watery solution of trypanblue into an 8-10 mm. patch of skin in the inner side of the upper arm and also on the intrascapular portion of the back. After twenty-four hours blue staining of the whole infiltrated area is noted on the back and a ring-like staining on the upper arm, and subsequently varying degrees of diffusion and absorption of the stain are noted. Absorption is normal on both the arm and the back in the case of maculo-anæsthetic and slight cutaneous cases in 87.5 and 100 per cent. respectively but was accentuated in 100 per cent. of advanced cutaneous cases, the total number tested being 43 lepers. Diffusion, on the other hand was normal and unaccentuated in 83.7, 100 and 92.3 per cent. of the three types in the same order as above. L. R.

MUIR (E) The Leprolin Test.—*Calcutta Med Jl* 1934 Nov  
Vol. 29 No 5 pp 225-226 With 5 figs on 1 plate.

This brief note records that Hansen's leprolin has been used with advantage for intradermal injections of suspensions of 1-10 to 1-30 into leprosy lesions in patients showing acquired immunity or enhanced resistance to the disease. One infiltration may cause the disappearance of well-marked lesions and 50 per cent. of all cases are suitable treatment is much shorter than with hydriocarpus preparations. L R

DUBOIS (A.) & DEGOTTE (J) La réaction de Mitsuda dans la lèpre.  
[Mitsuda's Reaction in Leprosy]—*Bull Soc Path Exot* 1934  
Nov 14 Vol. 27 No 9 pp 802-805

In the Mitsuda test a suspension of broken up lepromata sterilized by boiling is injected intradermally while Bargehr's modification is a cuti-reaction done by applying the material to an abraded portion of the skin. French observers however have found the latter less reliable than Mitsuda's original method, which is reported on in this note with the use of one-tenth to one-twentieth of a cc. of a phenolized solution of lepromas in saline. A positive reaction consists of a persistent infiltration of the skin of from 1 to 10 mm. in diameter and it should be noted after one two and three weeks. Negative results occur in active cutaneous leprosy containing numerous lepra bacilli but both maculo-nervous cases with few or no bacilli and healthy persons give positive reactions owing to their tissues not having become accustomed to the toxic material. Tests in 171 lepers and 12 healthy subjects dealt with in this paper confirm these results. L R

GOMEZ (J M.) The Gomez Complement Fixation Reaction in Leprosy  
—*Internat Jl Leprosy* Manila, 1934 Aug-Oct Vol 2.  
No 3 pp 265-269

Working in Brazil since 1926 the author has used glycerin broth cultures of Deycke's streptothrix incubated for 20 days at 37°C after removal of the waxy fatty coating by treating with olive oil and acetone until not more than 10 acid fast bacilli are found in each microscopic field. The resulting fine whitish powder is kept in a sterile flask, and a 9 per cent. emulsion in normal saline is made and heated to 100°C for five minutes to destroy anti-complementary reaction. 0.5 cc. of the antigen is added to 0.05 0.1 0.2 and 0.5 cc. respectively in four tubes and sensitized red cells added. Over 2,000 tests have been performed, including 559 lepers 713 suspicious cases and 154 other cases. In the typical cases nodular and mixed ones gave 96.7 and 95.4 per cent. and in maculo-anaesthetic and nervous ones 65.6 and 64.8 per cent. positive reactions. In suspicious cases 54.5 per cent. in carriers 31.8 per cent. and in contacts 42.6 per cent. were positive but none of 5 controls. In 154 other cases mostly skin troubles 30 reacted including tuberculosis and acne patients. Activation by 2 grains of potassium iodide daily for a week increased the reactions in 88 doubtful cases by 31 but some positive cases became negative after KI. In many positive contacts acid fast bacilli were found in glands by puncture.

L R

i. SÉZARY (A.) LÉVY (Georges) & BOIGERT (M.). L'action thérapeutique du vaccin antilépreux de Vaudremer [Therapeutic Action of Vaudremer's Antileprotic Vaccine.]—*Bull. et Mém. Soc. Méd. Hôp. de Paris* 1934 Nov 5 50th Year 3rd Ser No. 27 pp 1372-1381

ii. SPITZER. Traitement de la lèpre par le vaccin de Vaudremer—*Ibid* Nov 12. No 28. pp 1390-1391

i. This vaccine is prepared by cultivating sterile fragments of leprosy nodules on an aspergillus medium, and what are considered to be evolutionary forms of the lepra bacillus are subcultivated on gelatine and sterilized by iodine to form the vaccine. Three cases treated by this vaccine are recorded with some improvement.

ii. This is a report on a single case treated with 28 injections of Vaudremer's vaccine in the course of six months with diminution of the discoloration and pigmentation of the skin and disappearance of infiltration of the leg  
L. R.

i. SOUCHARD (L.) Dix-huit mois de fonctionnement d'un dispensaire antilépreux à l'Institut Pasteur de Saigon. Traitement par le savon total de krabao. Considérations sur la prophylaxie de la lèpre. [Treatment by Krabao Soap in Indo-China.]—*Arch. Inst. Pasteur d'Indochine* 1933 Oct. No. 18. pp. 267-277 With 11 figs. on 4 plates.

ii. — & RAMIJEAN Contribution à l'étude du traitement de la lèpre par les savons de "krabao." Résultats constatés après un an de traitement chez des malades anciens internés à la Léproserie de Cu-Lao-Rong—*Ibid* pp 187-265

iii. GUILLERM (J.) BANOS (M.) & NGUYEN VAN LIEN L'utilisation du krabao Indochinois pour le traitement de la lèpre.—*Ibid* pp 171-185

iv. PERROT (Em.) Les espèces chaummoogriques et, en particulier le Krabao indochinois pour le traitement de la lèpre.—*Bull. Acad. Méd.* 1934 Nov 20 98th Year 3rd Ser Vol. 112 No. 37 pp 602-605

i. This paper records the well-known vegetable sources of chaummoogra oils containing chaummoogric and hydnocarpic acids, and the methods of preparing their therapeutic products used in French Eastern possessions. The necessity for obtaining fresh seeds of *Hydnocarpus wightianus* in India and *Hydnocarpus anthelmintica* in Indo-China is pointed out, from which the oil is obtained by pressure in the cold. In the preparation of the soaps or sodium salts the importance of neutralizing them with carbonate of soda is emphasized and also their preservation in a dry state protected from humidity.

ii. A trial of the soaps orally in 48 advanced voluntary cases of from ten to twenty years' duration in the Cu-Lao-Rong leper asylum, where no early cases were available, is recorded with full notes. The drug was given in 0.30 centigram pills, of which up to twenty were taken daily for five months, and the course repeated after two months interval, and a third course given after one and a half to two months further rest. A month after the commencement of the treatment most of the patients showed diminution of their nerve pains, but only after three months treatment was improvement in the cutaneous lesions observed in some only of the cases. Most patients only tolerated 14 to 16 pills daily.

and minor digestive troubles were noted in many and considerable hepatic deficiency in some. Among 42 patients who persisted with the treatment decided amelioration was noted in 14 or 34 per cent doubtful improvement in 6 or 15 per cent no change in 11 or 26 per cent. and in 11 or 26 per cent retrogression was noted. The chief difficulties in the treatment were due to the very advanced nature of the cases with gastric intolerance in some and associated syphilis tuberculosis and other complicating diseases in others. The authors conclude that in about 30 per cent of these 10 to 20 year old cases amelioration was obtained, but that by the treatment of such alone leprosy cannot be controlled prophylactic measures are necessary although very difficult to carry out in Indo-China.

iii. This paper deals with a trial of the soaps orally in an out patient clinic which 67 patients attended, but only 47 at all regularly. The results were very similar to those above described in the asylum cases. Photos show great improvement in a few of the nodular cases. The method is considered to be of considerable importance.

iv. This brief note also enumerates the chaumoogra oil bearing trees and mentions the composition of *H. antelmantica* or Krabao oil.

L R

PAGET (H) TREVAN (J W) & ATTWOOD (A M P) The Irritant Constituent of Anti-Leprotic Oils.—*Internat J Leprosy* Manila. 1934 Apr-July Vol. 2 No. 2. pp 149-158 [10 refs.]

During an investigation for irritant properties of the still unidentified constituents of the total fatty acids of *H. wrightiana* and sapucaia oils separated by the cold process, the authors found that the only such product was a 9 per cent tarry fraction which appeared to consist essentially of a lactonic acid. The ethyl esters of the crystalline acids were not rendered irritant by distillation at 350/760 mm but became so on long exposure in thin layers to light and air possibly due to the production of lactonic acid.

L R

EMERSON (George A.) Mechanism of the Emetic Action of the Chaumoogrates.—*Proc Soc Exper Biol & Med* 1934 Oct Vol. 32. No 1 pp 238-240

As READ has cast doubt on his own evidence as to the central emetic action of chaumoogrates the author has reinvestigated the matter by feeding dogs and cats and he confirms the central action of the drug. He also found that cannabis atropine and morphine all act in abolishing the emetic response in these animals.

L R

NOLASCO (J O) Histologic Studies on the Plancha or Infiltration Method of Leprosy Treatment.—*Internat J Leprosy* Manila. 1934 Apr-July Vol. 2. No. 2 pp 159-174 With 2 plates [22 refs.]

This is a useful summary of the author's histological investigations of the effects on the tissues of the injection of chaumoogra oil preparations in the case of lepers non lepers, dogs and monkeys. The ethyl esters induce a mild inflammatory reaction with an accumulation of

the drug, especially as yellowish globules in large mononuclear cells which may persist for nine months with beneficial results. Sodium hydriocarpate and alepol cause very similar reactions together with thrombosis of the larger local vessels which limit their use, and their irritant effects appear to reside in their fatty acid radicle. Tests on monkeys indicate absorption of the drugs through the lymphatics where they may reach the lepra bacilli. Injections of the whole oil cause less cellular reaction than iodized esters. The nerve trunks were found to be unaffected. The histological changes are illustrated by camera lucida drawings.

L. R.

NOLASCO (J O) Local Effects of Injection of Iodized Wightiana Ethyl Esters and Wightiana Oil around Nerve Trunks.—*Jl Philippine Islands Med Assoc* 1934 Nov Vol. 14 No. 11 pp 421-433 With 7 figs. [13 refs.]

This study was made on monkeys killed at various intervals after the injection of esters and wightiana oil around nerve trunks, which produced acute inflammatory reactions with fibro-cellular exudates and even pus formation. The material was phagocytosed by large mononuclears and carried up and down the limb in the loose perineural tissues but was never found within the nerve capsule. Slight leucocytic infiltration within the sheaths indicated extension of the inflammatory process to this the beneficial results in the relief of pains and anaesthesia after the injections is attributed.

L. R.

LABERMADIE (V) Essais de traitement de lépreux par des injections intraveineuses d'huile de chaubmoogra (résultats obtenus après 6 mois de traitement) [Treatment by Intravenous Injections of Chaubmoogra Oil].—*Ann de Méd et de Pharm. Colon.* 1934 July-Aug-Sept Vol. 32 No 3 pp 328-337

The results of six months treatment by intravenous injections of *H. wightiana* oil given very slowly through a fine needle are reported. One cc. doses twice a week were used, either exactly neutralized or with the slight acidity of 3 per 100 oleic acid. No coughing or other trouble occurred after the injections nor any febrile reactions or obliteration of the veins. Both preparations gave very similar results and isolated congested nodules benefited more rapidly while pigmentation and anaesthesia recovered more slowly but atrophic lesions did not improve.

L. R.

MONTIEL (L R.) Traitement de la lèpre par le bleu de méthylène en injections intraveineuses. [Treatment of Leprosy Intravenously by Methylene Blue].—*Bull Acad Méd* 1934 Oct. 2 98th Year 3rd Ser Vol. 112 No 30 pp 208-230 [13 refs.]

This important paper records the results of nine months trial in 172 lepers of the author's method of intravenous injections of 1 per cent. neutral methylene blue sterilized by heating on three consecutive days for one hour at 80°C., at which temperature febrile reactions are less frequent than at 120°C.

The first dose is 5 cc. increased at each injection to the limits of tolerance which is usually between 25 and 35 cc. and given three times

a week up to 18 doses, and the courses repeated after intervals of 20 days. All the dermal leprosy lesions retain the dye and stand out clearly so that the injection may be of diagnostic value as regards slight lesions. The first effect is the cessation of neuralgic pains with improved sleep and appetite and general condition. In a few cases fever results with congestion of the skin lesions followed by retrogression. Further extension of the lesions is arrested and thickening and oedema subside. The drug does not cause albuminuria. Recent lesions subside first with intense desquamation of the skin. Infiltrated patches may take four months for the thickening to disappear and the older lesions may take still longer especially actual nodules and after eight months treatment only partial subsidence of old fibrous nodules has been observed. On the other hand ulcers blisters etc. heal rapidly and cease to discharge lepra bacilli and perforating ulcers are also very beneficially affected nine out of ten such ulcers having healed in from two weeks to three months. Equally important is the frequent cessation of the discharge of lepra bacilli from the nose greatly diminishing the infectivity of the patients. In nerve cases in addition to the cessation of pain the extension of the skin lesions is arrested and the thickened edges of tuberculous lesions and thickening of superficial and trunk nerves subside. The treatment has thus been beneficial in all types of leprosy and it can be combined with chaulmoogra oil medication during the intervals in the methylene blue injections with advantage.

L R

- i. FREVILLE (L. H. F.) Recherches expérimentales sur les réactions produites par les injections intraveineuses de bleu de méthylène dans la lèpre [Reactions produced by Intravenous Injections of Methylene Blue].—*Bull. Soc. Méd.-Chirurg. Indochine* 1934 Aug-Sept. Vol. 12 No. 7 pp 615-621. With 1 chart.
- ii. MONTEL (M. L. R.) Rectification de priorité à propos du bleu de méthylène dans le traitement de la lèpre [Priority in the Treatment].—*Ibid.* p. 622.
- iii. ——— Traitement de la lèpre par le bleu de méthylène en injections intraveineuses.—*Ibid.* pp 623-646 [13 refs.]
- iv. BIGOT (A.) & LE VAN TRIEN. Trois cas de lèpre traités par la méthode de Montel au bleu de méthylène.—*Ibid.* pp 734-739.

i. The paper of Freville deals with the reactions met with after intravenous injections of methylene blue by Montel's method in 160 cases. Cardiac syncope attacks were occasionally met with and were not prevented by adding adrenalin so the injections should be given with the patient recumbent. Febrile reactions were also met with after the use of solutions sterilized at 80°C but solutions prepared without heat by the use of previously sterilized materials caused very little reaction of any kind. The drug can also be given in a 1 in 20 solution intramuscularly which produces blue staining of dermal lesions more slowly than after their intravenous use.

ii. In this brief note Montel points out that G. A. RYMER tried intravenous injections before him but did not apparently note benefit from methylene blue as it is not one of the dyes he advises in leprosy treatment.

iii. The third of these papers is the same as that reviewed above.

iv. Brief notes of three cases treated with immediate benefit by Montel's method, which the authors propose to follow up.

L R



- I. MONTÉL (M. R. L.). Les critères cliniques de l'action des traitements antiléprieux. [Methylene Blue Treatment.]—*Bull. Soc. Méd.-Chirur. Indochine*. 1934 June-July Vol. 12, No. 6, pp. 559-565.
- II. — & TRUONG-VAN-QUÉ. Un cas de lèpre généralisée à poignées algues traité par le bleu de méthylène. Observation et bilan après 153 jours de traitement.—*Ibid.* pp. 566-582. With 4 figs.
- III. DORVILLE (P.) NGO-QUANG-LY & TRAN-VAN TAM. Premiers résultats dans le traitement de la lèpre par le bleu de méthylène (méthode de M. L. R. Monté).—*Ibid.* pp. 609-611.

i. This paper repeats points already dealt with above.

ii. This is a detailed account of the treatment of a girl of 17 with extensive mixed lesions which greatly improved after 153 days of injections of methylene blue alternating with chanmoogra preparation.

iii. Four cases of leprosy benefiting much from methylene blue treatment and confirming MONTÉL's work. L. R.

AFANADOR (A.) Traitement de la lèpre par les injections intraveineuses de bleu de méthylène. [Methylene Blue Treatment.]—*Bull. Soc. Path. Exot.* 1934 Nov 14 Vol. 27 No. 9 pp. 805-806.

This is a brief report on 20 cases of leprosy treated by Monté's method in a sanatorium at Valbonne by the injection intravenously of a total of 290 cc. of the 1 per cent. solution in 30 days giving 3 injections weekly. The immediate effects were similar to those described by MONTÉL, but the time under observation was too short to allow of any modification of the zones of anaesthesia and atrophy L. R.

LEGGATE (James) Bonney's Blue Solution in the Treatment of Leprosy.—*Leprosy Review* 1934 Oct Vol. 5, No. 4 pp. 161-162.

The author has used this treatment with success in ten advanced cutaneous cases of leprosy. Brilliant green and crystal violet, of each 0.5 gm. in absolute alcohol 25 cc. and distilled water 2,500 cc., sprayed on leprosy ulcers and lint soaked with it applied at night, removed suppuration and induced healing. Intradermal injections of the solution were less rapidly beneficial in hard nodules and more quickly so in soft ones, followed by its intravenous use alternating with iodized esters. In nerve cases the results were not so striking, but laryngeal, throat and nose conditions have responded well. L. R.

RYAN (Gordon A.) On the Use of Fluorescein and Phthalic Acid in Leprosy.—*Internal J. Leprosy* Manila. 1934 Apr.-July Vol. 2, No. 2, pp. 139-147.

The author records that the most stable results obtained from the intravenous injection of various aniline dyes followed the use of fluorescein in sixty-four cases treated for four months. In about 60 per cent clinical and microscopical examinations of the lesions showed a greater or less specific response but the improvement rate dropped to 43 per cent on continuing the treatment for four months. In order to ascertain which constituent of the dye was effective nine cases were treated with one of its constituents, resorcin blue, with negative results, but in 16 patients treated for two months with intravenous injections of another constituent, phthalic acid, greater or less response was observed in 62 per cent. so this is considered to be the active part of

the dye, It is noted that hydnocarpus esters appear to be better tolerated after a course of fluorescein but that very little evidence was obtained of the beneficial effect of the dye in advanced cases of leprosy

L. R

EMERSON (George A.) & ANDERSON (Hamilton H.) Toxicity of Certain Proposed Antileprosy Dyes Fluorescein, Eosin, Erythrosin, and Others.—*Internal J. Leprosy* Manila. 1934 Aug-Oct Vol. 2 No 3 pp 257-263 [16 refs.]

The authors state that possibly dangerous doses of certain dyes have been used by RYRIE intravenously in leprosy so their toxicity has been investigated with the following results.

Fluorescein eosin erythrosin and methylene green were found to be lethal at 300 350 200 and 150 mgm. per kilogram, respectively when administered intravenously to rabbits and at 600 500 300 and 125 mgm. per kilogram intraperitoneally in rats. Methylene green is lethal for anesthetized cats in doses of 50 to 75 mgm. per kilogram. Orally in rats these dyes are tolerated in doses of 1.0 gm. per kilogram with the exception of methylene green, which killed 2 of 5 rats at 500 mgm. per kilogram. Data are presented on the chronic toxicity of trypan blue gentian violet, brilliant green and mercurochrome. Three of 6 rabbits dying under repeated intravenous administrations of trypan blue had received a total cumulative dose approximately equivalent to but one acute lethal dose, i.e. 120 to 150 mgm. per kilogram. The dangers of repeatedly using high doses in human leprosy, the superiority of oral administration over intravenous and the danger of certain synergizing agents including photodynamic effects are discussed."

L. R

PERRERA (O. Loyola) On the Effects of Anti-Variolic Vaccination in Lepers.—Reprinted from *Antiseptic* 1934 July 4 pp With 1 plate

This is a brief description of the well-known severe febrile and local reactions often following vaccination of lepers against smallpox 15 of 24 vaccinated lepers showed such reactions with great debility

L. R

PALDROCK (A.) Durch spezifische Behandlung von Lepra geheilt. (Leprosy cured by Specific Treatment).—*Arch. f. Schiffs u. Trop. Hyg.* 1935 Jan Vol. 39 No 1 pp 23-25 With 1 fig

This is a short account of a further case of leprosy treated successfully by the author's method of local applications to the skin lesions of carbonic acid snow and injections of the gold preparations solganal and loplon.

L. R

WATANABE (Y.) Experimental Studies on the Leprosy Bacillus. (Part I.) Inoculation Test with the Bacillus of Rat Leprosy (Part I).—*Kuwait Arch. Exptl. Med.* 1934 Oct Vol. 11 No 4 pp 259-276

After references to earlier Japanese work the author records his own experiments on rats and white mice by inoculation and ingestion of the rat leprosy bacillus. The results in rats were very similar to those of previous workers local lesions developing at the site of subcutaneous injection in two weeks to three months and inconstant extension to internal organs. Orally infection was slight without involvement of the mesenteric glands. In the mice subcutaneous inoculation

only led to enlarged axillary glands containing acid fast bacilli. Intravenous injection also showed slighter changes in the internal organs than in rats but intraperitoneal injection involved the mesenteric glands liver and spleen, and subinoculation caused similar changes.

L. R.

BRUNY (P) Echec de la transmission aux lapins et aux cobayes des bacilles de la lèpre des rats [Bacilli of Rat Leprosy not Transmissible to Rabbits and Guinea-pigs]—*Bull. Soc. Path. Exot.* 1934 Oct. 10 Vol. 27 No. 8 pp. 717-719

The author reports the production in rabbits and guinea-pigs injected with rat leprosy bacilli of thickening, sometimes going on to abscess formation before resolving. Acetone extracts may also produce abscesses at the site of injection in some of which tubercle bacilli were found. Phagocytes containing acid-fast bacilli were also met with, but bacilli taken from animals on the 74th day and injected into rats disappeared without producing infection.

L. R.

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ATNEY (O. F. H.) The Distribution of Leprosy in the Sudan with Reference to Climate and Diet.—*Internat. J. Leprosy* Manila. 1934 Apr-July Vol. 2 No. 2 pp. 193-200 With 1 map in text. [See this Bulletin, Vol. 31 p. 542.]

GUERRINI (Tito) Contributo allo studio sulla lebbra dei ratti.—*Arch. Ital. Sci. Med. Colon.* 1934 Nov. 1 Vol. 15 No. 11 pp. 801-827 With 4 figs [22 refs.] English summary (8 lines)

MARTINEZ (Julio) Estado de la lepra en Salta en 1933.—*Revista Med. Argentin.* 1934 Dec. 19 Vol. 21 No. 51 pp. 2418-2423. With 3 figs.

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## SLEEPING SICKNESS

DUREN (A.) & VAN DEN BRANDEN (F.) Sur un cas de trypanosomiase humaine à évolution latente. [Sleeping Sickness of Slow Evolution.]—*Ann. Soc. Belge de Méd. Trop.* 1934 Dec. 31 Vol. 14 No. 4 pp. 437-438

Details of two cases are given. A European who had left the Congo 7 months previously and had not complained of any symptoms was found by chance to have an erythematous eruption enlarged glands, with trypanosomes in the blood and gland juice. The cerebrospinal fluid showed considerable changes. This was a case which was latent from the point of view of subjective symptoms but of normal evolution.

The second case was however more characteristic. The authors were consulted in May 1934 by a man who had returned to Belgium from the Congo in November 1932. During the first few months after his return from the tropics he suffered from slight fatigue, but improved with Fowler's solution. In November 1933 he again felt tired but did not consult a doctor. When he was seen by the authors in May 1934 he was more definitely fatigued and had tachycardia. No other clinical sign or symptom was discovered but trypanosomes were found in the blood. Careful interrogation indicated that the patient was probably infected in April 1932, that is 25 months before a diagnosis was made and 20 months before there were any disquieting symptoms. A course of 3.5 gm of Bayer and 21 gm of tryparsamide was given. At the end of July 15 days after cessation of treatment spinal puncture revealed a normal cerebrospinal fluid.

W Yorke

SICÉ (A.) & MERCIER (H.) Trypanosomiase nerveuse et tuberculose. A propos d'un double échec de la cure tryparsamique. [Nervous Trypanosomiasis and Tuberculosis.]—*Bull. Soc. Path. Exot.* 1934 Dec. 12. Vol. 27 No. 10 pp. 924-929

Details are given of two advanced cases of sleeping sickness in which treatment by tryparsamide caused latent tubercular lesions to light up with the production of severe general symptoms.

W Y

BERTRAND (Ivan) BAHLET (J.) & SICÉ (A.) Lésions histologiques des centres nerveux dans la trypanosomiase humaine (à propos de deux cas mortels non traités) [Histological Lesions of the Central Nervous System in Human Trypanosomiasis.]—*Ann. Inst. Pasteur* 1935 Jan. Vol. 54 No. 1 pp. 91-144 With 13 figs. & 3 plates. [52 refs.]

A detailed account is given of the histological changes found in the central nervous system of two untreated cases of sleeping sickness.

The paper opens with a lengthy résumé of the work of previous investigators and this is followed by a detailed history of the two cases examined. The history and the macroscopic findings at the post mortems showed that the two cases differed considerably. The pathological changes in the first case were much more pronounced, and there was unquestionable evidence of a diffuse leptomeningitis whilst in the second case the leptomeningitis was scarcely noticeable.

It is almost impossible to give an adequate summary of the lengthy description of the histological findings, and the paper must be consulted in the original by those interested.

The following are the authors' conclusions —

From the very first sleeping sickness is a diffuse meningo-encephalitis, the infiltrative character of which is very marked. The perivascular lesions exhibit a predominance of plasma cells not encountered in any other infection. The white matter is particularly rich in vascular lesions. There is no question, however, of a leuco-meningitis analogous to that seen in Schilder's disease.

The cellular elements of the infiltrations have a complex origin. In addition to strictly nervous and microglial elements there are a large number of plasmacytes and of histiocytes of adventitious or meningeal origin. The infiltrations are then partly glial and partly mesenchymatous.

The morula cells of Mott are strictly identical with the fuchsinophil cells of Russell. Without being able to state the exact chemical constitution of their inclusions, there is no doubt that they are derived exclusively from the plasmacytes. The neuroglia cells never exhibit inclusions of this kind. The histiocytes and the microglia cells are able to engulf the bodies of morula cells when they have reached a sufficiently advanced degree of disintegration.

The neuroglial formula of trypanosomiasis depends essentially on the length of its evolution. The presence of numerous cells as observed of Nhal in the substance of the grey cortex and even in the white matter indicated a chronic process, but is in no way pathognomonic.

The numerous amoeboid cells of the neuroglia, which are seen in the white matter sometimes in great number in preparations impregnated with gold sublimate (Ramon Cajal) show prolongations, hypertrophied but free, contrary to the classical opinion.

Clasmatodendroids is rare and generally limited to the suckers of the fibrous neuroglia.

The cortical glia is much less attacked than in general paralysis.

The neuroganglion lesions of the cerebral cortex consist chiefly of an acute tumefaction. The appearances of liquefaction indicative of a grave and irreversible degeneration are absent, in contrast to what is seen in paralytic dementia.

R. Y.

MACKIE (F. P.) The Jarisch-Herxheimer Reaction in Trypanosomiasis. With a Note on the Morular Cells of Mott.—*Trans. Roy Soc. Trop. Med. & Hyg.* 1935. Jan. 25. Vol. 29. No. 4. pp. 377-384. With 2 plates. (25 refs.)

An account is given of the post mortem changes found in the brains of two men who died of *rhodesiensis* sleeping sickness. Each exhibited features which justify a special note, in the first regarding the Jarisch-Herxheimer reaction and in the second the "morular bodies of Mott."

*Case I*—Contracted sleeping sickness in Rhodesia about a year previously but, as the nature of the illness had not been suspected, he had been given no specific treatment until a few weeks before death, when he received 3 doses (total 1 gm.) of N.A.B. on another assumption. On admission to hospital *T. rhodesiensis* was scanty in the blood and cerebrospinal fluid. The day following admission the patient was given an intravenous injection of trypanamide grama 2. The temperature, which was high at the time, continued to rise and reached 107°F an hour before death. The patient became comatose, with marked tremor of the right leg and arm. nuchal rigidity and Kernig's sign were present and the pupils were dilated and fixed. Lumbar puncture was performed. The cerebrospinal fluid was clear but the pressure was increased, as were also the globulin and lymphocyte contents.

*Post-mortem*—A detailed account is given of the findings at the autopsy. On opening the skull there was a gnash of blood-stained cerebrospinal fluid. The membranes were congested, there was a considerable amount of blood-stained oedema over the Rolandic areas on the left side, and there was gelatinous oedema under the pia over the vertex. On cutting through the base of the ganglia there was seen to be a wide area of deep red haemorrhagic softening occupying the anterior half of the caudate nucleus and the anterior and lateral aspects of the lenticular nucleus. These appearances were due to the confluence of punctate haemorrhages producing a massive effect.

*Case 2*.—This was a chronic case infected in Northern Rhodesia in 1923. The patient had suffered from five relapses and had received, during the course of his illness 36 grams of Bayer 203 and 33 grams of trypanamide.\* The patient failed to respond to treatment and death occurred without any signs of a cerebral catastrophe such as occurred in the former case.

A detailed account of the post mortem findings is given.

In discussing the Jarisch Herxheimer reaction the author points out that this phenomenon was first described by JARISCH (1895) as an exacerbation of cutaneous syphilides resulting from mercurial treatment. HERXHEIMER and KRAUSE (1902) showed that the reaction was not confined to cutaneous manifestation but was a systemic reaction, which caused a general flare up of syphilitic activity wherever such lesions were present, and that it was much more common and severe as the result of treatment with organic preparations of arsenic. Clinically the reaction may be nothing more than a slight rise of temperature with an exacerbation of local signs, or there may be alarming symptoms such as excruciating headache vomiting tremors, epileptic convulsions coma, and death.

Autopsy in such cases may reveal nothing more than vaso-dilatation of the cerebral meninges with irregularly distributed areas of cerebral softening. In some cases these were associated with punctate haemorrhages or small focal haemorrhages in various parts of the cerebrum. The various hypotheses which have been advanced to explain the Jarisch-Herxheimer reaction are briefly discussed. There is no doubt that a genuine Jarisch-Herxheimer reaction occurs in human sleeping sickness, but this reaction is confused or over-shadowed by the more frequent therapeutic catastrophes which are almost certainly due to toxic alterations in the drugs used.

*Morula cells*.—These were first described by MORR (1906) as follows:—  
'large round or oval cells with the nucleus staining deep blue and pushed up to one end or pole the cytoplasm consisting of a number of clear spherules staining by eosin giving the cell a mulberry appearance hence I have called these cells morular cells. They correspond to the Körnchenzellen of Alzheimer. The appearance of these cells suggests degenerated plasma cells. Similar cells are seen in the degenerated structures of infected lymphatic glands.

PERUZZI has given a full account of their distribution, structure and probable origin. He describes them as cells with fuchsinophile hyaline globules which after destruction of the protoplasm and rupture of the cell present all the characters of Russell's bodies. He thinks that though they may have a multiple origin in trypanosomiasis, they are generally derived from the neuroglia, and he believes that they are indicative of the presence of a severe virus causing nerve cell destruction.

\* The original has "grains" in each instance a correction is published in the succeeding number of the Transactions.

In Mackie's case morula cells were most numerous in the cellular exudate of the pia and in the perivascular cuffs, but they were also seen in the brain substance, not obviously in connexion with blood channels. They are also found occasionally in other organs, and similar bodies have been seen by Mackie in normal intestinal mucosa. This fact excludes the assumption that their origin is invariably from neuroglia cells.

W Y

CORSON (J F) Experimental Transmission of *Trypanosoma rhodesense* through Antelopes and *Glossina morsitans* to Man.—*Jl. Trop. Med. & Hyg.* 1935. Jan. 1 Vol. 38 No. 1 pp. 8-11

A strain of *T. rhodesense* taken from man a year previously was found to be still infective for man after a number of cyclical passages through *G. morsitans* and dik-diks. It has been previously shown by Corson that *T. rhodesense* could be maintained in sheep and goats for nearly two years without losing its transmissibility by *G. morsitans* or its infectivity for man. In the present experiment *T. rhodesense* was transmitted by single isolated infective *G. morsitans* from antelope to antelope, and finally to man.

The experiments commenced on July 24 1933 when the blood of a Rhodesian sleeping sickness patient was inoculated into a number of guinea-pigs. From one of these guinea-pigs a fly was infected, and this in due course infected a dik-dik. The strain was then passed through fly—dik-dik—fly—dik-dik—fly. During the year therefore, the strain had passed through a guinea-pig 4 tsetse flies, and 3 dik-diks. The last fly was fed on a volunteer on the 27th July 1934. A ring was drawn round the site of the bite with silver nitrate. On the 5th day a slightly red spot was noticed within the ring. On the 6th day the spot was about a  $\frac{1}{2}$  inch in diameter and somewhat raised and congested, and the skin felt thickened. A stained thick blood film showed no trypanosomes the patient felt well. On the 7th day the spot was  $\frac{1}{2}$  inch in diameter and slightly painful and tender and the blood was found to contain trypanosomes.

W Y

CORSON (J F) Resistance of White Rats to Infection with *Trypanosoma rhodesense* through eating Infected Tissues of Rats.—*Ann. Trop. Med. & Parasit.* 1934 Dec. 20. Vol. 28. No. 4 p. 589

After referring to the work of DUKE, METTAM and WALLACE [ante p 33] on the infection through the mucous membrane of the mouth by feeding kittens on the carcasses of rats infected with *T. brucei* Corson states it is important in experimental work to know whether such accidental infections may occur. He states that in his experiments during the last 8 years over 1,000 white rats have been infected with *T. rhodesense* or *T. brucei* but although a stock of about 1,000 rats is usually kept on the premises, no case of accidental infection has occurred.

An experiment is described in which various parts of the body viz. liver spleen, kidneys, heart lungs and hind-legs, of rats heavily infected with *T. rhodesense* were given to healthy rats to eat. The work was done under careful supervision, each rat being able to eat its portion undisturbed. Of the 62 rats so fed, none became infected.

From this Corson concludes that it is unlikely that experiments with *T. rhodesiensis* and white rats will be affected by accidental infection of the rats through eating the carcasses of other rats. IV Y

CORSON (J. F.) The Influence of the Dose of Trypanosomes and of the Body Weight in Experimental Infections of White Rats with *Trypanosoma rhodesiense*.—*Ann Trop Med & Parasit* 1934 Dec. 20 Vol. 28. No. 4 pp 525-534 [13 refs.]

Results are recorded in this paper of a considerable number of observations designed with the object of ascertaining whether the number of trypanosomes injected and the body weight of the animal had any effect on the resulting infections of white rats with *T. rhodesiense*.

In the first experiments 10 rats each weighing approximately 100 gm. and 10 weighing about 50 gm. each, were inoculated subcutaneously with 100 000 trypanosomes. The results, which are set forth in a table, show that the incubation period and duration of life are about the same in both series. A series of experiments were then performed with the object of ascertaining the influence of the number of trypanosomes injected. These vary from 100 000 to 100. The experiments show that within these limits the number of trypanosomes had little if any influence on the incubation period and the duration of the infection. The experiments show however that it is important to introduce a certain amount of serum into the diluting Ringer glucose solution as this solution, in the absence of protein will not support trypanosomes for any length of time. [Attention has already been drawn to this fact by the reviewer and his colleagues.]

Corson points out that in his experiments with *T. rhodesiense* the bite of an infected *G. morsitans* has never failed to infect normal white rats and the incubation period and duration of the disease have been very similar to those observed after infection with a syringe. A long series of observations on this point is summarized in a table. In 80 per cent. of the rats mentioned in this table the incubation period was either 4 or 5 days and the duration of life was from 20 to 30 days. The variations in the duration of life can be explained by differences in the resistance of individual rats. IV Y

LAUNOY (L.) Incubation clinique et pouvoir infectant du sang, dans l'infection expérimentale à *Trypanosoma congolense* du cobaye. [Clinical Incubation and Infecting Power of the Blood in Experimental Infections of Guinea-pigs with *T. congolense*.]—*C. R. Soc Biol* 1934 Vol. 117 No. 37 pp. 1047-1049

In a previous communication the author has shown that the blood of guinea-pigs infected by intraperitoneal inoculation of 3 or 4 million trypanosomes was infective long before parasites could be discovered microscopically. He calls the period between inoculation and infectivity of the blood bacteriological incubation and that between inoculation and microscopical discovery of the parasites in the blood clinical incubation. In certain cases the former period was only 8 hours, whereas the latter was between 6 and 9 days.

In the present work the author has inquired whether the bacteriological incubation was modified by the number of trypanosomes introduced into the peritoneal cavity. The results of his experiments are summarized in tables. With two exceptions the blood of



every animal which had received 70,000 or more trypanosomes was infective within 24 hours. Of the seven guinea-pigs which received 11 750 trypanosomes, the blood of only one was infective under 30 hours, whilst in none of those which received only 1 175 trypanosomes was the blood infective within 24 hours. The author points out, however that one must not conclude from this that the blood of guinea-pigs which have been given only 1 175 trypanosomes is really non-virulent after 24 hours. It takes about 2 hours to count the parasites and make the various dilutions, and during this period many of the trypanosomes are damaged by the physiological saline used for diluting. Nevertheless, this relatively small number of trypanosomes suffices to infect and the "clinical incubation" is not very different from that observed after massive injections. W Y

LAUNOY (L.) & ANGELOT (A.) Sur le pouvoir infectant, après différents traitements, du sang de souris infectées par *Trypanosoma congolense*. [The Infectivity after Different Treatments of the Blood of Mice Infected with *T. congolense*.]—C. R. Soc. Biol. 1935 Vol. 118. No. 4 pp. 328-330

Groups of mice heavily infected with *T. congolense* were treated with Bayer 205 trypanamide and the sodium salt of antimony thiomalate. At various periods, 2 to 25 hours, afterwards the blood was injected into healthy mice by one of the following three routes: intravenous, intraperitoneal, or subcutaneous. Of the mice injected intravenously all except one became infected and the same applied in the case of those injected intraperitoneally but of the mice injected subcutaneously only 8 of 44 became infected. Very similar results were obtained from mice which received synergic treatment, i.e., trypanamide 0.08 gm. + Bayer 0.005 gm. or the antimony compound 200 γ + Bayer 0.005 gm.

The authors believe that this curious phenomenon is due to a particularly energetic defensive reaction, which is brought into operation on subcutaneous injection. W Y

VAN DEN BRANDEN (F.) Essais comparatifs du traitement des rats blancs infectés de *Trypanosoma congolense* par l'orsanine sodique (270 Fourneau) et par le trypanarsyl. [The Treatment of Rats Infected with *T. congolense* by Orsanine and Trypanarsyl respectively.]—Ann. Soc. Belge de Méd. Trop. 1934. Sept. 30. Vol. 14. No. 3. pp. 375-378.

It is well known that *T. congolense* infections are very resistant to arsenicals, and therefore, in order to ascertain whether orsanine possesses a greater trypanocidal activity than trypanarsyl, the author has examined the effect of each on white rats infected with this parasite.

In the first experiment 6 infected rats weighing between 100 and 120 gm. were given 0.1 gm. of orsanine and 6 similar animals 0.2 gm. of trypanarsyl. The rats given trypanarsyl were not sterilized, whilst those given orsanine were sterilized, but were poisoned by the drug and died within 36 hours. In a second series of observations the dose of orsanine was reduced to 0.05 gm. this dose was tolerated and caused the disappearance of trypanosomes from the blood for a period of 10 days. It follows that for white rats infected with *T. congolense* orsanine is more active than trypanarsyl. W Y

VAN DEN BRANDEN (F) & POTTIER (R.) L hexaméthylène tétramine associée à la trypanamine dans le traitement de la trypanosomiase—Contrôle biologique du trypanuril. [Hexamethylene Tetramine (Urotropine) in Association with Trypanamide in the Treatment of Trypanosomiasis.]—*Ann Soc Belge de Méd Trop* 1934 Dec. 31 Vol. 14 No 4 pp. 499-502.

In view of the statement of LIEURADE that the association of urotropine with trypanamide increases the action of the latter in sleeping sickness [ante p 18] the authors have examined the point in rats infected with *T. congolense*.

Ten rats were given trypanarsyl alone 0.25 gm. per 100 gm. of body weight. 10 other rats were given 0.25 gm. of urotropine followed 3 hours later by 0.25 gm. of trypanarsyl. No difference was noticed between the results given by the two forms of treatment. In a second group of experiments the procedure was similar except that 0.5 gm. of trypanuril was given instead of the 0.25 gm. of urotropine. Trypanuril is a product of l'Union Chimique Belge containing equal parts of trypanarsyl and hexamethylene tetramine. Here again no advantage occurred from the addition of urotropine. The authors accordingly conclude that hexamethylene tetramine does not reinforce the action of trypanarsyl in *T. congolense* infections of rats. W Y

GOLDIE (H) Effet du plasma traité par le moranyl sur la coagulation du sang [The Effect of Plasma treated with Moranyl in the Coagulation of the Blood.]—*C. R. Soc Biol* 1934 Vol. 117 No. 33 pp. 677-681.

If 2 cc. of 0.9 per cent. solution of moranyl is added to 8 cc. of blood just removed from the vein of a horse coagulation is certainly prevented but 1 cc. to 1.5 cc. only prevents coagulation sometimes. When 2 cc. ('dose certaine') is used the plasma remains fluid, and after 24 hours in the ice-chest can be removed from the red cells. Liquid plasma containing the smaller amount of moranyl viz. 1 cc. to 1.5 cc. ('dose limite') coagulates after the addition of thrombine but the other factors concerned in coagulation viz. fibrinogen calcium and cytozyme, exert no influence on the plasma. The author then goes on to compare oxalated plasma with moranzylized plasma. The paper is of a rather technical nature and should be consulted in the original by those interested. W Y

- i. FISCHL (Viktor) & SINGER (Ernst) Die Wirkungsweise chemotherapeutisch verwendeter Farbstoffe [The Mechanism of Action of Chemotherapeutic Dyes.]—*Ztschr f Hyg u Infektionskr* 1934 Sept. 22 Vol. 118 No 4 pp. 348-355 With 2 figs. [18 refs.]
- ii. SINGER (Ernst) & FISCHL (Viktor) Weitere Versuche ueber die Wirkung von Arzneimitteln in vitro [Further Experiments on the Action of Drugs in vitro]—*Ibid* pp. 356-360 [15 refs.]

i. In this paper the authors consider the mechanism of the action of certain dyes which are known to exert a trypanocidal activity. JANCsó has laid down that the trypanocidal activity of dyes is parallel with their absorption by the parasites and with their

photodynamic and \*blepharocidal action [see this *Bulletin*, Vol. 29 p. 646] in the case of resistant trypanosomes all four factors, cure, absorption, photodynamic action and blepharocidal action, are inhibited.

After summarizing various observations which seem to throw doubt on the validity of v. Janosó's hypothesis, the authors state that the necessity of re-investigating the mechanism of action of dyes is shown by the fact that they themselves have proved that in the case of metallic compounds the curative mechanism is a complex process consisting of 3 phases—(1) A physico-chemical adsorption of the substance by the cell of the pathogenic organism, (2) a change in this adsorbed substance as a result of the vital activities of the cell, resulting in the formation of an actual poison and (3) finally the completion of cure by the immune substances of the organism of the host [this *Bulletin* Vol. 31 p. 851]. It is a matter of importance to discover whether in the metal-free chemotherapeutic substances—of which the most characteristic are the dyes—the 1st and 2nd phases fall together or whether they are separate.

The most obvious criticism of the investigations of v. Janosó and of those who followed him is that they failed to use suitable controls, i.e. substances which not only exhibit the necessary fluorescence, but which although chemically closely related to trypaflavin, have no therapeutic action. Atebrin fulfilled these conditions and was selected as the most suitable control substance. In a table the chemical constitution and the various physical properties (especially as regards fluorescence) of trypaflavin and atebrin are compared, and data are given regarding the doses—toxic, tolerated, curative, effective, etc.—of the two compounds for mice infected with *Trypanosoma* and birds infected with malaria.

Comparable investigations with the two dyes gave the following results —

(a) Some minutes after treatment of a nagana mouse with the tolerated dose of trypaflavin the trypanosomes when examined by the usual dark field method exhibited as stated by v. Janosó strongly illuminated blepharoplasts under "interference" conditions or with fast strains the phenomenon was not observed. After injection of the tolerated dose (1/10 gm) of atebrin the trypanosomes were seen to be filled with numerous illuminated particles, but after injection of 1/100 gm. (i.e., the tolerated dose of trypaflavin) nothing unusual was seen. This observation shows the specific affinity of trypaflavin for the blepharoplast and the storage of the inactive atebrin in the protoplasm of the parasite. But it cannot be decided from this whether the illumination of the blepharoplast is due to the elective storing of the drug in this structure or whether it is due to irritation. The authors do not believe that the blepharocidal action can be identical with the curative action.

(b) Observation of coverslip preparations, or dry smears of the blood, with the fluorescence microscope shows that both the active trypaflavin and the inactive atebrin are stored in the whole trypanosome body in exactly the same way.

(c) If the trypanosomes from the total blood of a mouse were collected 20 mins. after a dose of trypaflavin they were found to be coloured deep yellow whilst after atebrin they were just as white as from an untreated animal. The fluorescence microscope, however shows that this is only due to the weaker intensity of the atebrin stain.

These observations show that with trypaflavin, and the metal-free chemotherapeutic substances, the binding of the drug on the parasite

is indeed an indispensable procedure for specific action, but that it is not identical with it. This agrees with what the authors have previously found with the metallic compounds.

The authors object to the expression 'lethale Lichtzahl' used by von JANCsó in his photodynamic studies. They state that there is no relationship between the motility and infectivity of a trypanosome and consequently it would be more correct to speak of 'immobilisierende Lichtzahl'. An experiment was conducted to ascertain whether the trypanocidal action *in vitro* of trypaflavin was only due to a photodynamic cause. The whole experiment was conducted in the dark. Trypanosomes from mice infected respectively with the normal and trypaflavin-resistant strains were kept *in vitro* in 78.65% solution of trypaflavin. After 15 minutes the normal trypanosomes were completely immobilized and granular whilst the resistant parasites were unchanged and feebly motile. 0.2 cc. of each suspension was then injected into healthy mice. Under these conditions in which light was almost completely excluded, neither the normal nor the resistant strain produced infection. In a similar experiment with atabrin both normal and fast strains exhibited normal appearances and motility after 15 minutes but they displayed a markedly decreased infectivity.

The authors believe that from the experiments they have succeeded in demonstrating that curative action, trypanocidal action *in vitro* and photodynamic action are completely independent of one another, the sole common factor in these phenomena and in blepharocidal action is the previous incorporation of the substance in the body of the parasite.

Analogous experiments were performed with atabrin and trypaflavin in bird malaria, and also with atabrin in human malaria.

ii. In this paper the authors have attempted to go further into the question whether any relationship exists between absorption of drugs by parasites and their destruction. In a table it is shown that if equal quantities of *Spirochaeta recurrentis*, *Proteus* sp. erythrocytes, collodion and animal charcoal are placed in a solution of 0.1 per cent. atoxyl for 1 hour they absorb considerably less arsenic than if they were placed in a 0.1 per cent. solution of atoxyl which had previously been digested with liver.

The next question which was investigated was the constituent of liver which is responsible for this activating action on atoxyl and similar phenyl arsenic acids. In addition to cystin (not cystine) and those substances viz. glutathione and glycogen in which liver is rich, the authors investigated thioglycollic acid and sodium thioglucose, and also mouse red cells and, on account of its high glutathione content, an emulsion of the calf's eye lens. Of all these substances it was found that glutathione alone exerted the activating influence on atoxyl for trypanosomes and spirochaetes. Other reducing substances known to be in the animal body are ergothionein, Vitamin B<sub>2</sub> and ascorbic acid (Vitamin C).

Experiment showed that ascorbic acid (1:800) killed trypanosomes *in vitro* but had no action on spirochaetes. A mixture of atoxyl and ascorbic acid damaged the trypanosomes but did not completely destroy them, whereas a mixture of sulfonharnstoff and ascorbic acid destroyed both trypanosomes and spirochaetes. In the authors' opinion these observations furnish additional evidence that the activity or inactivity of a drug *in vitro* has nothing to do with its activity or inactivity *in vivo*.

FISCHL (Viktor) & FISCHL (Lili) *Arzneifestigkeit, Avidität, Interferenz. [Drug Resistance, Avidity and Interference.]—Ztschr. f. Immunitätsf. u. Experim. Therap.* 1934. Sept. 18. Vol. 83. No. 3/4 pp. 324-335 [21 refs.]

This paper which is of a rather technical nature, describes experiments dealing with the subject of drug-resistance.

It is recalled that SCHLOSSBERGER and MENK had recorded that a strain of nagana *Prowarek*, which had been made resistant in mice to a trypanocidal gold derivative called "Sulfoharnstoff" proved to be sensitive to tartar emetic and trypanflavine, but definitely resistant to neosalvarsan and germanin. On the contrary the same parent strain made resistant to neosalvarsan was found to be completely resistant to the arsenicals, somewhat resistant to tartar emetic, but normally sensitive to germanin and "Sulfoharnstoff."

The authors repeated this work with the same parent strain, but contrary to SCHLOSSBERGER and MENK found that the "Sulfoharnstoff" resistant strain was sensitive to neosalvarsan, trypanflavine and germanin. This "Sulfoharnstoff fast" strain was then made resistant to trypanflavine. The sensitiveness of the strain to a large number of substances was then tested and the results given in a table. There follows a discussion of the significance of these results. It is especially difficult in drug-resistance experiments to understand why certain substances are almost always active (avid substances of EHRLICH) whilst other closely related derivatives exert no influence on the trypanosomes. Examples of such avid compounds are arsenophenylglycine, arsenophenoxy acetic acid and arsenophenylthiophycic acid (EHRLICH) and the arsinic acid corresponding to arsenophenylglycine (YORKE and his collaborators). SCHWITZER recently has stated that myosalvarsan and solusalvarsan are avid compounds, but so far as myosalvarsan is concerned this is not confirmed by the authors' experiments. As regards its avidity-index (SCHWITZER) or its resistant-factor (Fischl) and SIXGER) solusalvarsan stands midway between salvarsan and arsenophenylglycine.

The last portion of the paper is concerned with the chemotherapeutic interference phenomenon. It was found that ascorbic acid (Vitamin C) exercised a definite "interference" action against tartar emetic, arsenophenylglycine, mamino-p-oxyphenyl-arsenoxide and trypanflavine. Details of the experiments are given in a table. *W. Y.*

VON JANCsó (Nikolain) & VON JANCsó (Hertha) *The Role of the Natural Defence Forces in the Evolution of the Drug-Resistance of Trypanosomes. I.—A Method for the Exclusion of the Natural Defence Mechanisms from Chemotherapeutic Processes.—Dtsch. Trop. Med. & Parasit.* 1934. Oct. 19. Vol. 23. No. 3. pp. 419-433. [29 refs.]

The authors have devised a method which they claim enables them to exclude almost entirely the natural protective mechanism in rats and mice in trypanosome infections. The method consists essentially in splenectomy and in the intravenous injection of an electrically prepared colloidal copper solution.

This preparation was obtained from von Heyden and has 0.06 per cent. of copper content. Apparently the amount of copper however varies somewhat in different samples. With the latest solution supplied it was possible to produce a typical blockade by injecting 0.02 cc.

of the solution diluted with 4 times its volume of water whereas with the earlier solutions a typical effect was only obtained if 0.05 to 0.1 cc. of the undiluted solution was injected. The well tolerated dose must therefore, be ascertained in the case of each solution injected.

It was found in mice so prepared that the red blood corpuscles of a chicken circulate in the blood for 24 to 36 hours although in normal mice they have all disappeared in from 2 to 3 hours. The same holds true when *Sp. gallinarum* is injected. Not only the phagocytosis of trypanosomes but the formation of trypanosomal antibodies is practically entirely excluded by this combined blockade. According to previous researches of the authors the trypanocidal antibodies of the mouse are almost entirely formed in the spleen. This is proved by the facts that (a) infected splenectomized mice, which had been cured exhibited no immunity against a second infection and that (b) the trypanosomes appearing in the blood after the incomplete cure of splenectomized mice are sensitive to serum. Formation of serum fast strains does not take place.

The authors' experiments indicate that humoral immunity plays an important part in the mechanism of cure the specific antibodies killing off these trypanosomes which have escaped the chemotherapeutic shock. It follows from this that a definite cure may result even though the chemotherapeutic agent does not directly destroy all the trypanosomes in the body. The definite sterilization of the organism by minimal sterilizing doses of a drug is due in part to the intervention of immune bodies and this accounts for the fact that when minimal doses of a drug are used splenectomy definitely interferes with the therapeutic effect. In such cases there is an early reappearance of the trypanosomes in the blood even when the drug is given in doses which suffice to sterilize the normal animal.

The authors record some interesting observations on the mechanism of the action of germanin. They claim that the phagocytes of the reticulo-endothelial system play an important part in the curative mechanism and that germanin exerts an opsonin like action on the trypanosomes. As however after splenectomy and infection of the electro-collodial copper solution the natural mechanisms of defence are entirely excluded owing to the poisonous effect of the colloidal copper solution on the reticulo-endothelial system the phagocytosis of trypanosomes is abolished and trypanosomal immune bodies are produced only in traces.

W Y

WALLACE (J. M.) A Note on an Indirect Method of demonstrating Drug Resistance in Trypanosomes, *in vivo* — *Trans. Roy. Soc. Trop. Med. & Hyg.* 1934 Nov 27 Vol. 28. No. 3 pp. 347-348.

The author points out that the disadvantage of the usual method of testing *in vivo* the resistance to arsenic of a strain of trypanosomes is the impossibility of giving a higher dose of the drug than is normally toxic to the host animal. In the experiments described in this paper guinea-pigs were treated with gradually increasing doses of trypanarsyl until they could withstand a dose which would be lethal if given as an initial dose. Twenty-four hours after the final dose of the drug when the drug has had time to be absorbed from the peritoneal cavity the animal is inoculated with the trypanosome believed to be resistant. The experiment which is described in detail was performed with the normal and resistant strains of *T. rhodesiense* sent to Uganda by the

reviewer. Wallace states that these experiments do not expose the trypanosomes to such a high concentration of drug as is possible *in vitro* but that they enable the *in vivo* test to be extended, and they confirm existing views by indicating that drug-resistance is relative. [In the reviewer's opinion it will be necessary to know a good deal more about the fate, rate of excretion, etc. of a drug after its injection into the peritoneal cavity before we are even justified in saying that this method of experimentation allows the *in vivo* test to be extended.]

W. Y.

- I. CULBERTSON (James T.) & STRONG (Paul S.) The Trypanocidal Action of Normal Human Serum. The Nature of the Substance Responsible for the Trypanocidal Effect and Its Relationship with the Bactericidal Activity of Normal Human Serum.—*Amer. J. Hyg.* 1935. Jan. Vol. 21 No. 1 pp. 1-17 [19 refs.]
- II. HANDLER (Bernard J.) Studies on the Trypanocidal Power of Normal Human Serum.—*Ibid.* pp. 18-23. [14 refs.]

I. The authors have studied the nature of the substance responsible for the trypanocidal action of normal human serum, and particularly its relationship to alexin, firstly as regards the effect of heat upon each, secondly as regards their respective filtrability and thirdly as regards their fixability by trypanosomes and other substances.

It was found that heating normal human serum sufficiently to inactivate alexin does not destroy the trypanocidal property although this may be slightly reduced in potency. A serum of which the alexin is inactivated by heating is not re-activated in trypanocidal power by the addition of fresh guinea-pig serum potent in alexin. Repeated filtration of normal human serum through a Berkefeld filter enabled the trypanocidal substance to be separated from alexin, the latter being held up much more readily than the former. From various experiments it is concluded that the trypanocidal power of normal human serum is in its action independent of the several known components of alexin.

The trypanocidal property can be inactivated or absorbed from normal human serum by trypanosomes and certain bacteria, but not by charcoal or kaolin. Carmine inactivates both the trypanocidal and bactericidal substances in normal human serum and experiments indicated that there is some degree of correlation between the bactericidal titre and the trypanocidal titre of normal human serum. The general conclusion is that the agent responsible for the trypanocidal activity of normal human serum is a relatively non-specific antibody perhaps similar to the substance responsible for bactericidal activity.

II. The work described in this paper was devised with the object of reinvestigating the observations upon which ROSENTHAL and FRIEDMAN described the "exhaustion phenomenon" [this Bulletin Vol. 20, p. 700 Vol. 27 p. 238]. This phenomenon is broadly to the effect that repeated injections of human serum into mice rendered a subsequent therapeutic inoculation of the same agent ineffectual. ROSENTHAL and FRIEDMAN interpreted their experiments as indicating that some activating substance in the mouse had been exhausted, and hence that human serum is not trypanocidal, but trypanocidogenic.

The work of the reviewer and his colleagues had, however, shown that normal human serum exerted a direct lytic action on trypanosomes

*in vitro* It was therefore with the object of clearing up these discrepancies that Handler undertook his present work. Experiments showed that human serum heated to 60°C. for one hour is just as effective as unheated serum in evoking the exhaustion phenomenon of ROSENTHAL and FREUND this observation consequently failed to support the hypothesis advanced by these authors. Further experiment showed that the trypanocidal agent in normal human serum is capable of producing an equivalent antibody. When sufficient anti serum prepared against unheated human serum is added to normal human serum *in vitro* neither the supernatant fluid nor the precipitate display any trypanocidal activity. But when antiserum prepared against heated human serum is used under similar conditions the trypanocidal power of the supernatant fluid is not diminished. Similarly the antagonistic effect *in vivo* could be elicited only with anti serum obtained by immunization with unheated human serum.

H Y

FUJIBAYASHI (Michizo) Studien ueber die trypanozide kraft des Menschenserums. I. Ueber die trypanozide kraft des Menschenserums und anderer Körpersäfte bei verschiedenen physiologischen und pathologischen Zuständen. II. Zusammenhang zwischen der trypanoziden Kraft des Menschenserums und der Blutplättchen. [I. The Trypanocidal Power of Human Serum and Other Body Fluids in Various Physiological and Pathological Conditions. II. The Relationship between the Trypanocidal Power of Human Serum and the Platelets.]—*Fukuoka Acta Med* (*Fukuoka Ikudai Gakka-Zasshi*) 1934 Oct. Vol. 27 No 10. [In Japanese pp 2279-2308. [34 refs.] pp 2309-2364 [38 refs.] German summaries pp 121-122 122-123]

I The trypanocidal power of human serum is greatest in adult age it may be increased or decreased by exercise. In cirrhosis of the liver and in cases of obstructive jaundice the trypanocidal power is either lost or at least decreased. It is also decreased in such diseases as Banti's aplastic anaemia secondary anaemia, haemophilia myelogenous leukaemia and paroxysmal haemoglobinuria but in typhoid phthisis and acute and chronic infectious diseases it is almost normal. The author also examined the trypanocidal power of organ extracts and of the extracts which had been concentrated to  $\frac{1}{10}$  of their original volumes by means of a vacuum. In cirrhosis of the liver neither the original extract nor the concentrated form exhibited trypanocidal power. The cerebrospinal fluid of various patients showed no trypanocidal action even when concentrated.

II. In adult life and in old age there seems to be no relationship between trypanocidal power and the number of platelets, but in adolescence there is a tendency towards increase in platelets if the trypanocidal power is increased. In cirrhosis of the liver both trypanocidal power and the number of platelets are decreased. The author tested *in vitro* and *in vivo* experiments the trypanocidal power of blood platelet extracts prepared in various ways. In 6 of 11 *in vitro* experiments and in 5 of 17 *in vivo* experiments a trypanocidal power was demonstrated. Finally experiments were undertaken to ascertain whether the serum of rabbits immunized against normal human serum inhibited the trypanocidal power of human serum the results were negative but the serum of rabbits immunized against blood platelet



extract did inhibit the trypanocidal action of normal human serum. As the result of this work the author believes that the platelets play some part in the formation of the trypanocidal substance. *W Y*

POINDEXTER (Hildrus A.) A Thermoprecipitation Reaction in *Trypanosoma equiperdum* Infection in Laboratory Animals.—*Jl. Experim. Med.* 1934 Nov 1 Vol. 60. No. 5 pp. 575-579 [11 refs.]

The work described in this paper was undertaken in order to ascertain whether *T. equiperdum* possesses a thermoprecipitinogen. Extracts of various organs and tissues of rats, guinea-pigs, and rabbits infected with *T. equiperdum* were tested by means of the precipitation reaction for the presence of a substance which reacts with the serum of recovered animals.

The extracts were prepared by cutting the organs into small pieces and triturating them in the presence of talc. To the triturate was added five parts of normal saline or water for each gram of the original organ. The suspension was then boiled for 5 minutes and allowed to cool. The liquid was separated by centrifugation. The extracts were generally prepared and used on the same day. 0.5 cc. of the clear extract was layered upon an equal quantity of immune serum in a small agglutination tube. The results were read after 30 minutes at room or body temperature, and again after 18 hours in the ice box. Experience showed that the most strongly positive reactions were obtained after a period of 18 hours in the ice box. As a result of this work, it was found that extracts of the spleen of rats, guinea-pigs and rabbits infected with *T. equiperdum* contained a thermoprecipitinogenic substance. This substance was not found within the body of the trypanosome itself. Antibodies to it were present in the serum of infected animals. Whilst the antibody seemed to be relatively low in the serum of rats than in other animals, the thermoprecipitinogenic power of extracts of the spleen of infected rats was equal to that of similar extracts of other animals. *W Y*

KUMERT (H.) & KRAUSE (M.) Nachtrag zur Arbeit Findet in *Glossina morsitans* eine zyklische Entwicklung von *Trypanosoma evansi* statt? [Additional Note to the Authors' Paper on the Question of Cyclical Development of *T. evansi* in *Glossina morsitans*.]—*Arch. f. Schiffs- u. Trop. Hyg.* 1934 Dec. Vol. 38. No. 12 p. 534

In answer to various inquiries the authors give information regarding the age of the strain of *T. evansi* used in their earlier experiments on cyclical development [this *Bulletin* Vol. 31 p. 697]. It was isolated from a camel about the middle of October 1932, maintained in mice until the end of October and thereafter in guinea-pigs. At the date of the experiments in question (1933) the strain was therefore 8 months old. *W Y*

PRISLA (David) The Protective Action of Copper against *Trypanosoma equiperdum* Infection in Albino Rats.—*Jl. Experim. Med.* 1934 Nov 1 Vol. 60 No. 5 pp. 541-546.

In previous work (see p. 42) it had been shown that the addition to an adequate diet of small quantities of copper or iron, or both, during

a period of 10 days prior to infection with *T. lewisi* raised the natural resistance of the rat to the disease. In the present communication the effect of additions of copper salts to the diet on a subsequently induced infection with *T. equiperdum* was determined. It was found that copper in amounts equivalent to 0.2 mgm. of elemental copper per rat per day during a period of 10 days prior to infection with small numbers of trypanosomes increased the natural resistance of the rat to the infection. The infection was aborted in all instances when the number of trypanosomes injected was 2,000 and in 75 per cent. of cases when the rats were injected with 10,000 trypanosomes. W Y

CORSON (J. F.) The Action of "Bayer 205" on *Trypanosoma rhodesiense* in White Rats Infected by Tsetse-Flies.—*Amer Trop Med & Parasit* 1934 Dec. 20 Vol. 23. No. 4 pp 535-547 [22 refs.]

After giving a brief summary of previous experimental work on the prophylactic action of Bayer 205 Corson records certain observations made by himself. These, he states are chiefly interesting because a recent strain of *T. rhodesiense* was used, transmitted by isolated infective laboratory-bred *G. morsitans*. The results are in general agreement with those of earlier work with old laboratory strains of trypanosomes mechanically transmitted.

Details of the experiments are given in a series of tables. It was found that a dose of 0.015 gm. per kilo. of body weight did not protect white rats for 21 days against the bites of isolated tsetse flies infected with a recent strain of *T. rhodesiense* and that a dose of 0.03 gm. per kilo failed to protect for 40 days. In further experiments it was found that the restraining action of Bayer 205 on the development of trypanosomes was not seen in rats subinoculated from rats which had relapsed after treatment with this drug nor in rats bitten by tsetse flies infected from treated rats during a relapse. W Y

DECOURSEY (Elbert) The First Fatal Case of Chagas Disease observed on the Isthmus of Panama.—*Amer J Trop Med* 1935 Jan. Vol. 15 No. 1 pp 39-40 With 3 figs.

This paper describes the findings at the autopsy on a black baby 3½ months old which died at Land Lease in the Canal Zone. The history of the case is that the child became very weak after the first month about 5 days before death there was fever swelling of the face and extremities and severe dyspnoea. On the last two days of life there was excessive vomiting and anuria.

The outstanding lesions were in the heart and in the brain. The entire myocardium contained an abundance of parasites and inflammatory cells. The lesions of the brain were quite different in that they appeared as inflammatory foci which were fairly numerous, while the parasites were rare. The thyroid gland was unaffected, as were also the skeletal and unstriated muscles. W Y

Dias (Emmanuel) Persistance de l'infection par le *Schizotrypanum cruzi* chez l'homme. [Duration of the Infection of *T. cruzi* in Man].—*C R Soc Biol* 1934 Vol. 117 No. 31 pp 506-507

Details are given of a case in the blood of which *T. cruzi* was found both by the method of inoculation of guineapigs and by the

xenodiagnostic method of BRUNET after the patient had been in the Oswaldo Cruz hospital at Rio de Janeiro for 12 years.

When she was admitted to hospital in 1922 she had a gaitre with cretinism and pronounced mental changes. As she came from a *T. cruzi* infested district it was considered that she was probably suffering from Chagas disease, an opinion which was confirmed by the fact that the serum gave a strongly positive Machado reaction. Many attempts to infect guineapigs by inoculation with the patient's blood failed, and it was not until 1934 that the blood was proved to contain trypanosomes. The author states that this case shows that *T. cruzi* can exist in the human body for many years. IV Y

CHAGAS (E.). Infection expérimentale de l'homme par le *Trypanosoma cruzi* [Experimental Infection of Man with *T. cruzi*].—*C. R. Soc. Biol.* 1934 Vol. 117 No. 30. pp. 390-392. With 3 figs.

Further information is given regarding the patient experimentally infected with *T. cruzi* (see p. 37). The patient died of cancer just over 6 months after inoculation with the trypanosome. Although the blood remained constantly infective for guineapigs, the patient presented few signs of the trypanosomal infection apart from certain electrocardiographic changes. At the post-mortem only the heart showed pathological changes due to the infection and it was only in this organ that leishmania-forms were found. The predilection of *T. cruzi* for the myocardium is thus clearly indicated. IV Y

CHAGAS (Evandro). L'infection expérimentale chez l'homme par le *Schizotrypanum cruzi* [Experimental Infection of Men with *T. cruzi*].—*C. R. Soc. Biol.* 1935 Vol. 118 No. 3. pp. 290-292.

In these experiments three patients suffering from incurable malignant disease were employed. The conclusion was reached that *T. cruzi* cannot pass through the unbroken skin, but that it readily traverses the intact conjunctiva.

The first experiment consisted in ascertaining whether *T. cruzi* from the faeces of a *Triatoma* infected from a human case would pass through the unbroken skin and the second experiment was similar except that the *Triatoma* was very heavily infected with a virulent strain of *T. cruzi* from an armadillo. Both were negative. In the third experiment material from the same source as used in the second experiment was deposited on the intact conjunctiva of a patient. Twelve days later there was a febrile disturbance accompanied by oedema of the eye. A guineapig inoculated with the blood two days later became infected. IV Y

WOOD (Fae Donat). Experimental Studies on *Trypanosoma cruzi* in California.—*Proc. Soc. Experim. Biol. & Med.* 1934 Oct. Vol. 32 No. 1 pp. 61-62.

Observations are described on *T. cruzi* isolated from *Triatoma protracta* in California. The faeces of 54 per cent. of *Triatoma* in San Diego County were infected, but nothing was found in the faeces of bugs collected in the vicinity of Berkeley and Los Angeles. Of 43 San Diego wood rats examined, one was found to be infected, thus incriminating

the animal as a reservoir host of *T. cruzi*. One hundred and thirty four animals belonging to 16 different species were inoculated with the Californian strain of *T. cruzi* and a list is given showing the number of each which became infected. Attempts made to intensify the infection by lowering the host's resistance by splenectomy, by injection of testicle extract and by keeping the animals at a higher temperature failed. Successive passages through different host species covering a period of 103 days, indicated a stimulating effect upon the trypanosomes in that the incubation period progressively decreased from 35 to 20 days.

IV Y

WOOD (Fae Donat) Natural and Experimental Infection of *Triatoma protracta* Uhler and Mammals in California with American Human Trypanosomiasis.—*Amer J Trop Med* 1934 Nov. Vol. 14 No 6 pp 497-517 With 24 figs. on 3 plates. [12 refs.]

The author states that for a period of four years he has been engaged upon the study of the life history of a trypanosome described in 1916 by KOFOID and McCULLOCH from the digestive tract of *Triatoma protracta* found in nests of the San Diego wood rat. An extensive field of laboratory investigations has indicated that this parasite is a relatively non virulent strain of *T. cruzi*.

The author summarizes the results of his work as follows —

1 The blood-sucking bug *Triatoma protracta* Uhler and the wood rat, *Neotoma fuscipes macrotis* Thomas are natural carriers of *Trypanosoma cruzi* Chagas in Southern California.

2 The following animals have been experimentally infected with this trypanosome albino rats albino mice rhesus monkeys a puppy an opossum (*Didelphis virginiana virginiana* Kerr) 2 species of dusky footed wood rats (*Neotoma fuscipes annectens* Elliot and *N. f. macrotis* Thomas) and 6 species of white-footed mice (*Peromyscus eremicus fraterculus* [Miller] *P. californicus variegatus* Rhoads *P. californicus californicus* [Gambel] *P. maniculatus gambeli* [Baird] *P. truei gilberti* [Allen]).

3 The San Diego desert and southern parasitic mice and the Virginia opossum have all been found in wood rat nests in the infected locality so it is possible that they too are carriers.

4 Leishmanias bodies were seen in bone marrow cardiac and voluntary muscle of infected animals.

5 Lesions composed of infiltration lymphocytes monocytes and plasma cells have been found in cardiac and voluntary muscles cerebrum, and meninges.

6 Animals infected by this strain take light infections showing few parasites or lesions and usually no symptoms.

7 Neither splenectomy injection of testicle extract, nor increased temperature have any intensifying effect upon the infection.

8 Varying the host species gave progressively shorter incubation periods, indicating a stimulating effect upon the parasite.

9 One out of five attempts to reinfect animals succeeded indicating a partial immunity.

10 This trypanosome has been cultured on semi-solid blood agar the culture forms being comparable to the insect phase.

IV Y

DIAS (Emmanuel) Le xénodagnostic appliqué à la trypanosomiase américaine. [Xenodiagnosis in American Trypanosomiasis].—*C R Soc Biol* 1935 Vol. 118. No. 3 pp 287-289

The author examined the blood (fresh and stained preparations) of over 100 inhabitants of Lassance in the State of Minas Geraes for

*T. cruzi* and in a proportion of these cases the parasite was also sought by the xenodiagnostic method of Brumpt and by blood culture.

Most of the people examined lived in primitive huts of the kind favoured by *Triatoma*, which abounded. In all, the blood of 113 persons was examined microscopically the results were negative from 16 of these blood cultures were made, and here again the results were negative. The xenodiagnostic method was applied in 30 of the cases in whom blood examination had proved negative. For this work 3rd stage larvae and nymphs of laboratory-bred *Triatoma megista* were used. These insects had been fed only on clean guinea-pigs before the experiment, and flagellates had never been found in such laboratory-bred *Triatoma*.

In all, 147 *Triatoma* fed on 38 persons, the number feeding on each varying from two to six. Between 41 and 51 days later the insects were dissected and five were found to be infected with *T. cruzi*. By this means two of the 38 persons were therefore discovered to be infected. Details of these cases are given. IV Y

VILLELA (E.) & DIAS (Emmanuel) Sur la formation d'ulcérations chez les animaux infectés par le *Schizotrypanum cruzi*. [Ulcerations in Animals Infected with *T. cruzi*].—C. R. Soc. Biol. 1934. Vol. 117 No. 30. pp. 394-396.

A description is given of ulcerative lesions occurring spontaneously in dogs experimentally infected with *T. cruzi*. The ulcers may appear during the acute stage of the disease or later.

The lesions have the appearance of necrotic ulcers, circular in shape and with sharp margins they are painful, develop rapidly and penetrate deeply sometimes reaching the bones or joints. Sections of deep lesions showed inflammatory foci, sometimes around the sebaceous follicles and at other times in the papillae of the dermis. The foci consist of endothelial cells or plasma cells or both they are never formed by polymorphonuclear cells. Parasites were not found in the foci studied. In the sections of the open lesions (ulcers of the mouth, vagina and skin) foci containing parasites in greater or less numbers were found. These findings reminded Villela of the necrotic ulcerations he described in a human case of the disease in 1923 similar lesions have also been recorded in the naturally infected armadillo. These facts indicated once again the biological affinities of *T. cruzi* with the genus *Leishmania*. IV 1

VILLELA (Eunco) & DIAS (Emmanuel) Localisation des formes de multiplication du *Schizotrypanum cruzi* dans la peau et dans les muqueuses de chiens expérimentalement infectés. Parasitisme de la cellule épithéliale de l'épiderme. [Localization of Multiplication Forms of *T. cruzi* in the Skin and Mucous Membranes of Experimentally Infected Dogs].—C. R. Soc. Biol. 1934. Vol. 117 No. 31 pp. 501-504. With 3 figs.

Further details are given of the localization of the parasites in the cellular elements of the skin and intestinal mucous membrane of dogs infected with an armadillo strain of *T. cruzi*.

As mentioned in their previous paper this strain frequently produced cutaneous ulcerations. In certain cases sections of the cutaneous ulcers showed an intense parasitism of the lesions. As usual the *Leishmania*

forms were found in great number in the histiocytes of the cutaneous tissue. The elements situated in the vicinity of the hair follicles and sebaceous glands were chiefly involved they presented at the periphery a more or less intense reaction characterized by an infiltration of mononuclear cells plasma cells, and in the ulcerated regions by an agglomeration of polymorphonuclear cells and a deposit of fibrin and the formation of a micro-abscess. ADLER and others have drawn attention to the similar localization of *Leishmania canis* in the vicinity of hair follicles and sebaceous glands.

The most remarkable fact observed by the authors was the presence of parasitized cells in the epidermis. Parasites were also found in the gastro-intestinal submucosa. In the stomach of one dog a large focus of infected cells was found which extended up to the muscularis mucosae close to the epithelium.

W. Y.

**TANGANYIKA TERRITORY A Further Account of the Anti-Tsetse Campaign in Tanganyika Territory by Officers of the Tsetse Research Department.**—Reprinted from *Tanganyika Standard* between Oct. 17 1933 and May 1 1934 32 pp

To the intelligent layman wishing to know what the Tsetse Research Department in Tanganyika Territory has done and is doing this interesting pamphlet should convey much useful and reassuring information. The scope of the publication is sufficiently indicated by the following chapter headings: Driving the Tsetse by Fire Anti-Tsetse Clearings by Tribal Labour Advances of Tsetse Fly "The Provision of Water in Reclaimed Country Wrestling Large Areas of Grazing from the Tsetse Experiments in the Elimination of the Tsetse Fly by Means of Faunal Control Elimination of the Tsetse Fly by Means of Floral Control" and A Concluding Survey of our Tsetse-Flies and of the Present Prospects of Controlling Them.

Of the seven species of tsetse in Tanganyika Territory by far the most important are *Glossina morsitans*, *G. swynnertoni* and *G. pallidipes* and the majority of the fly belts are either spreading or nearly stationary spreading is believed to be reconquest of territory occupied by the insect perhaps before the appearance of man. In Shinyanga, as a result of measures carried out under the auspices of the Tsetse Research Department, the fly has been not only stopped but driven back and 30 000 people previously forced to abandon their homes are now gradually returning.

Facts and arguments on both sides in the perennial tsetse-fly—big game controversy are impartially presented, and, on behalf of the game, it is concluded that if the game is so reduced that the fly population [*G. morsitans* group] becomes hungry wide spread may be expected. The special merits of floral or vegetational control, i.e. the alteration instead of destruction of the plant-communities which shelter the fly are explained, and this method of attack is considered to be perhaps the most promising of all. E. E. Austin

Lewis (E. Aneurin) **Tsetse-Flies in the Masai Reserve, Kenya Colony**—*Bull. Entom. Res.* 1934 Dec. Vol. 25 Pt. 4 pp 439-455 With 1 folding map

The Masai Reserve lies on the Tanganyika border and comprises some 10 000 000 acres, of which about 800 000 though of pasturage

are infested by tsetse-flies and therefore useless. Extending "from about 34° 37' to 38° 15' E. Long. and from about 0° 34' to 3° 10' S. Lat. the Reserve, described in some detail in the first part of this paper includes a wide variety of country altitude and vegetation. Within the Reserve six species of *Glossina* (*G. brevipalpis*, *G. fuscipennis*, *G. longipennis*, *G. pallidipes*, *G. palpalis* and *G. swynnertoni*) are found and notes are given on the local occurrence of each of these. The presence of *G. swynnertoni*, a vector of human as well as animal trypanosomiasis, hitherto believed to be confined to the Mwanza district of Tanganyika, may well prove to be a matter of some importance, since Oseero a district of about 700 square miles forming the south-western region of the Reserve, is believed to be "completely infested" with this fly as well as with *G. pallidipes*.

It would seem that, since the institution of the present Masai Reserve, the fly-belts within its confines have extended their boundaries and increased in number and in the case of *G. swynnertoni* available evidence tends to show that there has been an actual invasion from Tanganyika Territory. The readiness with which *G. swynnertoni* attacks man in the presence of cattle but where game is scarce, has previously been recorded by SWYNNERTON. In the Masai Reserve the present author found that—"In the presence of an abundance of game and in the absence of cattle *G. swynnertoni* very readily approached man and was attracted to moving vehicles such as cars and lorries.

While tsetse-fly infestation of the Masai Reserve is serious, the customs and traditions of the people in relation to manual labour are likely to militate against the possibility of reclaiming the known infested areas.

E. E. A.

JACKSON (C. H. N.) A Note on the Concentrations of Tsetse-Flies.—*Bull. Entom. Res.* 1934 Dec. Vol. 25. Pt. 4 pp. 457-458.

During the dry season in Tanganyika *Glossina morsitans* increases in numbers in actual vleis or drainage valleys, as distinct from the bordering woodland. Observations by BUKIRI at a waterhole in a drainage valley or narrow vlei, after the beginning of August, support the author's contention that the increase of fly in the vlei in the hot, dry months is due, not to a search for better shade conditions, but to the fact that the vlei is a feeding-ground, and that the fly must visit it more frequently at the season when the onset of hunger is hastened by hot dry conditions.

E. E. A.

SWYNNERTON (C. F. M.) Protection of Vegetation against Grass-Fire as a Possible Solution for Some Tsetse Problems.—*Bull. Entom. Res.* 1934 Sept. Vo 25 Pt. 3 pp. 416-490 With 1 plan, 1 folding chart & 12 figs. on 4 plates. [12 refs.]

In Tanganyika Territory to which this paper refers, it was found in 1925 that even the relatively low deciduous thicket of the Central Province tended strongly to exclude *Glossina morsitans*. It was thereupon decided to test the possibility of reproducing these inimical conditions (a) by advancing the natural vegetational succession by not burning the grass (b) by cheap or remunerative planting. The results of experiments on *G. swynnertoni* and *G. pallidipes* at Shinyanga in pursuance of this policy are here described. Although the cessation of annual burning of vegetation has had little effect upon the game,

certain sections of road on which tsetse were formerly a serious nuisance are now that they are protected by thicket barriers, relatively free from fly. Barriers of deciduous thicket impassable to fly in the wet season may be so contrived as to restrict tsetse to areas insufficient for their needs. Yet the effects of not burning will differ with the species of tsetse concerned. *G. morsitans* can exist under more humid conditions than does *G. swynnertonii*. *G. brevipalpis*—not perhaps of great practical importance—is, owing to the nature of its normal habitat more likely to be assisted than otherwise by the cessation of annual fires. It remains to be proved whether the more dangerous *G. pallidipes* which in Tanganyika occurs throughout more than half the area occupied by *G. morsitans* and *G. swynnertonii* will be helped or hindered.

In selected sites carefully controlled experiments are to be made in connection with game, by means of which it is hoped to discover whether the fly is specially dependent upon particular species whether the fly can be abolished by anything short of the complete extermination or expulsion of animals and whether such extermination (locally) is practicable by such means as are cheaply available to a government.

Pending the final results of investigations as yet unfinished, the author is inclined to regard the release of the vegetational succession by the prevention of grass-burning as likely to be useful as a basic measure to be supplemented or replaced by others as and where required.

E E A

HENRARD (C) Quelques essais de capture de *Glossina palpalis* au moyen de divers types de piège Harris près du Stanley Pool. [Trials of Various Types of Harris Trap for the Capture of *G. palpalis* near Stanley Pool.]—Ann Soc Belge de Méd Trop 1934 Sept 30 Vol 14 No. 3 pp 263-276 With 2 figs.

The tests described were carried out between October 1933 and February 1934 on an island in the Congo west of Leopoldville, whereon wild animals were present in limited numbers while crocodiles were numerous in the vicinity. The greatest average density of *G. palpalis* where the fly was most numerous was from 10 to 15 per fly boy hour. Four traps were used, and of these the most efficient was one capable of being taken to pieces and when in use suspended from a branch. While the average number of tsetse caught per trap during a month of fine weather was 2 000 the monthly figure for the whole period was only 850.

Traps were found to yield the best results when men or animals were present or passed by [cf SWYNNERTON on the value of animal scent this Bulletin Vol. 30 p 618]. The author's final conclusion is that Harris traps appropriately sited, can usefully be employed for the local protection of human beings and domestic animals.

E E A

BOXTON (P. A.) & LEWIS (D. J.) Climate and Tsetse Flies. Laboratory Studies upon *Glossina submorsitans* and *tachinoides*—Reprinted from Phil Trans Roy Soc London Ser B 1934 Dec. 14 Vol. 224 No 512. pp. 175-240 With 14 text figs. & 5 figs. on 2 plates. [33 refs.]

Previous workers have studied the effects of climate upon wild populations of *Glossina*, and have obtained valuable results. The



authors of this paper have worked in the laboratory and have attempted to analyse the effects of controlled conditions of temperature and humidity. Many suggestive results were obtained, which should greatly encourage further work of this sort. The work was done in the laboratory of the Tsetse Investigation at Gidan in Northern Nigeria.

The upper and lower limits of temperature at which the adult flies could survive were found and the effects of humidity on the thermal death points were investigated. The time which adults could survive each controlled condition was determined, in some experiments using starved individuals and in others giving the flies opportunities of feeding daily. The rate of reproduction under these conditions was also studied. The rate of loss of water and of fat metabolism was found. Experiments were also made with puparia. Finally continuous records of temperature and humidity were made both in an open clearing and in a dense thicket, in dry and wet seasons.

While the effects of temperature appear to be simple—there is a fairly narrow zone within which the fly can live satisfactorily—the effects of humidity are more complex. With a temperature of 30°C., a relative humidity of about 44 per cent. appears to be near the optimum at which the flies live longer and breed more rapidly than in drier or in moister air. A relative humidity of only 65 per cent. was unfavourable, and in moister air the flies died off very rapidly and fed with reluctance. The reason why high humidities are unfavourable is still obscure.

At temperatures above 40°C. the adult flies survive better in dry air than in moist. They also metabolized fat most rapidly in dry air, presumably to produce metabolic water to compensate for excessive evaporation.

The puparium was shown to have an optimum humidity near saturation, and it is suggested that the air in the spaces in apparently powder-dry soil may be much moister than is usually imagined, even when the general atmosphere is very dry. Unfortunately the soil conditions were not investigated further.

The field meteorological results support the laboratory work most satisfactorily. When the humidity was high, the flies were scarce, and many workers have found that pregnancies are rare under these conditions.

Various practical measures of control, such as clearing of under growth, are discussed in the light of the experimental results.

K. Mellenby

DE LA CAMARA (Pedro). Acción de algunos arsenicales orgánicos sobre la morfología de los tripanosomas.—*Medicina Pálida Caldas*. Madrid 1934 Oct. Vol. 7 No. 10 pp. 400-409. With 2 figs. & 1 coloured plate. English summary (8 lines).

GEORGEAN (Arnoldo J.). Nuevo caso de tripanosomiasis humana en la ciudad de Catamarca.—*Rev. Inst. Bacteriol. Buenos Aires*. 1934 Mar. Vol. 6 No. 2 pp. 212-215. With 2 figs.

GEORGEAN (Arnoldo J.). Nuevo caso de tripanosomiasis humana en Hódgkinson (Catamarca).—*Rev. Inst. Bacteriol. Buenos Aires*. 1934 Mar. Vol. 6 No. 2 pp. 216-219. With 3 figs.

- MAXZA (Salvador) CORNEJO (Andrés) Casos agudos benignos de enfermedad de Chagas comprobados en la Provincia de Jujuy.—*Rev Med-Cirurg do Brasil* 1934 Sept.-Oct. Vol. 42. Nos. 9-10 pp. 308-316
- ROMAÑA (Cecilio) Novas investigações sobre a molestia de Chagas na Republica Argentina.—*Rev Med-Cirurg do Brasil* 1934 Sept.-Oct. Vol. 42. Nos. 9-10 pp. 293-307
- TORREALBA (J F) El primer caso de tripanosomiasis americana diagnosticado en el estado Guárico por el exámen directo de la sangre.—*Gac. Med de Caracas* 1934 Sept. 30 Vol. 41 No 18. pp. 275-279 [16 refs.]
- UNIVERSIDAD BUENOS AIRES MISIÓN DE ESTUDIOS DE PATOLOGÍA REGIONAL ARGENTINA JUJUY 1934 Publicación No 18. 32 pp With 25 figs. Investigaciones sobre la enfermedad de Chagas. I Casos crónicos de enfermedad de Chagas determinados en Jujuy [MAXZA (Salvador)] II Casos crónicos de enfermedad de Chagas, demostrados en Salta [MAXZA (Salvador) & CORNEJO (Andrés)]

## VENOMOUS SNAKES AND SNAKE VENOMS. II.\*

Not many new data have been published in regard to geographical distribution of the Ophidia. PHILALIX and HOUDENIER<sup>1</sup> report on the venomous snakes of Indo-China. Of the proteroglyphous colubids both the Hydrophinae and Elapinae are represented. The sea snakes observed on the Indo-China coast include species of the genera *Platurus* *Hydrophis* *Distira* *Hydus*, *Eurydus* and *Eurydinae*, the venom of the latter being ten times as toxic as cobra venom. The elapines include four genera, *Callophis* *Doliophis* *Bungarus* and *Naja* the most common species are *Bungarus fasciatus*, *Naja tripidians* and *Naja bungarus*. The crotaline vipers are represented by species of the genera *Ancistron* and *Lachesis*.

## I Ophidian Dentition and Evolution of the Poison Fang

SMITH<sup>2</sup> introducing this subject at the Royal Society of Medicine pointed out that snakes had originally been derived from lizards or some lizard-like creature, and that most of the primitive snakes still showed some evidence of their four footed ancestry notably by the presence of a pelvis and vestiges of hind limbs. From one of these primitive groups the family Colubridae had been formed, and it was from the Colubridae that the poisonous snake had been derived. The Colubridae were a large family and capable of division in terms of their dentition into the Aglypha with solid non-grooved teeth, the Ophisthoglypha which have grooved teeth or fangs at the back of the mouth, and the Proteroglypha which have tubular or canalized anteriorly-situated fangs. The Ophisthoglypha had been derived from the Aglypha and both have in their turn given rise to the Proteroglypha. The venomous snakes were late arrivals upon the earth and represented a high degree of specialization in which the evolution of the poison fang was secondary to the salivary venom gland. Actually the back fanged snakes were only rarely venomous to man, the vast majority being quite harmless. The front-fanged snakes on the other hand—the Proteroglypha—were highly toxic they could be divided into two groups having divergent lines of evolution—the Elapidae and the Viperidae.

In the Elapidae the poison fangs were comparatively short and the maxillary bone long, having behind one to eighteen smaller grooved teeth not infrequently the teeth upon the palatine and dentary bones were more or less distinctly grooved, but never tubular. The normal position of the elapine fang was almost vertical in the mouth, approximately at right angles to the maxillary bone.

In the Viperidae the maxillary bone which was very short and bore the fangs only was moveably attached to the prefrontal and the ectopterygoid so that during striking the bone and the fang upon it could be erected. The resting position of the viperine fang was almost horizontal in the mouth, and the ability to fold these greatly elongated fangs back had become imperative for the preservation of the species.

For the first of this series see Vol. 31 p. 69.

<sup>1</sup> PHILALIX & HOUDENIER (E.). Contribution à la faune venimeuse de Tonkin.—Bull. Soc. Path. Exot. 1934. Feb. 14 Vol. 27 No. 2. pp. 173-184

<sup>2</sup> SMITH (Malcolm A.) The Classification of Snakes in Accordance with their Dentition and the Evolution of the Poison Fang.—Proc. Roy. Soc. Med. 1934 June. Vol. 27 No. 8. pp. 1061-1063 (Sec. Trop. Dis. & Parasit. pp. 43-45)

Nothing was known concerning the evolution of the poison fang in the elapine snakes—no non venomous snakes with grooved anterior teeth have been encountered while the initial stages which have led to the formation of the elapine type of fang have not yet been found. The vipers, on the other hand have obviously been derived from the Ophisthoglyphous snakes by the gradual movement forward and shortening of the maxillary bone—as this bone became progressively shorter more and more teeth on its anterior part were lost until finally a stage was reached when only the posterior fangs remained—these would now be located in the front of the mouth. One could arrange amongst the Ophisthoglypha a complete series showing this gradual shortening of the maxillary bone starting with *Orybelis* which has twenty or more teeth in front of the fangs and culminating in *Miodon* which has only two. The ability to erect or depress the fangs became developed as the maxillary bone grew shorter and *Xenodon* one of the Aglyphous snakes actually could move its maxillary bone like the vipers. The power to erect in some degree the maxillary bone was widely spread among the Proteroglypha and in fact was only a further development of the power to move the jaw independently which all snakes possess.

## II *The Mechanism of Bite*

FAIRLEY<sup>2</sup> at the same meeting dealt with methods of taking dental impressions of the bite and the significance of the maxillary index and the quadrate index which he had introduced for determining the biting efficiency of the Australian colubrids. In snake bite four distinct phases were recognized (1) the strike (2) opening the mouth and elevation of the fangs (3) closing the mouth and the injection of venom (4) retraction of the fangs. In the Australian colubrids there was a wide range of variation in the mobility of the fangs the degree of elevation from extreme retraction to maximal protraction varying from 10°–15° to 45°–50° in the different species studied. Each pterygo-palatine-transverse arch acted as a single entity and when the protractor muscles of the palate drew the endo-ptyergoid forward, they invariably brought with it the palatine bone and the ecto-ptyergoid which impinged on the posterior arm of the maxilla, driving the maxilla forwards and upwards on the articulating surface of the prefrontal. This produced a variable degree of elevation and forward rotation of the fangs which were ankylosed to the inferior surface of the maxilla—its extent could be judged by the angle formed at the ecto-ptyergoid maxillary junction which in the resting position formed a straight line. Should this movement be doubted it could readily be demonstrated by prying the snake dissecting up the mucous membrane on the roof of the mouth and electrically stimulating the protractor and retractor muscles acting on the palatine arch alternatively skulls could be prepared with the palatine arch in different positions. In these snakes the smaller the maxilla (i.e. the greater the maxillary index) the greater the forward movement of the pterygo-palatine transverse arch and the greater the degree of forward projection of the fangs. This mechanism differed from that of the vipers in which the movement of the maxilla on the prefrontal was a true rotary one and not a forward and upward sliding movement as described above.

<sup>2</sup> FAIRLEY (N Hamilton) *Snake Bite its Mechanism and Modern Treatment*.—*Proc Roy Soc Med* 1934 June. Vol. 27 No 8 pp 1083–1091 (Sec. Trop Dis & Parasit. pp 45–53) [23 refs.]

## III Venom Yields

FREEMAN and KELLAWAY<sup>6</sup> report on the venom yields obtained by milking the common Australian snakes over a period of several years. For the tiger snake (*Notechis scutatus*) the average yield for 3,214 milkings equalled 0.0276 grams of dry venom and for the black tiger snake (*Notechis scutatus* var *Niger*) the average of 516 milkings was 0.07 grams. For the death adder (*Acanthophis antarcticus*) 938 milkings from 360 snakes showed an average yield of 0.04 grams, while for the copperhead (*Demansia superba*) the average of 1,940 milkings equalled 0.0213 grams. The latter species does not thrive well in captivity and the primaries are considerably larger than the secondary yields—they were found to do better if milked at 6 instead of 3 weeks interval. The average yield of 579 milkings from 170 black snakes (*Pseudochis porphyreus*) was 0.03 grams—they seldom survived longer than 7 to 8 months. Fifty brown snakes (*Demansia leitchii*) were under observation and these did least well in captivity—the average yield of 126 milkings was only 0.002 grams—this, however, does not represent the venom injected at a single bite in nature, as one brown snake measuring nearly 7 feet in length yielded 0.045 grams at a first bite and an additional 0.0222 grams on milking.

## IV Bacterial Flora of Snakes Mouths.

WILLIAMS, FREEMAN and KENNEDY<sup>7</sup> investigated this question in captive Australian snakes. They found that freshly caught snakes did not possess a very numerous oral bacterial flora, but in captivity the number of organisms present in their mouths multiplied enormously and included anaerobes, non-lactose-fermenters, coliform bacilli and staphylococci. Freshly collected venom contained many fewer organisms and about 80 per cent. of samples were sterile, those infected containing only one or two species of organism. Over 40 per cent. of the samples of adequately dried venom were sterile, the drying apparently killing off many of the non-lactose-fermenters. The ordinary methods of collection and handling of venom though they excluded gross contamination by saliva, did not guarantee sterile dry venoms. Measures for the exclusion of laboratory contamination of the venom are described. "Cancer" in captive snakes was frequently found to be associated with a strain of *Proteus* or with a small Gram-negative coccobacillus.

## V Some Rarer Australian Snakes and their Venoms.

KELLAWAY<sup>8, 9</sup> in a series of papers reports investigations on some of the rarer Australian snakes and their venoms, including *Droghdaea*

<sup>6</sup> FREEMAN (MAVIS) & KELLAWAY (C. H.) The Venom Yields of Common Australian Poisonous Snakes in Captivity—*Med. J. Australia*. 1934 Sept. 22. 21st Year Vol. 2 No. 12 pp. 373-377.

<sup>7</sup> WILLIAMS (F. ELKHORST), FREEMAN (MAVIS) & KENNEDY (J. EDWIN) The Bacterial Flora of the Mouths of Australian Venomous Snakes in Captivity—*Med. J. Australia*. 1934 Aug. 11. 21st Year Vol. 2 No. 8 pp. 180-182.

KELLAWAY (C. H.) The Venom of the Ornamented Snake *Demansia maculata*—*Australian J. Experim. Biol. & Med. Sci.* 1934 June 18. Vol. 12 Pt. 2 pp. 47-54. With 2 figs.

<sup>8</sup> KELLAWAY (C. H.) The Venoms of Some of the Small and Rare Australian Venomous Snakes—*Med. J. Australia*. 1934 July 21. 21st Year Vol. 2 No. 3 pp. 74-78. With 1 fig.

<sup>9</sup> KELLAWAY (C. H.) The Venoms of the Broad-Headed Snake (*Hoplocephalus lugubris*) and of the Yellow Banded Snake (*Hoplocephalus stephensii*)—*Med. J. Australia*. 1934 Aug. 25. 21st Year Vol. 2 No. 2 pp. 246-256. With 1 fig.

*maculata* var *devisi* (South-Western Queensland) A bite in man by this snake was followed after an interval by sudden loss of consciousness from which recovery occurred some few hours later with dramatic suddenness. A somewhat similar phenomenon was observed in rabbits injected intravenously with sub-lethal doses of venom. The venom itself appeared rather less potent than that of the copper head both in respect of its haemolytic and neurotoxic properties and had a strong paralysing action—which was spontaneously reversible—on the phrenic motor endings in the diaphragm.

Four other small species of *Denisonia* were studied, *D daemeli* Günther *D flagellum* McCoy (the little whip snake) *D sula* Peters and *D coronoides* Günther (the white-lipped snake) their venom in all instances was similar to the common copper head, *Denisonia superba* but unlike it none was dangerous to man or large animals. The venom of *Demansia olivacea* Gray apart from the possession of feeble thrombin bore very little resemblance to the highly potent venom of *Demansia textilis* while that of *Demansia psammophis* Schlegel was not highly toxic either. The venom of the *Furina annulata* Dumeril contained no coagulant principle and was not highly poisonous. None of these snakes was dangerous to man and their slender build went hand in hand with narrow heads small venom glands and small venom yields a correlation originally described by FAIRLEY and SPLATT when studying the larger and commoner Australian snakes.

Of the three species of the genus *Hoplocephalus* no specimens of *H bitorquatus* Jan were available according to KINGHORN this snake is venomous but not deadly. The broad-headed snake *H bungaroides* Boie, is an aggressive snake attaining 5 feet in length and must be regarded as definitely dangerous. Its broad head also suggests a large venom yield, though no information on this point is available. Its venom judged by injection in three species of animals, is of about the same order of toxicity as that of the copper head and resembles the tiger snake in possessing a powerful thrombin only a feeble haemolytic action and inducing peripheral paralysis causing death by respiratory failure its local action is more severe than any other of these venoms. As it is a rare snake KELLAWAY tested the neutralising effects of tiger snake antivenenes on the venom of *H bungaroides* and found very effective protection its use is therefore advocated clinically.

A single specimen of the yellow banded snake, *H stephensi* was studied in captivity for 3 months its venom was found to resemble *H bungaroides* but the relatively small size of its venom yield makes it unlikely ever to prove fatal to man.

## VI Toxicity of the Crotaline Venoms of Formosa

KYU\* who previously has published data on the toxicity of the venom of *Trimeresurus gramineus* Shaw and *T mucrosquamatus* Cantor now reports on that of *Ancistrodon acutus* Günther for frogs mice and rabbits. The potency of the venoms was in the above order and did not correspond to the human mortality figures from snake bite which were *T gramineus* (1 per cent.) *T mucrosquamatus* (9 per cent.)

\* Kyu (Kenton) Toxikologische Untersuchungen ueber die Gifte der Crotalinae Formosa: III. Mitteilung. Studien ueber das Gift von *Akistrodon acutus* Günther.—*Taiwan Igakkaï Zasshi* (Jl Med Assoc. Formosa) 1933 Nov Vol. 32. No 11 (344) [In Japanese pp 1500-1522 With 7 figs. German summary pp 148-151]

and *A. acutus* (23 per cent.) The anomaly is explained on the basis of the different amounts of venom secreted for the three species. SUZUKI, MATSUMOTO and SUGRO<sup>10</sup> determined the minimum lethal dose of the above Formosan venoms for the mongoose as well as for *Bungarus multicinctus* and *Naja naja atra* and compared the relative resistance of the mongoose, rabbit and guinea pig. The mongoose was far more resistant to the venoms of *Naja naja atra* and *Bungarus multicinctus* than to the others. The serum of the mongoose was found to neutralize *Naja* venom, but not that of the other snakes, and this power was considerably diminished by heating to 56°C. for 15 minutes and lost after 30 minutes at that temperature. The red corpuscles of the mongoose could also neutralize *Naja* venom, a power not possessed by the leucocytes.

#### VII. Pharmacological and other Observations on Snake Venoms.

VELLARD and VIANNA<sup>11</sup> group the actions of various venoms into (1) neurotropic including the curari and hypotensive effects (2) action on phosphatids which play a part in haemolysis, coagulation and cytotoxicity (3) action on proteids destroying fibrinogen and complement and causing local oedema, haemorrhages and gangrene (4) coagulant action, transforming prothrombin into thrombin, while others act on the plasma. Observations both *in vitro* and *in vivo* were made on *Lachesis Crotalus terrificus* *Naja* and *Elaps*. The conclusion reached was that as regards their biological actions two types of snake venom exist—Colubrine and Crotaline. The Colubrine type, seen in *Elaps* and *Naja*, acts almost exclusively on the phosphatids and to a much less degree on the proteids. Both have a definite neurotropic action, but differing in the way in which this is exerted. The Crotaline type (*Lachesis* and American *Crotalus*) in addition to a marked action on phosphatids acts powerfully on proteids. *C. terrificus* has marked coagulant effects on proteids, bringing about the disappearance of fibrinogen, but not destroying proteids altogether. The differences in proteolytic effects between *Lachesis* and *C. terrificus* are quantitative rather than qualitative, the former being stronger. The *C. terrificus* of the North has a much more powerful proteolytic venom than that of the South while all the Crotalines of Central and North America have venoms more potent in this respect than *Lachesis*.

*The Anti-Complementary Action of Different Venoms.*—VELLARD and VIANNA<sup>12</sup> find that the venoms of the genera *Lachesis* and *Tremateryx* are anti-complementary but that their activity in this respect varies with different species. The venom of *Naja triaspideus* is much less active while those of *Crotalus terrificus* and of *Viperas aspis* are not found under experimental conditions to have any action on complement. Considerable differences were observed between the venoms of different species of *Lachesis* and *Crotalus* and perceptible differences existed between different geographical varieties of *Lachesis xerophila*.

<sup>10</sup> SUZUKI (Ch.) MATSUMOTO (K.) & SUGRO (K.). Ueber die Widerstandsfähigkeit der Mongoose gegen Schlangengift.—*Taiwan Igakkaï Zasshi* (Jl. Med. Assoc. Formosa) 1934 Feb. Vol. 23, No. 2 (347). [In Japanese pp. 305-314. With 1 fig. German summary pp. 21-23.]

<sup>11</sup> VELLARD (J. A.) & VIANNA (M. Miguélete). Ação comparada dos diversos venenos ophidicos.—*Rev. Med. Cirurg. do Brasil*, 1934, Feb. Vol. 41 No. 2, pp. 49-47.

<sup>12</sup> VELLARD (J. A.) & VIANNA (Miguélete). Complemento e venenos ophidicos.—*Rev. Med. Cirurg. do Brasil* 1933 Oct. Vol. 41 No. 10 pp. 228-232. [11 refs.] French summary.

though they are little marked in those of *Lachesis jararaca* and *Crotalus terrificus*. A certain incubation period is necessary for the action of venom on complement which varies from 15 minutes to 2 hours some venoms act rapidly others slowly

The properties of the venom are not modified after exerting its anti-complementary action which is due to its proteolytic effect and not to its coagulant properties. Thus the venom of *Naja* is strongly anti-coagulant and non-proteolytic and shows slight anti-complementary tendency the venom of *V. aspis* only acts on certain albuminoids and does not affect complement at all.

*Enzymes in Venom*—DUNN<sup>13</sup> has studied the action of the enzymes of the venom of *Crotalus adamanteus* on the proteins of blood and milk and found that they were all digested.

One or more proteolytic enzymes were present which digested plasma and serum proteins and with less rapidity serum albumen and globulin there was also a weak but definite action on rennin. *Crotalus* venom was found to transform haemoglobin into methaemoglobin in solution but with non-haemolysed corpuscles methaemoglobin could be detected only after slight haemolysis had occurred.

In another paper DUNN<sup>14</sup> reports having separated the enzymes and toxic principles of the venom of *Crotalus adamanteus*. Its ability to destroy cephalin and to digest protein were found to be due to separate constituents. An albumose fraction was prepared which contained cephalinase but was free from proteolytic activity a portion of the toxicity of the venom was contained in this fraction which had haemolytic powers of the same order as the original venom. The toxic principles, enzymes and proteins of the venom are all adsorbed by freshly prepared aluminium hydroxide C while the substance which oxidizes haemoglobin to methaemoglobin is different from proteinase and cephalinase and is easily separated from them

*The Central and Peripheral Action of Snake Venoms*—KELLAWAY<sup>15</sup> continued his studies on the peripheral action of Australian snake venom with special reference to the sensory nerve endings in frogs. The Australian venoms studied were derived from the black snake the copper head the death adder the tiger snake and the black tiger snake that of the Indian cobra was also included. All the venoms were found to have a paralysant action *in vitro* on sensory nerve endings in *Hyla aurea* though this was less powerful than their action upon the motor endings in this species. The arrangement of the venoms in the order of potency was the same for both sensory and motor nerve endings. Curari also paralyzes sensory endings *in vitro* but this action is overshadowed by its much more powerful effect on motor endings.

<sup>13</sup> DUNN (Edwin E.) The Action of the Enzymes of the Venom of *Crotalus adamanteus* on the Proteins of Blood and Milk.—*Jl Pharm. & Experim Therap* 1934 Apr Vol. 50 No 4 pp 386-392. [12 refs.]

<sup>14</sup> DUNN (Edwin E.) The Separation of the Enzymes and Toxic Principles of the Venom of *Crotalus adamanteus*.—*Jl Pharm & Experim Therap* 1934 Apr Vol. 50 No 4 pp 393-406 [22 refs.]

<sup>15</sup> KELLAWAY (C. H.) The Peripheral Action of Australian Snake Venoms. 4 Action on Sensory Nerve Endings in Frogs.—*Australian Jl Experim Biol & Med Sci* 1934 Dec. 18. Vol. 12. Pt. 4 pp 177-186 With 3 figs.



VENKATACHALAM and RATNAGIRISWARAN<sup>12</sup> report some experimental observations on the venom of the Indian cobra, and reopen the question whether the respiratory paralysis so produced is due to central or peripheral action. They found that while sub-lethal doses of the venom, so regulated as not to produce respiratory or cardiac embarrassment paralyse the motor end-plates some time after the administration of venom, yet with bigger doses animals die long before paralysis of the end-plates develops. They state that following the injection of large doses of venom in animals, stimulation of the phrenic nerve immediately after death is found to give rise to contraction of the diaphragm and conclude that lethal doses of Indian cobra venom cause respiratory distress followed by death owing to central respiratory paralysis. The authors make no comment on the most recent experimental work on this subject—notably that of KELLAWAY who by applying to the phrenic nerve non-polarizable electrodes connected to capacity amplifiers obtained with a loud speaker an audible record of descending motor impulses from the respiratory centre in animals paralysed with colubrid venoms and kept alive by artificial pulmonary ventilation (this *Bulletin* Vol. 31 p. 85).

*Effects of Venoms on the Cardio-Vascular System.*—VERRES and KORESSIOS<sup>13</sup> state that in normal people small doses of cobra venom have a hypotensive effect, while in cases of arterial hypertension a fall of blood pressure lasting for some weeks follows the injection of non-toxic amounts of venom. LAIGHEL-LAVASTINE, WÜRNER and KORESSIOS<sup>14</sup> studied experimentally variations of arterial pressure in the dog, and found a definite hypotensive effect to follow the injection of 1/100-1/50 mgm. of cobra venom per kg. body weight this hypotensive action persisted after double vagotomy and the injection of atropine sulphate. After the injection of cobra venom the hypertensive effect of adrenalin was diminished. They concluded that in man the sustained hypotensive action of cobra venom was due to its selective action on the peripheral vessels and was independent of the vagus. GAUTRELET and HALPERN<sup>15</sup> examined frogs injected with cobra venom and showed that during the period of hypotension excitation of the central end of the vago-sympathetic and the sciatic and the application of different substances like adrenalin, choline, nicotine, acetyl-choline and pituitrin indicated that the hypotension was not due to vaso-dilator paralysis. Some evidence in support of the view that there was a direct action on the capillaries comparable to that of histamine was presented. NAKAMURA<sup>16</sup> studied

<sup>12</sup> VENKATACHALAM (K.) & RATNAGIRISWARAN (A. N.) Some Experimental Observations on the Venom of the Indian Cobra.—*Indian J. Med. Res.* 1934 Oct. Vol. 22, No. 2, pp. 280-294. With 1 graph. (14 refs.)

<sup>13</sup> VERRES (Arthur) & KORESSIOS (N. T.). L'action du sérum de cobra sur la pression artérielle (homme normal et homme hypertendu).—*Arch. Inst. Prophylactique* 1934, Vol. 6, No. 1, pp. 20-35. With 14 figs.

<sup>14</sup> LAIGHEL-LAVASTINE, WÜRNER (Lise) & KORESSIOS (N. T.). Le mécanisme physiologique de l'action hypotensive du venin de cobra.—*Bull. et Mem. Soc. Méd. Hôp. de Paris*, 1934, Apr. 2, 80th Year, 3rd "s. No. 11, pp. 494-498. With 6 graphs.

<sup>15</sup> GAUTRELET (J.) & HALPERN (N.). Etude expérimentale de l'action du venin de cobra sur la circulation.—*C. R. Soc. Biol.* 1934, Vol. 115, No. 9, pp. 942-943.

<sup>16</sup> NAKAMURA (Tutomu). Ueber die Wirkung des Giftes der Naja naja atra auf das isolierte Frochherz. II. Mitteilung Jahresheftliche Schwankungen der Resistenz des Frochherzens gegen das Kobragift.—*Taiwan Jishui Zasshi (Ji Med. Assoc. Formosa)* 1934, Feb. Vol. 33, No. 2 (347). (In Japanese pp. 207-211. With 1 chart. German summary p. 17.)

the resistance of the isolated frog's heart to the action of venom of *Naja naja atra* and found the effects varied according to the species of the frog and the season of the year the toxic effect being accelerated in summer.

GAUTRELET HALPERN and CORTEGGIANI<sup>11</sup> find that the intravenous injection of 1/20–1/40 mgm per kg of *Vipera aspis* venom in the chloralized dog produces an immediate fall of arterial pressure of 50 to 100 mm which lasts 1 to 2 hours the pressure takes 4 to 5 hours to return to its original level. Often there is a diminution in the cardiac output within  $\frac{1}{2}$  to 1 hour. This fall in pressure is accompanied by dilatation of the peripheral and intestinal vessels by contraction of the spleen and kidneys and by an increased viscosity of the blood associated with polycythaemia. The latter phenomenon suggests an increased permeability of the capillaries.

CUBONI<sup>12</sup> reports that viperine venom (*Vipera ammodytes*) injected into rabbits intravenously causes an immediate fall in blood pressure and that specific antiserum when added to the venom inhibits this action. Normal horse serum produces the same result but to a lesser degree. Formalized venom injected intravenously does not affect the blood pressure even when given in large doses.

CHOPRA and CHOWHAN<sup>13</sup> give a detailed account of their work on Indian Dabola venom (*Vipera russellii*) with special reference to its action on the circulatory system. This venom was found to act on the endothelial layers of the blood vessels particularly the walls of the capillaries and extensive haemorrhagic phenomena appeared early. There was a marked tendency to produce thrombosis and gangrene at the site of the bite. The systemic blood vessels especially the peripheral ones were contracted and those of the splanchnic area widely dilated as in histamine shock. The lungs showed haemorrhage infarction and congestion. The right side of the heart was full of dark blood there was enormous engorgement of the abdominal viscera and the serous cavities contained much sanguineous fluid. Large doses of venom caused a rapid and permanent fall in blood pressure in both the normal and the decerebrate animal but when the mesenteric arteries were clamped quite large doses of venom failed to produce any marked hypotensive effect. The fall of blood pressure ordinarily observed could be overcome by pituitrin adrenalin and large doses of saline. The paralytic action of the venom on the capillaries with increased leakage of fluid into the tissues resembled that of histamine shock and it was noted that where large doses of histamine were initially injected no further fall of blood pressure followed venom administration. Shock so produced was the main cause of death in Dabola bites.

<sup>11</sup> GAUTRELET (J.) HALPERN (N.) & CORTEGGIANI (E.) Action du venin de *Vipera aspis* sur la circulation.—C. R. Soc. Biol. 1934 Vol. 116 No. 24 pp. 867–868.

<sup>12</sup> CUBONI (E.) Il siero antivipera sopprime l'azione ipotensiva del veleno di vipera.—Boll. Istituto Sieroterap. Milanese 1933 Nov. Vol. 12. No. 11 pp. 841–845. With 3 graphs on 2 plates. [18 refs.] German summary.

<sup>13</sup> CHOPRA (R. N.) & CHOWHAN (J. S.) Action of the Indian Dabola (*Vipera russellii*) Venom on the Circulatory System.—Indian J. Med. Res. 1934. Jan. Vol. 21 No. 3 pp. 493–506. With 6 figs. [22 refs.]

*Effects of Venoms on the Red and White Corpuscles.*—VELLARD and MIGUELLOTTE VIANNA<sup>24</sup> studied the venoms of *Lachesis Crotchi* and *Naja* and demonstrated a pronounced lytic effect on red and white corpuscles followed by a stimulating action on the haematopoietic organs characterized by the appearance in the circulation of numbers of immature cells. In poisoning by venom of *Crotalus terrificus* the decrease in the number of red cells was much more evident in the first few hours than with *Lachesis* venom the numerical increase of leucocytes on the other hand was more marked and persistent. The venom of *Naja tripudians* was more intensely lytic than either of the others. A delayed polymorphonuclear leucocytosis accompanied gangrene or local abscess formation.

HOLDEN<sup>25</sup> reports on the effects of variations in the concentration of red cells, variations of the hydrogen ion, the presence of trivalent anion and the addition of certain proteins in modifying haemolysis of rabbits erythrocytes by copper-head venom. It was found that certain proteins had an inhibiting effect that haemoglobin accelerated haemolysis and that the hydrogen ion concentration affected the velocity of lytic action.

*The Haemostatic Possibilities of Snake Venom.*—Acting on the suggestion of Professor H. HARTRIDGE in regard to coagulants in certain snake venoms MACFARLANE and BARNETT<sup>26</sup> examined the action of various venoms collected from snakes in the London Zoo on haemophilic blood with the view to the production of a haemostatic agent.

Haemophilic blood was obtained from three donors, and to 10 drops of this was added 1 drop of a 1/1 000 solution of the venoms in a mechanical coagulometer the coagulation time being compared with that of untreated blood. The only genus in which the venoms were consistently coagulant was *Vipera*, and of these *Vipera russalis* yielded the most striking results—thus in 17 seconds it clotted haemophilic blood which took 35 minutes to clot spontaneously. The deleterious effects of other toxic venom constituents were debated out by employing a 1/10,000 solution which provided a clotting time of about 60 seconds—sufficient for all practical purposes—and sterility was ensured by passage through a Berkefeld filter No. 12 bV. The authors state that not enough data have accumulated to allow of definite therapeutic claims, but in both dental and general surgery the solution has been applied with apparent success as a haemostatic in both normal and haemophilic subjects without ill-effects. In genuine haemophilic subjects it has been used most effectively following dental extraction (two cases) to control epistaxis (one case), and to control haemorrhage from wounds (one case). The confirmatory clinical reports will be awaited with great interest.

In a further report on the relative potency of certain snake venoms to coagulate haemophilic blood these authors, BARNETT and MACFAR-

<sup>24</sup> VELLARD (J.) & MIGUELLOTTE VIANNA (M.). Action de l'écoulement ophidique sur les globules sanguins.—C. R. Soc. Biol. 1935. Vol. 118. No. 1 pp. 19-20.

<sup>25</sup> HOLDEN (Henry Francis). Haemolysis by Australian Snake Venoms. 3. Some Factors which influence the Action of the Venoms of the Copperhead.—*Australian J. Experim. Biol. & Med. Sci.* 1934. June 18. Vol. 12. Pt. 2. pp. 55-61. With 5 figs.

<sup>26</sup> MACFARLANE (R. G.) & BARNETT (Bertram). The Haemostatic Possibilities of Snake Venoms.—*Lancet*. 1934. Nov. 3. pp. 965-967.

LAKE<sup>27</sup> point out that the coagulating ferment is present in many more snake venoms than has been supposed. Its presence in Mamba venom and that of the common krait are instanced as examples for here its presence could not have been detected had normal instead of haemophilic blood been utilized in experiments.

*Other Observations on Venoms*—BERNKOPF<sup>28</sup> has studied the effects of formaldehyde on the contraction of the isolated uterus of the guinea pig caused by snake venom but unfortunately the species is not given. The previous addition of formaldehyde to the Ringer Dale solution in which the organ is suspended inhibits the uterine contraction which is normally caused by venom. Renewal of the solution is generally followed by contraction when venom or histamine are added. The author is of the opinion that formaldehyde acts directly on the muscle tissue, and that the delayed contraction of muscle occurs when formaldehyde has been washed out of the bath leaving the venom or histamine free to act. This is contrary to the view of KENDALL who ascribes the antagonism between formaldehyde and histamine to chemical reaction.

NECHKOVITCH<sup>29</sup> injected cobra venom into the mesenteric and ear veins respectively of dogs and invariably found that in passing through the liver much of its toxic action was lost. He suggests this is one of the reasons why cobra venom is ineffective when taken per os.

PRISALIX and PASTEUR<sup>30</sup> investigated the action of shortwave length radiation on the venom of *Vipera aspis*. Its first action was to destroy antigenic properties and to make the venom more toxic. If adequately irradiated, however the toxicity was reduced by  $\frac{1}{2}$  to  $\frac{1}{3}$  the haemorrhagin content of the venom remaining unmodified.

### VIII. Clinical Aspects and Treatment

LOUNSBERRY<sup>31</sup> describes a case of rattlesnake anaphylaxis associated with generalized dermatitis. There was a history of having been bitten by a rattlesnake in 1930 the present bite was caused by *Crotalus molochi*. Immediately following the bite an itchy burning urticarial rash developed fever chill and cold sweating followed. Four hours after injection 10 cc. of antivenene were given subcutaneously and two hours later a similar dose intramuscularly. A widespread dermatitis resulted and later developed into a diffuse erythematous papulovesicular eruption with blebs forming at certain points especially around the site of the bite. In 1930 ZOZAYA and STADRLMAN had reported a

<sup>27</sup> BARNETT (Burgess) & MACFARLANE (R. G.) On the Relative Potency of Certain Snake Venoms to coagulate Haemophilic Blood—Reprinted from *Proc Zool Soc* 1934 Pt. 4 pp 877-878.

<sup>28</sup> BERNKOPF (Hans) Ueber die Wirkung des Formaldehyds auf die durch Schlangengifte hervorruftbare Kontraktion des glatten Muskels.—*Ztschr f Immunopath u Experim. Therap.* 1934 Sept. 18. Vol. 83 No 3/4 pp 197-203

<sup>29</sup> NECHKOVITCH (JL) De l'action anticobraïque du foie—*C R Soc Biol.* 1934 Vol. 115 No. 8. pp 889-890

<sup>30</sup> PRISALIX (Marie) & PASTEUR (Félix) Action des ondes courtes sur le venin de vipère aspic.—*C R Acad Sci* 1934 July 16 Vol. 199 No. 3 pp. 235-237

<sup>31</sup> LOUNSBERRY (C. Ray) Rattlesnake Anaphylaxis associated with a Generalized Dermatitis.—*Arch. Dermat. & Syph.* 1934 May Vol. 29 No. 5 pp. 658-667 (18 refs.)

somewhat similar condition in a man who had been inoculated experimentally with venom from *C. mitchelli* and later had been bitten by a copper-head subsequently he developed a desquamating, eczematous dermatitis whenever he handled dried venom.

FREY<sup>22</sup> reports that 13 cases of bites by the common adder (*Viper berus*) were treated in the Königsberg Hospital in 1833 without any deaths. Such procedures as local incision, sucking the wound and bandaging the limb were deprecated. The only reliable treatment was antivenene (Pasteur Institute E.R.) 10 cc. of this serum were injected intramuscularly into the neighbourhood of the bite, but if dangerous symptoms supervened the dosage was raised to 40 cc. or more and given intravenously in the latter case it is advised to test the patient for hypersensitiveness to horse serum.

GALLI-VALERIO<sup>23</sup> points out that *Vipera aspis* and *Vipera berus*, but not *Vipera ammodytes* are encountered in Switzerland. The venom yield is approximately 30 to 40 mgm. in each instance and the actions of the venoms are identical. Opinions differ however regarding the frequency of lethal effects on man and different authorities are quoted giving variable death rates. In Switzerland from 1817 to 1886 the mortality rate from bites by these vipers was estimated by FÜRST to be 7 per cent. while BRENNING more recently calculated the mortality rate for Europe to be 8.5 per cent. PETITPIERRE<sup>24</sup> reviewed 21 cases of venomous snake bite in Switzerland during the past 50 years. The only fatal case was his own this occurred in a girl aged 10 years who was bitten on the thigh by an adder and brought to hospital about 1½ hours after being bitten. Antivenene could not be obtained from any chemist in the Upper Engadine and though local measures including ligature, cupping and the local injection of 1 per cent. solution of potassium permanganate were employed the child died within 2 days. He advocates ligature above the seat of the bite and the injection of appropriate antivenene as the most suitable treatment. The four antivenenes available in Europe were discussed—Calmette's serum E.R. prepared at the Pasteur Institute from horses immunized with the venoms of *V. berus* and *V. aspis*; Behring serum prepared by immunization with a number of European and non-European venoms, the Vienna anti-bothrops serum prepared with the venom of *Lachesis ferox* which KRAUS has shown to neutralize the venoms of the European vipers, and the Milan serum S.M. made by immunization with the venom of *V. ammodytes*. As only *V. berus* and *V. aspis* are found in Switzerland, PETITPIERRE advocates the use of Calmette's serum.

### IX. Antivenenes.

PEPEU<sup>25</sup> reports his observations on the specificity of three out of these four viperine antivenenes. Mice were used in these experiments

<sup>22</sup> FREY (Sigard). Der Kreuzotterbiss.—*Deut. Med. Woch.* 1934. Feb. 16 Vol. 60 No. 7 pp. 240-242. [13 refs.]

<sup>23</sup> GALLI-VALERIO (B.). Observations sur les mœurs de *Vipera aspis*, L.—*Schweiz. Med. Woch.* 1934. Aug. 18. No. 32. pp. 773-774.

<sup>24</sup> PETITPIERRE (Marco). Ueber Schlangenbissvergiftungen in der Schweiz mit besonderer Berücksichtigung des Engadins, des Puschlavs und des Bergells.—*Schweiz. Med. Woch.* 1934. Apr. 28. No. 17 pp. 373-390. With 7 figs (1 plate). [40 refs.]

<sup>25</sup> PEPEU (F.). Recherches sur la spécificité des sérum anti-ophidiens.—*Boll. Società Ital. Soc. Internaz. di Microbiologia.* Milan. 1934. Oct. Vol. 6. No. 10. pp. 383-387. [13 refs.]

and the venom and antivenene mixture were kept for 1 hour at 37°C before intravenous injection. The conclusions reached were that anti ammodytes and anti-aspis-berus sera neutralized equally all three venoms that anti-bothrops serum neutralized *V ammodytes* and *V lebetina* venoms but only feebly *V aspis* venom and that anti ammodytes serum can be employed in the treatment of snake poisoning produced by all the European vipers and *V libetina* of Asia as well. PEPEU<sup>36</sup> studied the venom of *V ammodytes* to which 0.4 per cent. of formalin had been added and after a variable period of incubation at 38°C. found it was transformed into anatoxin. Dogs were actively immunized with anatoxin prepared from half a gland and subsequently inoculated subcutaneously into the paw or snout at intervals of 15 to 34 days with the venom contained in one gland. Complete protection was found provided the venom was injected subcutaneously, but if given intravenously the animal died.

The keeping properties of antivenenes from 1907 to 1925 have been studied by DO AMARAL, ARANTES and DA FONSECA.<sup>37</sup> They concluded that the precipitate found in antivenenes is composed of pseudo-globulin and does not seem to exert any appreciable influence on their neutralizing activity. Nor does purification of plasma by fractional precipitation of globulin or the hydrogen ion concentration in the ampoules influence its activity after long keeping. Age *per se* is not an apparent cause of inactivity which occurs early during the first few years and then appears to remain stationary. Once this initial depreciation of titre has occurred its potency generally remains stationary for 25 years at about 50 per cent. of its original value.

PRATT JOHNSON<sup>38</sup> describes a method of estimating the haemorrhagin content of viperine venom by observing the effects of venom dilutions inoculated intradermally into the depilated skin of albino guinea-pigs. 0.1 cc. of a series of saline dilutions of dried venom is used and a fairly sharp end point is reached at which no capillary haemorrhage is produced (negative reaction). The smallest dose of venom which in 30 minutes produces a definite bluish black area measuring 5 to 10 mm. in diameter is recorded as the minimal skin dose (m.s.d.) for any particular batch of venom.

By mixing falling dilutions of antivenene with a certain skin test dose of viperine venom and after an interval injecting the mixture intradermally the neutralization point is found. Using this technique it is possible to express the potency of the antivenene in terms of its power to neutralize so many minimal skin doses of viperine venom while the titre of antihæmorrhagin may be observed throughout the course of immunization.

<sup>36</sup> PEPEU (F.) Essais de vaccination expérimentale anti-ophidienne.—*Boll. Società Ital. Soc. Internaz. di Microbiologia* Milan 1934 Oct. Vol. 6 No. 10 pp. 380-382.

<sup>37</sup> DO AMARAL (Afrânio) ARANTES (J. Bernardino) & DA FONSECA (Flávio). De la durée de l'activité des antitoxines et des antivenins.—*Rev. Sud Améri. colne de Méd. et de Chirurg.* Paris 1934 Apr. Vol. 5 No. 4 pp. 209-218. [22 refs.]

<sup>38</sup> PRATT JOHNSON (J.) The Estimation of Haemorrhagin in Venoms by an Intradermal Method and a Potency Test of Antivenomous Serum for Antihæmorrhagin.—*Jl Path. & Bact.* 1934 Nov. Vol. 39 No. 3 pp. 704-706.

GREVAL<sup>20</sup> reviews the production of antivenene in India and describes a technique for concentrating the neutralising factor in the pseudo-globulin fraction. The pseudo-globulin is separated and dialysed after a fractional precipitation of the blood proteins with ammonium sulphate and the dialysate constitutes the concentrated antivenene. The ammonium sulphate method is said to be cheaper, easier and more efficient than the sodium sulphate method recently advocated for use in India by MATRA, NAIDU and ARUJA (this Bulletin, 1933 Vol. 31 p. 104) N. Hamilton Fairley

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Summaries of the German papers were made by Colonel H. J. WALTON.

- <sup>20</sup> GREVAL (S. D. S.). Concentration of Antivenene by the Ammonium Sulphate Method.—*Indian J. Med. Res.* 1934 Oct. Vol. 22, No. 2 pp. 263-271 With 2 figs. on 1 plate.

# TROPICAL DISEASES BULLETIN.

Vol 32.]

1935

[No 6

## TRYPANOCIDAL AND ANTI MALARIAL DRUGS

By T A. HENRY D.Sc. and W H GRAY M.Sc.

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(Received March 27 1935)

It is a counsel of perfection which not even the most enthusiastic of organic chemists would urge to ask medical men to use the systematic, chemical names by which synthetic drugs are described in purely chemical literature. Chemists themselves find these names impossible for daily laboratory use and almost invariably substitute for them such simple designations as a letter or a name, with a serial number e.g. B 117 or Galen 45 and new drugs are even submitted for biological tests and clinical trials under these laboratory abbreviations. When the results of such tests are promising the new drug is usually patented and the patentee generally takes the further protective step of registering for it a trade-mark name. When in due course the patent lapses the manufacture of the drug may be taken up by other people, each of whom may register for it a new trade-mark name for the protection of his particular brand of the product. Should the drug be admitted to the Pharmacopoeia or the British Pharmaceutical Codex, the authorities for these publications will coin a new name which is non-proprietary and available for general use. In these and other ways the present complex synonymy has been built up. The present authors have compiled a list of 21 names coined by official and unofficial efforts in various countries for the drug known officially in this country and the United States as neoarsphenamine. Glossaries of such names are printed from time to time in pharmaceutical publications but as a rule these are confined to well-established drugs and perforce cannot include names of drugs which are still in the experimental stage.

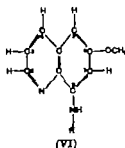
It is not practicable to prepare a complete guide to names of drugs which have been tried in malaria and trypanosomiasis and to which reference may have been made in the literature of these two diseases. In the following paragraphs mention is made only of drugs referred to in reviews, which have appeared in the last 10 years in this *Bulletin* and which in the authors' experience are frequently the subject of enquiry. It should be understood that many of the names given are trade-marks, and that though the essential component may be the same in different brands of a drug it does not necessarily follow that all



statement describes it as "prepared by a special process, combining acridine and quinine derivatives with a derivative of cholic acid" (cf 1933 30, 84 1934 31, 693) Malarcan seems to be a similar product (1935 32, 113)

The mixture of crystalline cinchona alkaloids known as quinetum has been given a definite modern standard by the Malaria Commission of the League of Nations, who have also rendered cinchona febrifuge unnecessary by the introduction of the improved and standardized mixture known as totaquina (1932, 29, 461) Variants and precursors of totaquina in which the bases are converted into sulphates producing a more soluble product are panchina (1929 28, 23) and the cineto No. 1 issued by the Italian State Factory (1932, 29, 712) Where cinchona febrifuge is still used, it is perhaps worth while to remind medical men of the useful standard suggested for this drug by FLETCHER (Notes on the Treatment of Malaria with Alkaloids of Cinchona, London, 1923 p. 3) though it is to be hoped that the recommendation of the Malaria Commission of the League of Nations (*loc. cit.*) that cinchona febrifuge should be replaced by totaquina will be generally acted upon.

**Quinoline Derivatives**—The introduction of beprochin, since renamed plasmoquine, gave an enormous stimulus to the search for new anti-malarials. Although the starting point of the investigation which eventually led to plasmoquine is stated to have been methylene blue plasmoquine has a closer relationship to quinine than to methylene blue. Its constitution was announced officially in 1928 (*Arch. / Schiff's u. Trop. Hyg.*, 1928, 32, 382) as 6-methoxy-8-diethylamino-isopentylaminoquinoline, and a considerable number of similarly-constituted drugs have been synthesized in recent years in this country France and Russia. Those that have been tried clinically are for the most part 6-methoxyquinolines with a dialkylaminoalkylamino-side chain in position 8 (see formula VI) and, as the following table shows, it is the length and nature of this chain which is the principal source of variation.



(VI)

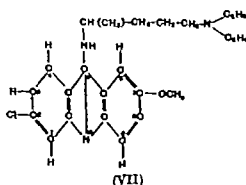
In plasmoquine R =  $-\text{CH}(\text{CH}_3)_2\text{CH}_2\text{CH}_2\text{CH}_2\text{N}(\text{C}_2\text{H}_5)_2$   
In related substances its character is as shown in the table below

Name of Drug	Character of side-chain.
Plasmoquine	$\text{NH}.\text{CH}(\text{CH}_3)_2\text{CH}_2\text{CH}_2\text{CH}_2\text{N}(\text{C}_2\text{H}_5)_2$
Fournau 710 (Rhodoquine)	$\text{NH}.\text{CH}_2\text{CH}_2\text{CH}_2\text{CH}_2\text{N}(\text{C}_2\text{H}_5)_2$ (1932, 28, 348)
Fournau 574	$\text{NH}.\text{CH}_2\text{CH}_2\text{CH}_2\text{N}(\text{CH}_3)_2$ (1933, 30, 849-850)
Fournau 684	$\text{NH}.\text{CH}_2\text{C}(\text{CH}_3)_2\text{CH}_2\text{N}(\text{C}_2\text{H}_5)_2$ (Ann. Inst. Pasteur 1931 46, 537)
Fournau 852	$\text{NH}.\text{CH}_2\text{CH}_2\text{N}(\text{C}_2\text{H}_5)_2$ (1934 31, 175)

The Russian product plasmocide is described by the same chemical name as Fourneau 710 (1934 31, 174 698) Fourneau 852 is also issued with sodium stovarsol as Fourneau 915 or Rhodoquine U (1933 30, 850 1934 31, 432, 433)

*Acridine Derivatives*—A considerable number of reviews in this *Bulletin* deal with peracrina 303 as an anti malarial drug. This product is stated to be a preparation of 2,8-diamino-10-methyl-acridinum chloride which is acriflavine (B P) also known as tryptaflavine and gonacrine. Acridine derivatives are also stated to be present in tebetren and malarcan in admixture with a cinchona alkaloid (*see above*)

The success which attended the insertion of a dialkylamino-alkylamino- side-chain in 6-methoxyquinoline, naturally led to the examination of the results of such insertions in other heterocyclic nuclei, and from this arose atebirin, which is 2-chloro-5-diethylamino-isopentylamino-7 methoxyacridine (MAUSS and MIETZSCH *Klin Woch* 1933 12, 1276). Atebrin therefore contains the same side-chain as plasmoquine with the 6-methoxyquinoline nucleus of the latter replaced by a 2-chloro-7-methoxyacridine nucleus (formula VII). The constitutional name assigned to quinacrine (1934 31, 698) is identical with that of atebirin.



*Names of Substances mentioned*

Name of Substance	Page	Name of Substance	Page
Acetasol	386	Fourneau 664	388
Acetasone	386	710	388
Acetylarsan	386	852	388
Acriflavine	389	915	389
Antrypol	387	Germanin	387
Arasmin	386	Glyphénarsine	386
Arsphenamine	387	Gonacrine	389
Atebrin	389	Kharophen	386
Atoxyl	386	Kharosulphan	387
Bayer 205	387	Malarcan	388
Beprochin	388	Metarsenobillon	387
Chingto No 1	388	Moranyl	387
Ehrlich 914	387	Myosalvarsan	387
Etharsanol	386	Naganol	387
Formyphénarsine	386	Neosarsaminol	387
Fourneau 270	386	Neosarsphenolamine	387
309	387	Neosarsphenamine	387
574	388	Neokharminan	387

Name of Substance.	Page	Name of Substance.	Page
Neosalvarsan	337	Rhodoquine U	339
Novarsan	337		
Novarsenobenrene	337	Salvarsan	336
Novarsenobenrol	337	Soamin	336
Novarsenobillon	336	Sodium aminarsenate	336
Novatocryl	337	Sodium arseniurate	336
Novostab	338	Spirocid	336
		Stovarsol	337
Orarsan	338	Sulfarsenol	337
Orsanne	336	Sulpharsphenamine	337
Osvarsan	338	Sulphostab	337
Panchma	338		
Peracina 303	338	Tebetren	337
Plasmocide	338	Totaquina	336
Plasmoquine.	336	Tréparsol	336
Proparsinol	339	Troposan	339
Qumacrino	338	Trypafavine	336
Quinetum	336	Trypanamide	336
Quinine-troposan	336	Trypanone	336
Quinlostovarsol	337	Trypanaryl	336
Rhodarsan	338	Trypotan	336
Rhodoquine		Trypoxyl	336

## MALARIA

GREEN (Richard) Lectures on the Development and Use of the Synthetic Anti-Malarial Drugs.—*Bull Inst Med Res Federated Malay States* 1934 No 2 pp iv+50 With 7 figs. [39 refs.]

A useful paper on the history and efficiency of these drugs. Fewer recrudescences occur after atebirin than after quinine.

About 80 years ago a search was begun for a synthetic substitute for quinine, and, in 1856 while PERKIN was engaged in this work he accidentally discovered the first of the coal tar dyes. Eleven or twelve years ago research on the problem of evolving a synthetic drug for malaria was in general, mainly a matter of (1) Trying to build up the molecule of quinine by synthetic means, (2) Modifying the structure of EMBLICH's anti-syphilitic arsenicals so that they would destroy not only the benign tertian parasite but the subtertian and quartan parasites as well. (3) Modifying the structure of methylene blue so that its action on the quartan parasite would be stronger and so that it would also be effective against the benign tertian and subtertian parasites. Attempts to build up the molecule of quinine continued to fail. Stovarsol was evolved as a spirocidal drug but was found also to be effective in benign tertian malaria when given by the mouth. It had to be combined with quinine for treating subtertian and quartan malaria. Thousands of different compounds were evolved. Fortunately the malaria of birds gave some indication of the antimalarial efficacy of these drugs and the technique evolved by ROEHL at Elberfeld paved the way for the discovery of plasmoquine and atebirin.

Starting with the observation that methylene blue has some anti-malarial action SCHULZMANN and his colleagues replaced one of the short dimethylamino-side chains,  $N(CH_3)_2$ , of this dye-stuff by the longer chain  $N(CH_3)CH_2CH_2N(C_2H_5)_2$ , thus enhancing the anti-malarial action. It was an obvious step to repeat the experiment with the quinoline, instead of the methylene blue nucleus and after that to try the effect of changes in the position length and character of this substituent the part of the research which led to plasmoquine (see figure VI HENRY and GRAY's article p 388) and, this point being settled to try the selected substituent in other heterocyclic nuclei including acridine which led eventually to atebirin (see figure VII p 389).

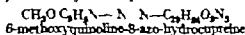
It soon became established that plasmoquine had little or no action on the rings and schizonts of subtertian and next a reversion was made to a triple ring system instead of the double ring system of the quinoline nucleus. The triple ring system however which was finally used was that of acridine instead of methylene blue and atebirin was the result. It is said that the widening of the ring system in atebirin was aimed at with the object of getting rid of the toxic properties associated with the quinoline nucleus.

The ring system is similar in quinine and plasmoquine—each drug has a quinoline nucleus—although it will be noted that the ring system (or quinoline nucleus) of plasmoquine has undergone as it were a complete turn through half a circle prior to being linked up. In atebirin the ring system is different, atebirin has an acridine nucleus. The basic side-chains of plasmoquine and atebirin are identical, that of quinine is distinct and highly complex.

FOURNEAU and his colleagues have produced a large series of compounds of which about 40 have some effect upon the malaria of birds. Certain of these compounds were selected for tests on man for example Fourneau 710 574 852 and 915 (see HEXLEY and GRAY's article pp. 330 389, 399). Both 710 and 574 act like plasmoquine they have all its defects and are somewhat less effective as regards their action on the benign tertian and quartan parasites. Fourneau 852 is said to be less toxic and to be active against all forms of malarial parasites. Fourneau 710 is easier to prepare than plasmoquine.

Russian chemists have produced a compound which they call "Plasmoicide" or "Antimalarene B". It acts like plasmoquine. English workers have recently evolved a number of new quinoline compounds. As judged from tests on birds the results with two of them are regarded as encouraging but they seem likely to produce methaemoglobinæmia, as plasmoquine does.

The quinine derivative (C.77) prepared experimentally by Professor GIEMSA is a red azo-dye made by coupling hydrocupreine (hydroquinone is the methyl ether of hydrocupreine, just as quinine is the methyl ether of cupreine) with diazotised 6-methoxy-8-amino-quinoline and may be represented by the simple linear formula —



The author has treated 21 cases with it. It appeared to act like quinine on the parasites of subtertian and quartan malaria, but to be definitely inferior in benign tertian. It was free from such side effects as deafness, tinnitus, etc. The dose given was about 9 grains daily for 7 days.

Totaquina, tebetren and esanolele, are dealt with under the section of "Drugs containing quinine". "Clinically totaquina is slightly less efficacious than quinine but could replace it in many circumstances. Tebetren is said to consist of a mixture of hydroquinone acriflavine and bile salts. The author writes "Tebetren is five times more costly than quinine and is no better than quinine in its effect on relapses."

I have been unable to find any reasons on the grounds of increased efficiency or lessened toxicity for substituting such an expensive drug for quinine or atabrin. Esanolele is widely advertised as a specific for malaria. The composition of each pill is said to be as follows: Quinine bisulphate gr 1/3, Arsenious acid gr 1/100, Citrate of iron gr 2/5. The danger lies in esanolele being accepted as a remedy for acute attacks, while it is really a pill for use in convalescence.

As regards the use of plasmoquine as a means of reducing the transmission of malaria, the author writes — "It will be noted that the only known successes have been achieved when the whole population has been under regular and continuous plasmoquine treatment, also that any good results have been lost within a short time after such regular treatment of the whole population has ceased. It would seem that anti-gametocyte measures should remain subordinate to anti-larval measures until it can be shown that, in the particular circumstances, better results can be achieved more conveniently with similar certainty and at less cost by the use of synthetic drugs. How to combine the two measures successfully would appear to be a matter entirely for local judgment in each case."

"Atabrin," he writes, "is the first available drug which can be used in giving effective mass treatments to a large working population, because

it can be given in curative doses at one daily muster and does not interfere with working efficiency as quinine does when given in curative doses. A small but certain proportion of patients under treatment with atabrin have shown (a) *Unpleasant by-effects* consisting of (1) mild headache (2) Mild abdominal pains (3) Yellowish discoloration of the skin or whites of the eyes. Such symptoms or signs have occurred in about 2 per cent of patients under my care. Some of these patients however were given larger doses or longer courses, of the drug than usual. (b) *Taric symptoms*. Under this heading are included (1) Severe and persistent headache (2) Severe abdominal pains (3) So-called cerebral excitation. Such symptoms have occurred in about 1 per cent of my patients some of whom again were given larger doses or longer courses of the drug than usual. The term cerebral excitation requires some further explanation. Briefly it consists of an excited mental state lasting sometimes about 24 hours or longer. Such a condition occurred in two of my patients both of whom were treated for severe sub-tertian malaria with atabrin for a period of 7 days. One case will be described. Treatment with atabrin, 3 tablets daily was continued for 7 days. He entered upon a curious phase. 6 days after the course had ended sang and danced in the ward appeared to find the greatest amusement in everything going on round him laughed frequently without apparent cause and appeared to be in a generally hilarious state. He remained like this for about 24 hours and settled down during the following day said he felt as if he had been drunk.

Dr Green considers that before forming any opinion on the use of *Atabrin* as a *Clinical Prophylactic* it would be necessary to have the results of prolonged and well conducted experiments. He does not think that it would be safe to give sub-curative doses of atabrin say 0.1 gram daily over long periods because of possible cumulative effects. In connexion with the *Prevention of Relapses by Atabrin* he treated 63 cases with 3 tablets of atabrin daily for seven days and observed them for a subsequent period of 27 days. 3 cases or 4 per cent. relapsed. A control series of 53 cases was treated with 30 grains of quinine daily for 7 days. They were then observed for an average period of 18 days only and 20 cases or 38 per cent. relapsed. The vast majority of patients in the tropics are available for treatment for short periods only (usually not more than 7 days) *W Fletcher*

UNION OF SOUTH AFRICA. ANNUAL REPORT OF THE DEPARTMENT OF PUBLIC HEALTH YEAR ENDED 30TH JUNE 1934 [Malaria pp 45-58.]

The principal anti-malaria measure adopted is the killing of adult mosquitoes in dwellings by means of a spray

The 1933-4 season was exceptionally wet warm weather persisted a month over time into May breeding of *A. gambiae* occurred on a large scale cases of fever appeared over a wide area and there were some cases of blackwater fever. The proportion of deaths was much lower than in the past and this is attributed to the fact that the whole population is gaining knowledge of malaria control and is turning its attention to preventive measures on an organized basis in addition to fighting the disease by immediate treatment as soon as it occurs. Killing adult mosquitoes in dwellings by spraying is the chief method of control. Mosquitoes are easily destroyed in the typical Zulu beehive hut which is usually smoke laden. The insecticide used is Pyagra, which is diluted 1 in 17 with paraffin and applied by means of a spray pump. General larval control is impracticable in most native reserves

but there is hope of solving the malaria problem by supervised spraying, with or without limited larval control. Malaria is endemic in some of the reserves, and the natives have acquired a certain degree of immunity which makes them of special value for work on sugar estates where conditions are unsuitable for non-immune labour. Following the advice of Professor SWELLENGREBEL, no anti-malaria work is being attempted in those reserves with an immune population. Elsewhere, a great deal of propaganda has been carried on—at first the people were suspicious, or even hostile until the effects of treatment were noted. It has been shown that anti-malaria control is perfectly feasible in a native area, always provided that it has had a sharp epidemic as a preliminary and that methods of control are introduced tactfully. The mass of the population takes tablet quinine. There has been opposition instigated by native herbalists, but now most of them sell quinine themselves under some disguise or other. One of them pointed out to his customers that whereas the Government supplies were undoubtedly suited to white people because they had white skins, his medicine had a black spot without which the tablets were useless for natives. He had bored a hole in each tablet and filled it with a mixture of soot and fat. 17 F

ANNEXURE (S.) Malaria Control in the Transvaal.—*South African Med. J.* 1933. Jan. 12. Vol. 9. No. 1 pp. 3-7

This deals with *gambiae*-malaria and *funestus*-malaria. The people need food rather than advice.

Control of malaria along modern lines has been established only recently in this province, more especially since the receipt of a report to the government by Dr SWELLENGREBEL. There are two main vectors, (1) *A. gambiae* the puddle-breeder breeds in shallow depressions in the ground which are clear of vegetation and exposed to sunlight. It spreads with rainfall. The malaria of the Bushveld is *gambiae*-malaria. (2) *A. funestus* breeds at the edges of streams or rivers, where shade is plentiful and the current is slow. The malaria of the Lowveld is *funestus*-malaria. In *gambiae* areas antilarval work is put first, because the puddles can be dealt with by draining, filling, or oiling with waste engine-oil to which a little paraffin has been added. In *funestus* areas, antilarval work is hopelessly impossible from a financial point of view. In these places anti-adult measures such as screening and insecticides must be adopted. "The difficult times through which farmers have passed have left in their wake a mass of people who though not actually starving, are in very straitened financial circumstances. We teach prevention, and in many homes there is not the wherewithal to buy the daily mealy meal, let alone think about prevention of malaria. Proper feeding is most important in fighting the continual ravages of recurring malaria. The author has a staff of health visitors who visit the homes and give instruction in diet, domestic hygiene and child-welfare. He has drawn up a standard antimalarial treatment which is being adopted by district surgeons, and by practitioners in malarious areas. The control unit of the Department of Public Health does not act executively—it spends no money in the control of malaria, but visits the farms, gives advice and makes inquiries. 17 F

ANNING (C. C. P) *Meteorological Factors in the Incidence of Malaria in Pietermaritzburg*—*South African Med J* 1934 Dec. 8. Vol. 8. No 23 pp 875-878. With 3 charts.

Malaria has spread to Pietermaritzburg which was free from it until about 6 years ago

The author discusses the possible causes of the spread of malaria from the coast to Pietermaritzburg. The town lies about 50 miles inland at an elevation of 2,100 ft. above sea-level in a valley surrounded by hills. Several cases of malaria are said to have occurred in 1906 but the evidence is unreliable. No further case infected within the borough was reported until 1929 when a few cases occurred in the eastern side of the town nearest to the coast. There is no record of the number of infections in 1930 and 1931 because notification was not in force, but between January and May 1932 at least 1,500 new infections occurred. The deaths due to malaria among borough residents were — 1929 nil 1930 3 1931 20 1932 105 1933 25. Extensive drainage and anti-larval and anti mosquito measures were undertaken in 1933 to these to a large extent is ascribed the marked reduction in the number of infections during the 1933 season. The vector is *A. costalis* and the principal breeding places have been in muddy water exposed to the sun. It is difficult to understand why malaria has spread to the healthy town from the coast where it is endemic. The author writes —

How far the gradual reduction in total rainfall, associated with an increase during March (the centre of the breeding season) together with a fall in the mean daily temperature during the breeding months of January-April, and a fall in the relative humidity figures for the same period has made more easy the settlement of *A. costalis* in Pietermaritzburg I cannot assess. The incrimination of road and rail transport as regards the importation of *A. costalis* into Maritzburg rests upon unproven accusations.

W F

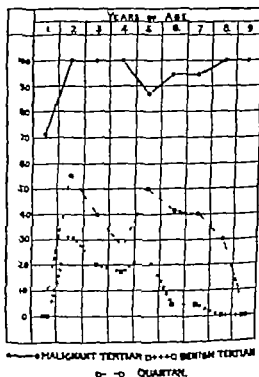
THOMSON (J Gordon) *Malaria in Nyasaland*.—*Proc Roy Soc Med* 1935 Feb Vol 28. No. 4 pp. 391-403 (Sect. Trop. Dis. & Parasit. pp. 11-23) With 4 charts. [35 refs.]

*A. gambiae* is a more important vector than *A. funestus*. Inherited immunity and tolerance exist among natives. Little illness is caused by infection in older children and adults but many infants die. Prophylactic quinine should be taken by Europeans.

The chief vectors of malaria in Nyasaland are *A. gambiae* and *A. funestus*. The months of June July and August are practically rainless. *A. gambiae* disappears and though *A. funestus* is plentiful there is very little malaria. The rains begin in October swarms of *A. gambiae* appear malaria increases rapidly and, later on cases of black water fever occur. There have been 157 cases of blackwater in 23 years with a case mortality of 30 per cent. The cases occur outside the areas controlled by European communities principally among people who neglect to take precautions and neither protect themselves from the onslaught of mosquitoes, nor take quinine as it should be taken. An examination of 103 children made once a month for a whole year showed that some were much more susceptible than others. Four of the children remained consistently negative. This varied resistance in children under 10 years seems to indicate that certain individuals have an inherited tolerance it has been estimated that only 10 per



cent. live to the age of 6 years\* and possibly it is to a large extent those with inherited tolerance who reach adult age. *P. falciparum* was present in 96 of the 99 infected children *P. malariae* in 35 and *P. vivax* in 9. During the height of the malaria season native children up to the age of 2 years frequently have as many as 3 or 4 parasites to one red cell, and many of them die from convulsions. Tolerance is soon developed, and, except in very young children, malaria causes little illness. The children seen in this survey showed few manifestations of malaria and all those who were old enough to walk could run about as if they were perfectly healthy although they had parasites in their blood. No cases of congenital infection were seen, and the author concludes that malaria contracted *in utero* is a rarity. The phagocytic picture exhibited by placental smears affords a remarkable demonstration of the active part played by the large mononuclear macrophages and the polymorphonuclear leucocytes as controlling factors modifying the course of the infection." *P. vivax* infections decrease as age increases, and show the most rapid fall. This is followed by a drop in quartan, but *P. falciparum* persists till at least 8 years of age, without showing any fall in the numbers infected, see Chart. Gametocytes are most numerous in children who are 2 or 3 years old,



Percentage of children infected, according to age. (Based on monthly examinations of a group of 103 native children in Nyasaland throughout the year)

[Reproduced from the Proceedings of the Royal Society of Medicine.]

This ninefold decimation of young children is almost Herodian. The Annual Report (1932) gives the estimated death-rate as about 400 per 1,000 live births, up to the age of 6 years, which is surely high enough. [See this Bulletin 1933 Supp. p. 57.]

and they decrease as the children become older. The gradual development of resistance to infection is also shown by the fall in the spleen rate between the ages of 5 and 10 years.

A dose of 5 grains of quinine should be taken with absolute regularity by Europeans as a prophylactic wherever malaria is hyperendemic, the population scattered and protection from malaria difficult. Mon sieigneur Guillemin published his experiences of blackwater fever in the Nyasaland Times in 1934. The White Fathers began to establish Central African Missions in 1878 and during the succeeding 28 years 200 of them died from blackwater. During the last 28 years they have taken prophylactic quinine, and none of them has died from blackwater. W F

FOLEY (H.) & PARROT (L.) L'assainissement de l'oasis d'El Golea. La question du paludisme. [The Sanitation of the Oasis of El Golea.]—Arch. Inst Pasteur d'Algérie 1934 Dec Vol. 12, No 4 pp. 471-484 With 6 figs. on 3 plates & 1 plan

The sinking of numerous artesian wells has led to the formation of lakes and swamps which give rise to malaria.

The oasis of El Golea is one of the most beautiful in the Algerian Sahara. It was healthy when it was first occupied by the French in 1891 but malaria followed the introduction of irrigation and in the year following the sinking of artesian wells there were 68 cases in 1907 there were 500 cases in 1927 there was an epidemic of subtertian. A survey made by the authors showed that the disease was not very intense at the present time, but that there were numerous marshes and lakes in which the larvae of *A. multicolor* and *A. sergenti* were breeding. They consider that oiling the introduction of larvivorous fish and the like would be of little use. What is needed is the supervision and regulation of irrigation and the provision of efficient drainage to carry off the water. W F

EGYPTIAN GOVERNMENT Anti-Malaria Commission. Report No 9 of the Anti-Malaria Commission for the Fiscal Year 1932-1933.—8 pp With 4 folding plans 1934 Cairo Govt. Press, Bulâq [P T 5]

Gives the number of cases of malaria reported in Cairo and other towns.

The Ministry of Finance granted L.E 10 000 for anti malaria work during 1932-33. The amount spent was L.E.8 118 and this report shows how the sum was distributed among the different towns and villages. In a village near Cairo where three swamps were filled the contractor obtained the necessary earth from borrow pits. The Main-drainage Department placed the amount due to him in suspense account pending the filling in of these borrow-pits. Nearly 200,000 larvivorous fish (*Bolti*, *Cyprinodon* *Gambusia*) were distributed in swamps and water channels. The number of cases of malaria reported to the Public Health Administration during the year 1932, was 1,343 with 23 deaths. Sixty two cases with no deaths, were reported from Cairo 232 cases, 2 deaths from Alexandria 38 cases 7 deaths from Ismailia 15 cases, no deaths, from Port Said 89 cases 2 deaths from Suez. W F

KHALIL Bey (M.) *Combatting Mosquitoes and Malaria in Alexandria and its Environments*. (A Report to H.E. the Undersecretary of State for Public Health.)—*Jl Egyptian Med Assoc.* 1934. Dec. Vol. 17 No. 12 pp. 843-858.

The incidence of malaria in Alexandria during the last four years was as follows—1931 88 cases 1932, 282 1933 303 first half of 1934, 143. "Antimalaria projects are not welcomed by administrators administrators prefer the erection of edifices such as a club, a hospital, a museum or a road like the Corniche or a public garden, because such projects are always before the public eye. Malaria can be controlled with success in Alexandria if the necessary means are available.

W F

KNOWLES (R.) & BASU (B. C.) *Mosquito Prevalence and Mosquito-borne Diseases in Calcutta City*—*Records of the Malaria Survey of India*. 1934 Sept Vol. 4 No. 3 pp. 291-318. With 11 charts & 1 fig [38 refs.]

Malaria in Calcutta is attributed to the poor water supply

The authors give in this paper the results of observations carried out in an area, one square mile in extent, around the School of Tropical Medicine in the centre of Calcutta. Malaria is not apparently a very serious danger to Calcutta City, but we have already one virulent mosquito carrier—*Anopheles stephensi*—breeding in almost every other water storage receptacle in the city together with the recent introduction of a second, and even more virulent carrier *Anopheles nodulosus* (*A. ludlowi*). The future is quite uncertain. "*A. stephensi* breeds for the most part, in vessels which are used for storing water. *Aedes aegypti* the carrier of dengue, and *Culex fatigans* the carrier of filariasis, breed in the same places as *A. stephensi*. The low pressure and intermittent character of the water supply are responsible for the prevalence of mosquito-borne diseases in Calcutta. The remedy is the provision of a continuous water supply at high pressure. A figure given in the text shows 21 different kinds of receptacles in which *A. stephensi* was found.

W F

BASU (B. C.) *A Brief Survey of Malaria and Anopheles Fauna in Patna*.—Reprinted from *Patna Jl. of Med.* 1933. July Vol. 2 No. 3. pp. 152-160. With 5 figs.

An increase of malaria due to interference with drainage.

Patna is the capital of Bihar and Orissa. It extends for 15 miles along a narrow strip of land, about a mile wide, compressed between the Ganges on the north and the East Indian Railway line on the south. The malaria curve almost coincides with that of the rainfall: it rises in the spring, reaches its maximum in August, and then falls. The principal carriers of malaria are (1) *A. caducifacies* which breeds in the railway ditches and in the borrow pits of brickfields, and (2) *A. fatigans* which breeds in the lakes, ponds and ditches. The prevailing type of malaria is subtertian. *A. stephensi* was not found, although there are innumerable wells and water receptacles because only a part of the town is provided with a water supply and even that is latermittent. The town slopes away from the river and the drainage runs into a swamp on the south of the railway when the Ganges is in flood.

a large part of the town lies below its level. In former days, the swamp drained into the river the author implies that since this drainage has been blocked, there has been an increase of malaria and a decrease in the population. W F

COVELL (G) & BAILY (J D) *Malaria in Sind. Part XII. A Note on Malaria in a Water-Logged Area in Khairpur State.*—*Records of the Malaria Survey of India* 1934 Sept. Vol. 4 No 3 pp 327-341

Increase of malaria attributed to waterlogging due to irrigation by the Lloyd Barrage.

The south-eastern portion of the State is part of a great desert supporting a scrubby vegetation which affords grazing to camels. The north-western part is very fertile where it is irrigated. The average rainfall for the last 13 years is less than 4 inches. The climate is cold in winter when severe frosts are not unknown but in summer it is very hot and the thermometer may rise to 120 F. As the result of seepage from the great new Rohri Canal a considerable area in Khairpur State became completely waterlogged almost immediately after the opening of the Lloyd Barrage in 1932. A survey made in December 1933 showed that the spleen-rate in 14 water logged villages was 86 per cent. In 11 which were not water logged it was 63 per cent. A remarkable feature of the survey was the great preponderance of *A. stephensi* over the other species of anophelines captured. The authors consider that the great rise in the subsoil water following the Barrage has been the direct cause of the increase of malaria. W F

NURSING (D) RAO (B A.) & SWEET (W C.) *Notes on Malaria in Mysore State. Part VII. The Anopheline Transmitters of Malaria.*—*Records of the Malaria Survey of India* 1934 Sept. Vol. 4 No 3 pp. 243-251

Anopheles were caught in an endemic area in houses and cattle sheds, and in a tent with a human bait. They were caught in one district during an epidemic. The authors conclude that *A. culicifacies* and *A. fluviatilis* are the important carriers in the rural areas of Mysore. The former appears to use habitations as a daytime resting place, the latter prefers other situations. In the endemic area, the oöcyst rate of *A. culicifacies* was 2.5 and the sporozoite rate 0.2 per cent. the corresponding rates for *A. fluviatilis* were 2.4 and 0.8 per cent. In the epidemic area infections were found in *A. culicifacies* only the rates being 2.3 per cent. for oöcysts, and 1.0 per cent. for sporozoites. W F

CLEMESHA (W W) *Brief Account of the Natural History of Malaria in Ceylon.*—*Ceylon JI Sci* (Sect. D Med. Sci.) 1934 Dec. 8. Vol. 3 Pt. 3 pp 157-172. With 2 graphs (1 folding)

Malaria in Ceylon occurs at the end of the dry season. When there is plenty of rain there is little malaria.

There is only one carrier in Ceylon *A. culicifacies*. Other anopheles occur which are important vectors in other countries, for example *A. maculatus* and *A. funestus* but here they do not bite man. *A. culicifacies* breeds in shallow pools and puddles in the beds of streams when

contains many interesting facts and expressions of the authors' opinions.

Malaria is serious and widespread in the Philippines—one may safely estimate that it kills from 10 000 to 20 000 Filipinos annually. There are probably two million cases a year throughout the islands, but in the cities of Manila, Cebu and Iloilo there is little or no malaria. There are only two carriers, and both of them breed in running water—they are—*A. minimus* var. *flavirostris* and *A. maculipes*. The small streams at the foot hills are the home of these mosquitoes—the low lands, and the highlands above 2,000 feet, are not malarious.

Relatively few of the Filipinos can afford suitable treatment with quinine, but recent co-operative studies by the Bureau of Science, Forestry and Prisons, together with the Rockefeller Foundation, have shown that an excellent totaquina could be made in the Philippines to sell at about one-seventh of the price of quinine and yet to yield good profits to the grower, the manufacturer and the retailer. "There is a potential market in the Philippines alone for some 33 tons of this totaquina annually, without competing at all with the quinine and synthetic products now imported. Totaquina is less bitter than quinine, has no bad effects and is equally efficacious. Totaquina would meet the need for an effective but much cheaper remedy. Furthermore, there would be a market for this totaquina in South China and it is possible in the United States." R F

RUSSELL (Paul F) Malaria and Anopheles Reconnaissance in the Philippines, II.—*Philippine J. Sci.* 1934 May Vol. 51 No. 1 pp. 43-59 With 2 figs. on 1 plate.

Extended observations have confirmed the authors' conclusions published in an earlier paper (this Bulletin Vol. 30 p. 462). A list is given of 27 species of anophelines found in the Philippines. *A. minimus* var. *flavirostris* and *A. barbirostris* are the most common. *A. barbirostris* has never been found infected, but *A. minimus* is the most important carrier in the country. The *funestus-minimus* subgroup has been greatly confused in the past—it seems likely that *A. minimus* var. *flavirostris* has included *A. funestus*, *A. minimus*, *A. filipinus* and *A. mangrovei*. *A. littoralis* King ("salt water *ludlowi*") and *A. ludlowi* Theobald ("fresh-water *ludlowi*") are not associated with malaria in the Philippines. It appears that certain larvae which were hitherto called *A. ambrosus* are really *A. barbirostris* Gater. Malaria is widespread throughout the Philippine Archipelago—it is primarily a disease of the foothill regions, being found wherever there are streams containing larvae of *A. minimus*. The littoral when flat, the inland plains, and the mountains above 2,000 feet are not malarious. R F

RUSSELL (Paul F) The Small Spleen in Malaria Surveys.—*Amer. J. Trop. Med.* 1935 Jan. Vol. 15, No. 1 pp. 11-32 With 1 fig. [20 refs.]

A splenic index of over 5 per cent. denotes malaria.

Not more than 5 per cent. of children in non-malarious areas, have a "palpable-on-inspiration spleen." In the author's experience 45.5 per cent. of the children with such spleens have parasites in their blood—he finds that the more malarious a community the more numerous are the p-o-i spleens. An incidence of over 5 per cent. suggests either

(1) A community malarious at the time of examination in which case the total spleen index will be in excess of 10 per cent. (2) A community where malaria has occurred but where no transmission is taking place at present. In this case the index will be between 5 and 10 (3) A non-malarious community into which children have recently come from a malarious district. Tuberculosis does not enlarge the spleen sufficiently to vitiate the index. About 15 per cent. of scarlet fever cases have a residual palpable spleen which may last for several years.

W F

TREILLARD (M) Une modalité de la zoophilie anophélienne en Indochine méridionale *Neocellia fuliginosa* à la station d'altitude de Dalat (Annam) Points de vue biologique et antipaludique [*Anopheline Zoophilism in Southern Indochina.*]-*Bull Soc Path Exot* 1934 Oct. 10 Vol. 27 No 8. pp 754-756 With 4 figs. on 2 plates.

The author has studied the habits of *Neocellia fuliginosa* at the hill-station of Dalat in Annam. The inhabitants stop up every cranny in the walls of their houses at night because of the cold, but the cattle sheds which surround these houses are not built so carefully nor are they hermetically sealed at night. Large numbers of *N. fuliginosa* are found in the cattle sheds but none are found in the houses. This mosquito is a carrier in Burma the Dutch Indies and British Malaya the author has infected it experimentally in Annam but here it appears to have been deviated from man and to feed on animals. He considers it important that the existing equilibrium should be maintained by keeping animals in the neighbourhood of human dwelling places. He has found *N. fuliginosa* in some new barracks, where there were no stables in the vicinity

W F

GASCHEN (H.) Infection naturelle de *Anopheles hyrcanus* var *sinensis* (Wied 1928) et la transmission du paludisme au Tonkin [Natural Infection of *Anopheles hyrcanus* var *sinensis* in Tonking]-*Bull Soc Méd-Chirurg Indochine* 1934 June-July Vol. 12 No 6 pp 554-557 With 1 fig [12 refs.]

*A. sinensis* is an important carrier in some countries such as the Dutch East Indies while in others—British India for example—it has never been found infective. The author reports the sporozoite infection of a specimen caught in Tonking. He suggests that there may be different races of *A. sinensis* some of which carry malaria and others which do not

W F

GALLIARD (H) & SAUTET (J) *Anopheles sacharovi* Favr (*clutus* Edw) et *A. maculipennis* var *labranchiae* dans leurs rapports avec le paludisme en Corse. [*Anopheles sacharovi* Favr (*clutus* Edw), and *A. maculipennis* var *labranchiae* in Relation to the Malaria of Corsica.]-*Bull Soc Path. Exot.* 1934 Nov 14 Vol. 27 No. 9 pp 855-857

No answer has been found to the question why some places on the coast of Corsica are so malarious and why others are healthy

*A. clutus* is present in large numbers all along the coast and it is also found in certain spots some kilometres from the sea. *A. maculipennis* (n)

*labranchiae* is present in equal numbers in these places, and is also found in the valleys which run up into the hills. *A. maculipennis* var. *mesiae* and var. *melanocephala* are also present in small numbers.

The authors attempted to discover if the prevalence of malaria in certain districts was dependent upon the presence of certain varieties of *A. maculipennis*. No such relation appeared to exist: the anopheline fauna of places where malaria was severe was the same and as numerous as that of many other places which were healthy. The conditions as regards cattle were apparently identical in malarious and in healthy places. The answer to the question has not yet been found.

W F

BOYD (Mark F.) & STRATMAN THOMAS (Warren K.) The Comparative Susceptibility of *Anopheles quadrimaculatus* Say and *Anopheles crucians* Wied. (Inland Variety) to the Parasites of Human Malaria.—*Amer. J. Hyg.* 1934 July Vol. 30. No. 1. pp. 247-257

*A. quadrimaculatus* is the more susceptible to infection. *A. crucians* is relatively unimportant.

Both species are widely distributed in Florida, but while about 1 per cent. of *A. quadrimaculatus* has been found infected in nature, and in one instance nearly 4 per cent., the rate for *A. crucians* is only 0.2 per cent. The authors found that while *A. quadrimaculatus* fed greedily on man, *A. crucians* could only with difficulty be induced to do so. Both species were infected when they were fed on patients whose blood contained large numbers of benign tertian or subtertian gametocytes, but when these were scanty only *A. quadrimaculatus* was infected. In quartan cases, nearly one-fourth of the *A. quadrimaculatus* became infected, but none of the *A. crucians*.

W F

PECORI (G.) & ESCALAR (G.) Relazione sulla campagna antimalarica nell' Agro Romano durante l'anno 1933 [The Antimalarial Campaign in the Agro Romano in 1933].—*Riv. di Malariologia*. Sez. I. 1934 Vol. 13. No. 5. pp. 623-668. With 2 graphs & 1 map. English summary.

Malaria was much less severe in 1933 than in previous years. The inhabitants of the controlled area numbered 74,595. The malaria morbidity was 1.98 per cent. Only one death from malaria and one from blackwater occurred during the year. The splenic index of 7,299 school children was 4.6 per cent. The parasite index was 0.67 per cent. "A part of the Roman Suburbs and the Agro had been annexed to the territory of Rome City and with a Royal Decree (8th May 1933) the entire Suburbs of Rome and the 'Lido' with Castel Fusano Park were declared free from malaria."

W F

BOYD (Mark F.) STRATMAN THOMAS (Warren K.) & MUECHER (Hugo). Studies on Benign Tertian Malaria. 8. On Heterologous Tolerance.—*Amer. J. Hyg.* 1934 Sept Vol. 20. No. 2. pp. 482-487

An attack of malaria establishes some degree of tolerance of infections with heterologous strains. This tolerance is not sufficiently great to deal with a heterologous strain as efficiently as it can with the homologous strain, but it is capable nevertheless of diminishing the severity

of the heterologous illness. The authors reached this conclusion as the result of observations made on two groups of persons submitted to therapeutic inoculation with malaria. The first group contained people who had previously suffered from malaria, the second group contained people who had not. In the first group the incubation period was longer the fever was lower and the loss of haemoglobin (from the beginning to the end of a 30-day period) was less. The same held good in a small group inoculated first with one strain and then with another after they had recovered from the effects of the first

W F

BOYD (Mark F) & STRATMAN THOMAS (Warren K.) Studies on Benign Tertian Malaria. 7 Some Observations on Inoculation and Onset —*Amer Jl Hyg* 1934 Sept Vol. 20 No 2. pp 488-495

SCHAUDINN's statement that sporozoites enter erythrocytes is disputed.

Excision of the bite a few minutes after the application of an infected mosquito did not prevent infection and the authors conclude that sporozoites must therefore be injected directly into the blood-stream

Sporozoites can gain access to the blood vessels by penetrating the tissue as was shown by applying infected mosquitoes to a blister raised by cantharides.

SCHAUDINN stated that he had observed the entry of sporozoites into erythrocytes, and their transformation into trophozoites. This observation has never been confirmed. A patient B under the authors care was bitten by 15 heavily infected mosquitoes on the same day and on each of the succeeding 9 days 10 cc. of his blood was inoculated into a series of susceptible persons. None of the series inoculated before the 9th day became infected those inoculated on the 9th 10th and 11th days became infected and parasites appeared in the blood of patient B himself on the 11th day. Despite the heavy inoculation given patient B parasites could not be detected earlier than the 8th day following inoculation. This does not support the view that sporozoites invade the erythrocytes and thus directly initiate schizogony

It is sometimes desirable to distinguish between a primary attack of malaria and a recurrence. In areas of low endemicity the authors have found that the onset of a recurrence is distinguished from the onset of a primary attack by a greater number of parasites and a palpable spleen, but, where there is a great deal of malaria and more than one strain of parasites, these criteria are not very helpful. As regards the onset of the attack in 37 per cent. parasites were found before the fever in 37 per cent. fever occurred before the parasites and in 26 per cent. both parasites and fever appeared on the same day

W F

HELPERN (Milton) Epidemic of Fatal Estivo-Autumnal Malaria among Drug Addicts in New York City transmitted by Common Use of Hypodermic Syringe.—*Amer Jl Surgery* 1934 Oct. Vol 26 No. 1 pp 111-123 142. With 6 figs. [26 refs.]

During the five months from September 25 1933 to February 28 1934 there occurred in New York 49 cases of malaria among drug addicts who were intravenous injectors of heroin 39 were subtertian infections, 21 of which were fatal 9 were quartan 1 of which was fatal



I was benign tertian. At this time of year malaria does not ordinarily occur and anophelies are almost non-existent in Manhattan, the district in which the men lived. It was found on enquiry that the infection had been transmitted by the hypodermic syringe which was commonly shared by several addicts. A photograph of the "works" is given; this includes the improvised syringe and the bottle-cap in which the solution was prepared. Other photographs show sections of the cerebral cortex from a fatal case, with dilated capillary vessels containing red blood cells heavily infected with parasites. [See this Bulletin p. 109 above for references.] W F

SAUTET (J) & CORDOLIANI (S) Fièvre undulante et paludisme. Difficulté du diagnostic au moment des poussées épidémiques. [The Diagnosis between Undulant Fever and Malaria.]—*Bull. Soc. Path. Exot.* 1934 Oct. 10. Vol. 27 No. 8. pp. 719-723

Undulant fever and malaria are both endemic in Corsica, and the spring epidemic of undulant fever coincides with the spring epidemic of benign tertian. The following points are of assistance in making a diagnosis: malaria is commoner in young children, undulant fever is commoner in adults; undulant fever may occur anywhere, malaria is limited to certain parts of the island; undulant fever does not react to quinine, malaria does react. The examination of blood-films and sera is the only means of making a sound diagnosis. W F

L. NICHOLSON (Peter) u. SCHLESINGER (Wilhelm) Können heute noch Kriegsmalariafolgen vor? [Are the Sequelae of War Malaria still Occurring?]—*Arch. f. Schiff. u. Trop. Hyg.* 1935. Feb. Vol. 32. No. 2. pp. 74-78. *Wien. Klin. Woch.* 1935. Mar. 23. Vol. 47. No. 12. p. 365

L. After reference to numerous diagnoses of war malaria, and deaths in consequence which have been reported in the last two years in Germany the author notes that in such cases examined during the last 6-8 years at the Hamburg Tropical Institute malarial parasites have not in one single instance been found even after provocative methods and the like. Such reports should be critically received and no case accepted as malaria unless the parasites have been identified or confirmed, or in the case of death the organs examined by a competent person. He wishes such material sent to the Tropical Institute at Hamburg.

H. From time to time Schlesinger gets war patients complaining of rigor with fever and terminal sweating but in the last ten years he has never found malarial parasites nor pigment in the blood nor mononucleosis, nor appreciable splenic enlargement. In 1920 in the great epidemic of influenza he noticed that old malarials with pneumonia responded with intermittent fever though parasites were not demonstrable. He suggests that in these instances the host centre has become adapted to that type of response and so would explain the rigors of his war patients, which have thus no special significance. A. G. B.

ALBERTO VIDELA (Carlos) Reactivación del paludismo latente por el cloruro de calcio. [Reactivation of Latent Malaria by Calcium Chloride.]—*Revista Méd. Argentina.* 1934 Dec. 12. Vol. 51 No. 50. pp. 2378-2380 [13 refs.]

The author compares the provocative effect of berberine sulphate, adrenalin, and chloride of calcium in latent malaria. He tested these on 20 subjects infected with simple or double tertian and simple quartan.

malaria. The berberine salt given by mouth was ineffective in three cases and intravenously failed in another three. Adrenalin injected intramuscularly for several days in a dose of  $\frac{1}{4}$  to 1 cc. of a 1/1 000 solution failed in 11 cases. Chloride of calcium daily doses 10 cc. of a 10 per cent. solution intravenously gave a positive result in four of the six patients in whom the other drugs had failed. The parasites appeared by the second or third day and this reappearance coincided with a positive Henry's ferroflocculation and enlargement of the spleen (see this *Bulletin* Vol. 28 p 595) H H S

MANSON BAHR (Philip) The Prognosis in Malaria Infection.—*Lancet* 1934 Dec. 1 pp. 1237-1238.

Relapses in subtertian malaria can be entirely prevented by atebem. This excellent article should be read in full only a few points can be dealt with here. Dr Manson Bahr holds the view of most workers in the tropics that in all forms of malaria as in other protozoal infections the earlier and the more energetic the treatment the greater the hope of effecting a permanent cure. Not everyone will agree with him when he says Apart from its disagreeable habit of manifesting relapses at odd and often unexpected intervals benign tertian malaria cannot in any sense be regarded as a menace to life. He puts the life span of the benign tertian parasite at 3 or at the most  $3\frac{1}{2}$  years that of subtertian at about 9 months and that of quartan at anything up to 5 or 6 years. He points out that the parasites of subtertian malaria have acquired the property of lying low and of springing into activity precipitating sudden catastrophes even death by accumulating in the capillaries of the internal organs, so producing acute pancreatitis dysentery cerebral attacks malarial amblyopia (a result of malarial infection of the retinal vessels) and many obscure symptoms. These major and tragic aspects of subtertian malarial infections are more liable to be seen in the non-immune person—the tenderfoot on his first visit to a malarious country.

Blackwater fever on the contrary seldom develops during a first infection the longer a person is infected, the more liable is he to develop it. It is the worst feature in the prognosis of subtertian malaria for the mortality of the disease is about 25 per cent. It may appear at any time from the day of arrival in England up to 9 months after arrival, when the liability disappears. Attention is drawn to certain mental conditions which may resemble encephalitis lethargica and are produced by small subcortical haemorrhages which if not immediately fatal leave behind them disseminated malarial granulomata which represent the organization of the minute haemorrhages. The author considers that it is now possible to exterminate this parasite [subtertian] in the blood with adequate doses of atebem, with quinine perhaps as an adjunct in a way never formerly anticipated it is possible to prevent entirely the recurrence of relapses. W F

DE SILVA (Stanley) The Stroke in Malaria.—*Jl Trop Med & Hyg* 1934 June 1 Vol. 37 No. 11 pp 166-167

A person who has once had cerebral malaria never has it again. By the stroke the author means an attack of cerebral malaria with loss of consciousness due to infection with malignant tertian parasites. He states that a patient with cerebral malaria either dies in coma or

recovers and is free from further attacks of a similar nature. He himself has never met with a case in which there was a history of former strokes," or in which subsequent strokes occurred. W F

VAN DER HORST (G. A.) & VERHAART (W. J. C.) Die Veränderungen im Gehirn bei Malaria. [Cerebral Changes in Malaria.]—*Vierteljahrsschr. f. Path. Anat. u. Physiol.* 1934 Vol. 292 No. 4 pp. 417-427 With 4 figs. [43 refs.]

A study of the pathological anatomy of the brain in 21 cases of malaria in Batavia.

As a result of their investigations the authors found that the cases fell into different groups—1 Cases with focal changes. 2 Cases with general changes and a few perivascular haemorrhages. 3 Cases with slight general changes, and 4 Cases without definite histological alteration of the brain, although pigment was present in the vessels. In the first group there were 8 cases and they all showed a lesion which was essentially the same as Dürck's granuloma. It consisted of a perivascular necrosis surrounded by a number of macroglial cells. This lesion is found in other diseases, and is, therefore, not specific for malaria.

From the investigation the authors conclude that pure malarial encephalopathy is extremely rare. In 21 cases of malaria with cerebral changes it was only once found. In the rest of the cases the clinical picture was obscured by cachexia, severe anaemia, jaundice and other complications. It was the latter which caused death. Therefore the so-called malarial coma cannot be recognized as a special disease, the general intoxication playing the chief part. E D W Gray

RUCK (H.) Leberfunktion bei frischer Malaria. [Liver Function in Acute Malaria.]—*Arch. f. Schiffs- u. Trop. Hyg.* 1935. Jan. Vol. 39 No. 1 pp. 14-19.

A study of the changes in the blood chemistry in a series of cases of acute malaria with a view to testing liver function.

The author notes that most liver function tests have been made in old and chronic cases of malaria. With the object of supplementing our knowledge he investigated two cases of natural malaria, two cases artificially infected by mosquitoes and nineteen cases of inoculated malaria, all showing acute symptoms and infected with *Plasmodium vivax*. The blood sugar was estimated after administration of 40 grams lactose.

As a result of his observations the author concludes that the disturbance of the liver function in acute malaria increases as the attack proceeds. The damage is shown by the rise of the blood sugar curve after administration of lactose to over 30 mgm. per cent., the increase of the nonprotein nitrogen, the occurrence of an indirect positive van den Bergh reaction. Under treatment with atabrin the changes in the blood chemistry returned to normal limits. E D W Gray

VAN NISSEN (R.) Quatre observations de paludisme congénital. [Four Cases of Congenital Malaria.]—*Bull. M&H ds Katanga* 1934 Vol. 11 No. 3 pp. 83-85-87

LAFFONT has proposed to limit the term "congenital malaria" to those cases where parasites are found at birth, and to designate as "hereditary malaria" the cases in which the infection is acquired during the delivery and where the parasites appear several days later.

Two of the author's cases come in the first category—in one parasites were found in large numbers on the second day and in the other on the third day. The other two cases were free from parasites until the tenth day. W F

MOSEKOVSKY (S) & POLIAKOVA (A.) Sur une méthode d'évaluation chimio-thérapeutique des propriétés schizontropes des préparations antipaludiques. [A Method for Testing the Schizontropic Properties of Antimalarial Drugs in Chemotherapeutic Experiments.]—*Med Parasit & Parasitic Dis* Moscow 1934 Vol 3 No 5 [In Russian pp 395-400 French summary p 400]

The authors propose to test the schizontropic efficacy of anti-malarial drugs i.e. their damaging power upon schizonts by determining the minimal single dose capable of producing an appreciable retardation in the course of the infection. This dose named *dosis affectans* differs from the minimal effective dose in that it does not lead to the disappearance—even temporary—of the parasites but only lowers their growth-curve.

In determining this dose a number of birds (the authors employed linnets and siskins) are infected with equal quantities of parasites (*Plasmodium praecox*) capable of producing acute lethal infections without treatment. Those birds which show an equal percentage of infected erythrocytes at a given moment are selected for the comparative tests, for which atebryn and plasmochin were used. The minimal doses of these preparations producing the earliest diminution in the number of parasites constituted the *dosis affectans*. This proved to be between 0.2 and 0.3 mgm. per 20 gm. body weight in the case of atebryn, and 0.03 to 0.04 mgm. for plasmochin. The ratio of D.A. of these two preparations corresponds more or less closely to that of their respective curative doses in human malaria. C A Hoare

MOSEKOVSKY (S) & BUROVA (L.) Method of Evaluation of the Gametotropic Properties of Antimalarial Drugs.—*Med Parasit & Parasitic Dis* Moscow 1934 Vol 3 No 6 [In Russian pp 445-451]

The authors describe a method for testing the so-called gametostatic properties of anti-malarial drugs, i.e. their inhibitory effect upon the sexual development of the malarial parasite which renders it non-infective to the mosquito. The gametostatic effect manifests itself in an interruption of the process of microgamete formation and can be evaluated by observing the exflagellation of the parasites *in vitro*.

The tests were conducted with linnets and siskins experimentally infected with *Plasmodium relictum* with linnets naturally infected with *Haemoproteus* and with human malarial parasites, using the following technique. Equal volumes of 1½ per cent. sodium citrate and infected blood are taken up in Pasteur's pipette and mixed on a slide. A small drop of the mixture is transferred to a fragment of cover-slip measuring about 3-4 mm. over which a whole cover-slip is placed. This is mounted upon Ranvier's ring attached to a slide or over a hollow slide with 1-2 drops of water at the bottom of the moist chamber which is sealed with vaseline. Observations were made under a microscope placed together with the moist-chamber in a box kept at 28-30°C. Under these conditions exflagellation in *Haemoproteus*

occurred 3-8 minutes after the blood was taken in *Plasmodium relictum* after 13-15 min. and in *P. falciparum* after 3-5 min. The effect of drugs upon exflagellation was tested with plasmochin, plasmocide atebryn and quinine.

In the case of plasmochin and plasmocide a dose of 0.1 mgm. and 0.09-0.12 gm. respectively per 20 gm. of body weight, injected into birds infected with *Haemoproteus*, stopped exflagellation in 24 hours. On the other hand, 1 to 5 injections of 0.88 mgm. atebryn administered together with 2 mgm. of quinine per 20 gm. body weight, had no effect upon the microgametes after 24 hours and more (only about 7 injections of atebryn inhibited exflagellation).

The experiments on *P. falciparum* were conducted with plasmocide and atebryn. The minimum dose of plasmocide producing cessation of exflagellation in 24 hours proved to be 0.09 gm. (given in three tablets on one day) while continued daily treatment up to 8 days caused the disappearance of the gametes from the blood. As in the case of bird-malaria atebryn administered in doses of 0.12 gm. three times a day in the course of 5-8 days failed entirely to stop exflagellation. The authors recommend this method of testing the inhibitory effect of anti-malarial drugs upon exflagellation for general use in experimental chemotherapy of malaria.

C. A. Hoar

KRITSCHIEWSKI (I. L.) & DEMIDOWA (L. W.) Ueber eine noch unbekannte Funktion des retikuloendothelialen Systems. XXII. Ueber die Bedeutung des retikuloendothelialen Systems in der Therapie der Malaria. [The Significance of the Reticuloendothelial System in the Treatment of Malaria.]—*Zeitschr. f. Immunopath. u. Experim. Therap.* 1934 Dec. 31 Vol. 84 No. 1 pp. 14-21. With 2 figs.

An investigation to determine the effect on the therapeutic activity of antimalarial drugs of blocking the reticuloendothelial system.

The drugs studied by the authors were quinine, plasmoquine, derivatives of acridine and acrinon No. 8. For the tests he employed birds infected experimentally with *Plasmodium praecox*. It was essential to determine very accurately the limit of the therapeutic dose of each drug for the birds. In one series of experiments the RES was blocked with trypan blue in the other series the RES was intact. As a result of the investigation the authors reach the conclusion that the therapeutic activity of antimalarial drugs (quinine, plasmoquine, derivatives of acridine and acrinon No. 8) is greatly lowered by blocking the RES with trypan blue.

E. D. IV. Gray

QUARTERLY BULLETIN OF THE HEALTH ORGANISATION LEAGUE OF NATIONS. Geneva. 1934 Sept. Vol. 3. No. 3. pp. 325-358. With 2 graphs.—The Therapeutic Efficacy of Totaguina in Human Malaria. I. Clinical Tests carried out under the Auspices of the Malaria Commission [PAMPANA (E. J.)]. II. Critical Analysis of the Results Achieved [FLETCHER (William)].

Totaguina acts like quinine as a potent remedy in all forms of malaria.

Tests of different samples of Totaguina (see this Bulletin, Vol. 29, p. 461 and p. 114 above) were carried out during the malaria season of 1933 in Algeria, Bulgaria, China, France, Italy the Federated Malay States, Morocco, Rumania and Spain. Special cards for recording the

results were drawn up and sent to all the observers. The present report covers a total number of 1 144 cases comprising 1 055 treated by totaquina and 89 treated by quinine as controls. Five samples of totaquina were used in these tests, they were as follows —

Type I (made direct from the bark of *Cinchona succirubra*)

- 1 Made by Messrs Burroughs & Wellcome
- 2 Madras Government Factory

Type II (made from residues of quinine extraction and adjusted to the Malaria Commission's standard specification)

- 3 Made by Turin State Quinine Factory
- 4
- 5 Made by Messrs. Howards London

An analysis of these is given in the report. One of the Type II samples, number 4 above, resembled the Type I totaquinas in the proportions of the various alkaloids: the other two, number 3 and 5, contained less quinine and more cinchonine, according to analyses made at the Wellcome Chemical Research Laboratories. The tablets of number 3 did not disintegrate very readily in water because they were composed of pure totaquina without the addition of any substance to render them friable. Compressed tablets similarly manufactured, but made up with an excipient designed to render them friable, break up easily and can be kept for long periods under tropical conditions without special precautions.

A feature brought out by a study of the records was the difference in the condition of the patients at the beginning of treatment in one centre and in another. In some places the patients' symptoms were much more severe than in others. Another striking difference was the response of the patients to treatment: this was noticeably more prompt in the Rumanian centres than elsewhere. Neither the same samples of totaquina nor the same doses were used at all the different centres. This lack of uniformity would have mattered less if a control series had been treated with quinine at each centre: unfortunately this was done only in Rumania and the Federated Malay States. As regards toxicity the case records contained no cogent evidence that totaquina was more toxic than quinine in the doses given.

To sum up, the records of the cases treated at the different centres show clearly that Totaquina acts like quinine as a potent remedy in all forms of malaria, but it must be remembered that a field trial of this kind is not a carefully controlled experiment and, when it comes to deciding whether Totaquina is a little better than quinine or not quite so good, one is on less sure ground and in the absence of adequate controls treated with quinine the yard-stick needed for more exact measurements is lacking. Similarly the observations made at the different centres were not sufficiently precise and unanimous to warrant a final decision on the relative merits of the different samples of Totaquina.

IV F

SLATINEANU (A.) CIUCLA (M.) BALTEANU (I.) ALEXA (E.) ALEXA (I.) FRANCEE (M.) & RUGINA (I.) Efficacité thérapeutique des alcaloïdes totaux de l'écorce de quinquina dans le paludisme humain (infection naturelle) [The Efficacy of the Total Alkaloids of Quinine Bark.]—*Bull. Soc. Path. Exot.* 1934 Oct. 10 Vol. 27 No 8. pp. 723-728.

From a study of 441 cases of malaria treated comparatively with different samples of totaquina and with quinine the authors concluded that the samples used were as efficacious as quinine when the content

of crystallizable alkaloids and of quinine were the same as those of totaquina Type I but that those Type II products in which the quinine was much less and the cinchonine much higher were less efficacious unless given in larger doses. W F

CHOPRA (R. N.) ROY (A. C.) & GUPTA (B. M. Das) On the Concentration of Quinine in the Blood after Intravenous and Intramuscular Injections.—*Indian Med. Gaz.* 1934 Oct. Vol. 69, No. 10, pp. 561-566. With 2 figs. [17 refs.]

There is little difference in the concentration of quinine no matter by what route it is administered. Parenteral injections should not be used for routine treatment.

Six monkeys were inoculated intravenously and six intramuscularly, with quinine acid hydrobromide. The amount of quinine in the blood was estimated at intervals. The resulting average concentration of quinine in the blood was as follows—

	Hours after injection of quinine.						
	$\frac{1}{2}$	$\frac{1}{2}$	1	2	4	5	24
Concentration after intravenous	1.37	1.27	1.05	0.63	0.33	0.26	0.06
Concentration after intramuscular	1.37	1.36	1.04	0.63	0.62	0.64	0.37

It is clear from this table that there is "not any marked difference in the concentration of quinine attained in the blood at different intervals of time when the effect of its administration by the two routes, i.e. intravenous and intramuscular is compared." The maximum concentration in the blood was attained in 15 minutes by both methods. It has been stated that after intramuscular injection much of the quinine remains unabsorbed in the muscle. The authors investigated this in rabbits, and found that only small proportions remained unabsorbed after 20 hours. Four human patients were given quinine by the mouth and also by intravenous and intramuscular inoculation.

The authors found that if allowance is made for small variations due to the constantly changing factors in the animal organism, the concentration of quinine in the blood after administration by the oral and parenteral routes runs almost parallel. In some cases the concentration obtained within the first few hours after oral administration was definitely smaller, but the concentration soon rose to practically the level of the parenteral routes. The oral route is undoubtedly the method of choice in the vast majority of patients even in cases of severe malaria complicated with dysentery quinine has been shown to be absorbed. Parenteral injection should not be used for routine treatment of malaria, but is specially indicated in acute cases of severe type for as long as the emergency lasts. W F

MURPHY (R. A.) Quinine in the Therapeutics of Malaria.—*Indian Med. Gaz.* 1934 Oct. Vol. 69, No. 10, pp. 566-567

The author who has had many years experience of the treatment of malaria in Assam puts his faith on a prolonged course of quinine. He

has been able to follow up his European patients for long periods. He treats the acute stage with 20 grains daily and then gives 10 grains a day for 3 months. The results in 110 cases were as follows—cured 80 relapsed, 20 unknown 10. Patients who had no fever for one year after treatment were counted as cured. He controls vomiting with adrenalin. He quarrels with the dictum of the Malaria Commission that, in relapses it is safe to abstain for a day or two from giving a specific drug and states that many a coolie child dies in convulsions just during these first few days of a relapse. [But it must be remembered that the Malaria Commission's report dealt with the subject "from the point of view of persons who are in a position to obtain expert medical advice and efficient care rather than from that of the mass of the population of malarious countries. The report does not contain information on plans for treating outpatients who attend at hospitals and dispensaries"]

IV F

WILLIAMSON (H.) & SINGH (Shamsher) *The Early Treatment of Malaria.*—*Indian Med Gaz* 1934 Oct. Vol. 69 No 10 pp. 568-570

The authors believe in intramuscular inoculations for the routine treatment of malaria (see CHOPRA ROY and GUPTA above)

They have recently been carrying out a series of experiments in treating a series of 600 cases of parasite positive benign malaria and they conclude that the dangers of intramuscular quinine have been exaggerated, and it is the best treatment for severe cases of benign malaria. Three hundred cases were given quinine by the mouth 30 grains a day in a mixture mag sulph. calomel, and sodium bicarbonate being given as well. [Where these barbarous mixtures are used, patients will naturally do all they can to avoid taking them. As the authors say one great advantage of injected quinine is that the attendant knows that the patient is getting what the doctor ordered.] One hundred and fifty cases were given intramuscular injections. No untoward results followed and the pain has never been so severe as that commonly felt after antityphoid inoculations. No less than 150 of the 600 benign tertian cases were treated with intravenous injections, 5 or 10 grains in 5 cc. of normal saline. A reaction occurred in about 30 per cent. of the patients this consisted of rigors, collapse vomiting and diarrhoea. One patient collapsed and died. Probably most people will agree with the authors that it seems fair to assume that these reactions are due to the method and not to the drug. They naively quote a remark made by one of their colleagues in Quetta, 'If I give an intravenous quinine I often find another doctor in attendance next time I go to see the patient. [Quinine a gift of the gods, is loathed and feared this is not difficult to understand.]

IV F

SUBRAHMANYAM (S) *Intravenous Quinine Therapy in Malaria.*—*Indian Med Gaz* 1934 Oct. Vol. 69 No 10 p 570

The author who is attached to the Government Headquarters Hospital at Ootacamund had not had the alarming experience of WILLIAMSON and Shamsher SINGH (see above) and he recommends intravenous injections for the routine treatment of malaria.



Since April 1932, about 300 cases of malaria of all types have been treated in the hospital, and the intravenous route has been almost invariably employed. The adult dose is 10 grams of the acid hydrochloride in 10 cc. of distilled water and the injection is given once a day for 6 days. In patients with low blood-pressure, adrenalin is given at the same time. In cases where the blood-pressure begins to fall rapidly during the injection, or where there is respiratory embarrassment, the injection is stopped and is not repeated. In the majority of cases, there is a drop in the blood pressure of 5 to 15 mm. Hg., rarely 20 to 30 mm. The advantages of the treatment are that it lasts only six days it cuts short the primary attack, and it is at once cheap and effective. Almost every patient has complained of some giddiness and a slight burning sensation in the abdomen during the injection, but these are transient and need no treatment. In one or two instances, phlebitis has occurred, but it responded rapidly to treatment with two injections, intramuscularly on successive days, of 1 cc. of S.U.P. 36. Cyanosis and respiratory embarrassment were not observed, and the author concludes that "there does not seem to be any absolute contraindication to the use of the drug intravenously" [It seems to the summarizer that to use intravenous quinine in every case of malaria is like using forceps in every case of labour] W F

MANSON (D). Notes on Intravenous versus Intramuscular Quinine.—*Indian Med Gaz.* 1934 Oct. Vol. 69. No. 10. pp. 571-572.

The author does not hold the views of SUBRAHMANYAM (see above) with regard to the safety of intravenous injections. The main drawback is shock following the injection. "However competently the injection is carried out, this does occur and in cases already in the stage of collapse the onset of shock is very sudden and little can be done to check the inevitable sequel." He uses the intramuscular route with ever increasing confidence, and, even in cerebral cases, is in doubt about the advantages of intravenous quinine. H F

MANCA (Serafino). La permeabilità della barriera nervosa centrale alla chinina. [The Permeability of the "Central Nervous Barrier" to Quinine.]—*Riv di Urologia*. Ser. I. 1934. Vol. 13. No. 5. pp. 601-609. French summary.

Quinine reaches the cerebrospinal fluid  $\frac{1}{2}$  to 2 hours after administration.

The possibility of injected substances reaching the cerebrospinal fluid has been tested with a number of drugs—bromides, iodides, salicylates, arsenic, mercury, lead, morphine and several more—but, says the author, not the action of the "barrier" between the blood and the spinal fluid as regards quinine. For his experiments he used dogs and administered the drug intravenously, intramuscularly and orally. The usual doses were for intravenous injection 20-25 cgm., for intramuscular 40-50 cgm. and per os 50 cgm. In all cases the quinine appeared in the cerebrospinal fluid after  $\frac{1}{2}$ -2 hours according to the route of administration, quickest after the intravenous. The rate was enhanced if urotropine had been previously injected intravenously. Hence in severe forms of malaria, especially those with a cerebral symptom-complex, where circulatory disturbances obstruct the free

passage of quinine into the nervous system the action of the drug can be assisted by preceding it with an intravenous injection of urotropine. Salicylate of sodium sometimes has the same effect as the urotropine.

H H S

LOURIE (E. M.) Studies on Chemotherapy in Bird Malaria. II.—Observations bearing on the Mode of Action of Quinine.—*Ann Trop Med & Parasit* 1934 Oct. 19 Vol. 28 No 3 pp. 255-277 With 4 figs. [13 refs.]

Quinine does not act upon the parasites by setting in action the mechanism of immunity it appears probable that it may act directly.

These experiments were made with a strain of *P. cathemerium* producing 16 merozoites every 24 hours. It was found that a very precise synchronicity of development and sporulation could be elicited by exposing infected canaries to light from 6 a.m. to 6 p.m. and confining them in a dark chamber from 6 p.m. to 6 a.m. Sporulation was then at a maximum at 4 p.m. every day. When an infection was checked by giving a dose of quinine at 4 a.m. there was a profound interference with the asexual reproductive cycle. Growth of the parasites was retarded, there was delay in reproduction so that the peak was reached at midnight instead of at 4 p.m. the number of merozoites was reduced from 16 to about 6 and the characteristic synchronicity of development was entirely lost. These effects of quinine treatment are in striking contrast to the checking of a superinfection by the immune substances present in a latently infected bird. In the latter case there is a much more rapid disappearance of the parasites but reproduction continues to be synchronous the cycle is not delayed and the normal number of merozoites is produced. It must be quite clear then that the therapeutic effects of quinine cannot be attributed to an activation of the machinery which ordinarily comes to the service eventually of an untreated infected bird. The mode of therapeutic action would seem rather to consist in an assault by quinine or a derivative thereof upon the parasite itself.

It is suggested that the fact of malaria parasites being able to retain their viability in the face of *in vitro* exposure to quinine in strong concentration is not a sufficient argument against the direct action of unaltered quinine *in vivo*.

The author attempted to determine *in vitro* the concentrations which so affected the parasites that on introduction into a bird they exhibited a delay in growth and reproduction similar to that which occurs when quinine is administered to the host. These experiments were hampered by the fact that delay occurred in the subsequent *in vivo* growth and sporulation in the parasites of the control blood which was incubated without quinine. It was found that the concentration of quinine required *in vitro* to cause a subsequent delay in sporulation still greater than that of the control parasites incubated in absence of the drug was about 1:5000 after an exposure of 1 to 2 hours at 39°C.

It is extremely unlikely in view of the findings of other workers, that such very strong concentrations could be maintained for any length of time in the blood stream. Nevertheless minute amounts of quinine remain in the circulation for many hours after a therapeutic dose and these very small amounts may be able, during that time to act directly upon the parasites. An attempt was made to demonstrate the presence

of quinine, or an active derivative, in the blood, spleen or liver of birds which had received large doses of quinine, but the result was negative. [For No. 1 of this series see above p. 117] W F

LOURIE (E. M.) Studies on Chemotherapy in Bird Malaria. III.—Differences in Response to Quinine Treatment between Strains of *Plasmodium relictum* of Widely Separated Geographical Origins.—*Ann Trop Med & Parasit* 1934 Dec. 20. Vol. 28. No. 4 pp 513-523 [12 refs.]

Different strains of bird malaria react differently to quinine.

The author demonstrates that in bird malaria response to quinine is liable to vary according to the particular distinct strain which may be under observation. Two strains of *P. relictum* were employed, one from America and the other from Germany. In the first series of experiments, canaries were inoculated with these strains and were treated with daily doses of quinine from the beginning. The quinine suppressed the infection in the canaries inoculated with the American strain, but it failed to do so in those infected with the German strain. Confirmation of these results was obtained in a second series of experiments where so large a dose of the infecting material was inoculated intravenously that parasites could be counted in the blood immediately afterwards. Quinine was given daily as before, with the result that the parasites of the American strain disappeared from the blood by the 10th day but it had little or no effect upon the German strain. The two strains appeared to be of equal virulence the American strain was not milder than the German the difference was one of resistance to quinine. W F

FIELD (J. W.) & KANDIAN (M.) A Note on the Use of Mayer's Reagent for the Detection of Quinine in Alkaline Urine.—*Trans Roy Soc Trop Med & Hyg* 1935 Jan. 25 Vol. 29. No. 1 pp 385-390 With 2 charts

This is a further account of the work summarized in this Bulletin Vol. 31 p. 431 with reference to the failure of Mayer's reagent to precipitate quinine in alkaline solutions.

We have now examined some thousands of specimens of urine for quinine using both Mayer's reagent and a modified Mayer's reagent containing acetic acid. For routine clinical use there has appeared little to choose between them. Their relative advantages and disadvantages have seemed to be as follows.—*Mayer's Reagent* (1) Does not precipitate albumin within the normal clinical range of pH. (2) May fail to precipitate quinine from alkaline urine. *Acid Modification of Mayer's Reagent* (1) Always precipitates albumin. (2) Always precipitates quinine if present in clinically significant amount. (3) Occasionally precipitates other substances. While fully recognizing the limitations of any simple form of Mayer's test used in untreated urine, we believe the following procedure to be relatively free from fallacy—

*Using Mayer's Reagent*—

- (1) Add clear urine to each of two tubes.
- (2) To one tube add a few drops of glacial acetic acid.
- (3) To both tubes add a few drops of Mayer's reagent.

"L. If turbidity appears in both tubes, the presence of quinine is highly probable. Confirm by demonstrating the disappearance of the turbidity

on boiling the urine in the acid tube. If the turbidity does not disappear albumin is probably also present. In this case filter while hot to remove the albumin. The filtrate should be clear. Quinine if present, will precipitate as the filtrate cools.

II. If both tubes remain clear the presence of quinine at a concentration greater than 1/250 000 is highly improbable.

III. If the acid tube only shows turbidity the presence of albumin, quinine or both may be inferred. To identify quinine, boil and filter hot as in I. W F

NEWMAN (C. D.) & CHALAM (B. S.) Atebrin in the Treatment of Malaria in Railway Employees.—*Indian Med Gaz.* 1935 Jan. Vol. 70 No. 1 pp 5-8.

Atebrin is less expensive than quinine.

The patients were employees and their dependants on the Eastern Bengal Railway. 258 were given three tablets of atebrin daily for 5 days, followed by three tablets of plasmoquine daily for a further period of five days. A second series of 78 persons were given the plasmoquine and atebrin together during a single period of five days. In the first group 5.8 per cent. exhibited untoward or toxic symptoms but in the second group 21 per cent. The parasites disappeared after a few days treatment. The cost of treatment was on the whole less than treatment with quinine. (A three weeks course of quinine was taken for comparison.) W F

WILLIAMS (D. P.) & BHATTACHARYYA (Rasamay) Notes on an Experiment on the Prophylactic and Curative Value of Atebrin and Plasmochin Therapy in a Tea Garden in Assam.—*Indian Med Gaz* 1935 Jan. Vol. 70 No. 1 pp. 8-14

Atebrin is more expensive than quinine.

Atebrin is a more suitable drug for those who can afford it but it cannot replace quinine in general use in a poor country like India.

The usual curative course of quinine on these tea gardens consists of 20 grains daily for 7 days. The small reduction of malaria which followed prophylactic treatment with atebrin and plasmoquine was not sufficiently satisfactory to compensate for the expense incurred. W F

KINGSBURY (A. Neave) Psychoses in Cases of Malaria following Exhibition of Atebrin.—*Lancet* 1934 Nov 3 pp. 979-982.

Seven cases of psychosis following the exhibition of atebrin to cases of malaria have been collected. Five previously unpublished cases (McSwan) have been cited and five more cases are recorded. [There were apparently 12 cases in all, not 17]

These occurred among several thousand cases of malaria treated with atebrin. The complication has been noted after a minimum of 6 tablets a maximum of 21 tablets and an average of 13 tablets. The minimum interval between the commencement of treatment and the onset of symptoms was 1½ days the maximum 12 days (5 days after the completion of the course) and the average 5½ days. The duration of symptoms in 8 mild cases varied from ½ to 7 days, with an average of 1½ days. Four more severe cases were referred to mental hospitals. Two factors may be involved in the causation. The

action of atabrin *vis-à-vis* the malarial parasite may result in an intense liberation of toxins on the other hand, atabrin (in lethal dosage) is known to have a toxic action on the central nervous system. Although the plasmodicidal effect of atabrin in a daily dosage of 0.2 grams is less favourable than that obtained with a larger intake, it is suggested that the risk of the development of psychoses would be minimized by caution in the selection of the daily dose." Details of 8 cases are given and on reading these one wonders how much was due to atabrin and how much was due to malaria.

W F

DE LANGEN (C. D.) & STOKM (C. J.) Experimenteel onderzoek van circulatiestoornissen door plasmoquine en atabrine. [Experimental Investigation of Circulatory Disturbances caused by Plasmoquine and Atabrin.]—*Geneesk. Tijdschr. v. Nederl. Indië*. 1934, Dec. 4 Vol. 74 No. 25 pp. 1846-1858. With 12 figs. [10 refs.]

Plasmoquine and atabrin are circulatory depressants in monkeys.

Before putting out claims for the value of an antiparasitic medicament it is necessary to examine carefully into contra-indications and complications. In particular investigation of its organotropic effects is very desirable and the determination of its therapeutic index, which is the ratio between the smallest effective dose and the smallest lethal dose for the infected individual. An advantage which the worker in the tropics has over those of other lands is the ease with which he can use monkeys as experimental animals for they are animals from which results can be directly transferred to man. That plasmoquine and atabrin do affect the circulation adversely is apparent from their effect upon the blood pressure and the experiments recorded upon monkeys by the authors have reference to this as an index. Plasmoquine, in a quantity of 2 mgm. by intravenous injection (0.1 per cent. in physiological salt solution) causes on an average a fall of 500 mm. mercury and 1 cc. atabrin (2 per cent. solution) a systolic and diastolic fall of 100 to 65 mm. and 75 to 50 mm. respectively. The experimental results are illustrated throughout by very clear curve tracings. Some of the conclusions drawn are—1. Plasmoquine and atabrin exert a depressing effect on the circulation in monkeys, especially by intravenous administration and cause disturbance of the respiration. These are only in part dependent on the speed of administration and the dilution. 2. It is possible then that intravenous injection, or a massive dose by the mouth above all in malignant malaria where blood pressure is already low may be followed by fatal collapse as well as by serious respiratory disturbance. 3. Adrenalin is recommended for intravenous injection along with plasmoquine and atabrin, as being in many respects antagonistic to them. 4. Adrenalin by its action on organs like the spleen, that are innervated by the splanchnic nervous system, brings parasites out into the peripheral circulation and so promotes contact between them and the anti-parasitic drug. 5. It is advantageous from the point of view of circulatory complications to combine quinine not only with plasmoquine but also with atabrin.\*

W F Harry

HOOVER finds that quinine given intravenously is a circulatory depressant and its administration not devoid of danger [*this Bulletin*, Vol. 20, p. 1006].—Ed.

CHOPRA (R. N.) & CHAUDHURI (R. N.) Some Observations on the Toxicity of Synthetic Anti Malarial Remedies.—*Indian Med Gaz* 1935 Jan. Vol. 70 No 1 pp 1-5 [17 refs.]

Points of distinction between blackwater and plasmoquine poisoning are given. Plasmoquine and atabrin should not be given together.

The authors give the details of a number of cases of poisoning in cases where a combined treatment with atabrin and plasmoquine had been given. They consider that combination with atabrin enhances the toxicity of plasmoquine. They state that though plasmoquine poisoning resembles blackwater fever oxyhaemoglobinuria and oxyhaemoglobinaemia are never the result of the former though they are present in blackwater. Another point of distinction is the presence of cyanosis in plasmoquine poisoning and its absence in blackwater. They conclude that 0.02 gram plasmoquine daily for a 2 or at most a 3 days course causes disappearance of the crescents in the peripheral blood in cases of Indian strains of malaria and prolonged use is unnecessary and dangerous. Neither plasmoquine nor atabrin should be used for prolonged periods for prophylactic purpose. Patients should not be allowed to use these drugs except under direct medical supervision. IV F

TATE (P.) & VINCENT (M.) The Action of Atabrin on Bird Malaria.—*Parasitology* 1934 Oct. Vol. 28 No. 4 pp 523-530 [13 refs.]

Atabrin does not act as a prophylactic in mosquito carried *P. relictum* infections in canaries.

The authors investigated the prophylactic action of atabrin in blood inoculated, and in mosquito-induced infections of *P. relictum* in canaries. They found that when the infection was conveyed by direct blood inoculation, atabrin acted as a clinical prophylactic and delayed the appearance of parasites but when the infection was conveyed by mosquitoes it had no prophylactic action whether it were given before or after the infective bites though it diminished slightly the severity of the attack and the degree of splenic enlargement. In cases of infection by mosquitoes, parasites appeared in the blood during the course of atabrin treatment if this were prolonged beyond the normal incubation period. Asexual parasites which appeared in the blood of birds after atabrin treatment were devoid of pigment and stained badly. Atabrin treatment produced peculiar bodies in the blood cells of canaries. IV F

KRITSCHIEWSKI (I. L.) MAGIDSON (O. J.) HALPERIN (E. P.) & GRIGOROWSKI (A. M.) Die Synthese chemotherapeutischer Verbindungen. Akridinderivate gegen Malaria. [Synthetic Acridine Derivatives for the Treatment of Malaria.]—*Giorn di Bacteriol e Immunol* 1934 Oct. Vol. 13 No 4 pp 685-700 English summary (9 lines)

The authors refer to the important investigations of KIKUTH on atabrin an acridine derivative in the treatment of malaria (see this *Bulletin* Vol. 29 p 705 and Vol 30 pp 198 and 480) and then describe their own observations on the subject.

They employed birds infected with *Plasmodium praecox* using the method of Kritschewski and STERNBERG for testing the therapeutic (341)

activity of the drugs prepared by them. They studied in all the acridine derivatives.

As a result of their investigations they found two acridine derivatives therapeutically active against malaria, namely acrichin 5, which is the dichlorhydrate of the 2-methoxy-8-chloro-8-diethyl-amino-propyl-amino-acridine, and acrichin 8 which is the dichlorhydrate of the 2-methoxy-8-chloro-8-diethyl-amino-butyl-amino-acridine. The former has the same therapeutic index as atebain and has the advantage of being easier to prepare. The latter has a higher index than atebain and is also easier to prepare.

E. D. W. Gray.

KIKUTH (W.) & SCHÖNBÖRGER (F.) Das Plasmochin und Atebrin. [Plasmochin and Atebrin.]—*Masch. Med. Woch.* 1935 Feb. 21. Vol. 82. No. 8. pp. 304-308. With 5 figs.

An interesting account of the origin, trial and introduction of these two valuable synthetic antimalarial drugs.

A. G. B.

MARSIAS (Ch.) BOURGIM (P.) & NGUYEN VAN-TAM. Traitement du paludisme par un dérivé acridinique et un dérivé quinoïdique, nouvelles observations. [The Treatment of Malaria with Acridine and Quinolone Derivatives.]—*Bull. Soc. Path. Exot.* 1934. Dec. 12. Vol. 27. No. 10. pp. 929-932.

This concerns treatment with quinacrine followed immediately by a course of treatment with a mixture of rhodoquine and quino-stovarsol known as stovoquine.

[Quinacrine is chloro-2-diethylamino-pentylamino-5-methoxy-7-acridine, or R.P. 886. Its action resembles that of atebain (under which name it is now advertised) see this *Bulletin* Vol. 31 p. 697.]

Rhodoquine is dichlorhydrate of diethylamino-propylamino-methoxyquinoline, or Fournieu 710. Its action resembles that of plasmoquine see this *Bulletin*, Vol. 30 pp. 479-480, and Vol. 31 p. 433. The name rhodoquine was formerly used for all the Fournieu quinoline derivatives, such as 574 and 915. It now indicates 710 only the other products being distinguished by a letter following the name. For example 574 is rhodoquine U.]

The authors' treatment was as follows: quinacrine 0.3 gram daily for 5 days, followed by 0.03 gram of rhodoquine and 0.75 gram of quino-stovarsol daily for a further period of 5 days. The above dose of rhodoquine is intended for a man of 60 kilos. It should be calculated at the rate of 0.0005 gram per kilo of body weight. No toxic symptoms were produced by the treatment. The results as regards the disappearance of fever and parasites were excellent.

W. F.

CHORDA (V.) Mécanisme et application de la réaction de Henry. [The Mechanism of Henry's Reaction.]—*Rev. de Malariologie.* Ser. I. 1934. Vol. 13. No. 8. pp. 807-822. With 2 figs. [48 refs.]

Flocculation with distilled water (suspensions) and melano-flocculation are the same. Melano-flocculation is not due to specific antibodies.

Melano-flocculation, in therapeutic malaria, becomes positive about the third or fourth day after inoculation of the infection, and increases in intensity until the sixth or seventh malarial paroxysm. The

reaction becomes negative in one or two months under specific treatment. It disappears at the beginning of a paroxysm and returns as it passes off. The clinical value of the reaction is undeniable, a negative reaction means the absence of malaria, but a positive reaction is only presumptive evidence of its presence. The flocculation of the serum in distilled water follows a curve parallel to that of its flocculation with melanine—it increases with the malarial paroxysms, and it decreases under treatment in exactly the same way. The two flocculations are really the same, and the more simple reaction with distilled water measured with the photometer is to be preferred. Melano-flocculation is not due to specific antibodies—neither the pigment of an ox's eye, nor that of a melanotic sarcoma possess antigenic power. The reaction is due in the main to an increase in the euglobulins of the blood, helped to some extent by an augmentation of the cholesterine and uric acid. The reaction is inhibited by an increase in the molecular concentration of the blood, and its disappearance during the malarial paroxysm is due to a rise in the salt content. Serum albumins and pseudoglobulins also tend to suppress the reaction.

W F

TRENZ (F) Sur la nature des 'fausses-flocculations' en sérologie palustre. [Henry's Reaction and the Nature of False Flocculation.]—C R Soc Biol 1934 Vol. 117 No. 37 pp 1106-1107

Flocculation depends upon chemico-physical changes connected with the euglobulins.

Melano-flocculation occurs in several diseases in addition to malaria—for example, it occurs sometimes in tuberculosis syphilis cirrhosis of the liver and anaemia, and in experimental trypanosomiasis it is very common in typhus exanthematicus and in the spirochaetosis of fowls—it is almost always positive. HENRY maintains that his melano-flocculation is a specific reaction due to the pigment antibodies. He considers that the flocculations which occur in these other diseases where no pigment is produced, are of a different nature from those which occur in malaria, and he calls them false flocculations. He has published a method by which, he claims, these false flocculations can be distinguished from the flocculations seen in malaria (See above, p 132.)

The author has employed this technique in the examination of 18 animals infected with trypanosomiasis with the result that 4 were positive, 3 were doubtful and 11 negative. These flocculations were therefore true flocculations. He concludes that there is no difference except in degree between the flocculation occurring in malaria and that occurring in other diseases, and that the phenomenon of flocculation depends upon physico-chemical change connected with the euglobulins of the serum.

W F

TRENZ (F) Sur les caractères distinctifs entre la flocculation et la surflocculation du sérum des paludéens. [Henry's Reaction. The Distinction between Flocculation and Surflocculation.]—C R. Soc. Biol 1935 Vol. 118. No 1 pp. 11-12.

The author considers that the two phenomena are distinct from one another



Surflocculation is due to the reaction which takes place between the euglobulins of the serum and distilled water. Flocculation is due to the reaction of these same euglobulins with melanin. If the melanin reaction is carried out in 0.3 per cent. ammonium chloride instead of water surflocculation is suppressed while flocculation with melanin remains. (See Chorine below) W F

CHORINE (V) Flocculation du sérum dans l'eau distillée pure ou additionnée de mélanine. [Henry's Reaction. Flocculation with Melanin, and in Distilled Water].—*C. R. Soc. Biol.* 1935. Vol. 118. No. 4 pp. 335-338. With 1 fig

Melanin is merely an indicator, not an antigen.

TRINSEZ (see above) states that surflocculation in distilled water and flocculation with melanin are distinct phenomena, and that surflocculation can be abolished by the addition of ammonium sulphate while flocculation with melanin remains unaffected. The author has plotted out curves of flocculation with melanin and with distilled water as measured with the photometer in different strengths of ammonium sulphate ranging from 1 to 10 per cent. The molecular salt diminishes the flocculation in both series, until, with increasing concentration, it is suppressed. The degree of flocculation in the melanin series is higher than in the distilled water series, and, consequently visible flocculation disappears first in the latter (on the addition of about 3 per cent. ammonium sulphate) but the two curves are almost exactly parallel, and it is clear that melanin acts solely as an indicator. HENRY employs sodium chloride in the same way as TRINSEZ employs ammonium sulphate. W F

CASTRONUOVO (G) & GERACITANO (A.) Le melanine e l'emoglobina malarica. [Melanin and Malarial Haemozoin].—*Riforma Med.* 1934. Dec. 1. Vol. 50. No. 48. pp. 1841-1845. With 3 figs. [14 refs.]

(This article is, at present at all events, mainly of academic interest.) By using the polarizing microscope the authors find that malarial pigment is not melanin. Melanin, they state, has its primary source in the nucleus of a cell and is the product of complex metabolic processes, katabolic and synthetic. In any case melanin is formed within the cell at the expense of protein derivatives and it is probable that its production is the result of the processes of condensation and oxidation due to complex enzyme action. Malarial pigment on the other hand is shown by crossed Nicol's prisms to be a substance of a crystalline nature which retains its doubly refractile characters after treatment with alcohol and fatty solvents and hence is not of a lipid nature. J H S.

GHOSH (B. N.) & NATH (M. C.) The Chemical Composition of Malarial Pigment (Haemozoin).—*Records of the Malaria Survey of India* 1931. Sept. Vol. 4. No. 3 pp. 321-323

"Haemozoin from blood heavily infected with *P. knowlesi* has been purified and subjected to a quantitative chemical analysis by micro-methods. Its carbon, hydrogen, and iron contents agree with those of haematin but compared with the latter pigment, the amount of nitrogen was found too low. This has been attributed to experimental error. W F

FRÖES (H P) Il blu di metilene nella diagnosi della malaria. [Methylene Blue in the Diagnosis of Malaria.]—*Riv di Malaria-logia* 1934 Vol. 13 No 4 pp. 481-483 English summary (5 lines)

The author recommends the staining of thick films with an acid solution of methylene blue (methylene blue 1 gm. hydrochloric acid 0.5 cc. distilled water 90 cc. 90 per cent. alcohol 10 cc.) The stain is applied directly to the dry film and allowed to act 1-2 minutes after which the slide is carefully washed in water till the film has a greenish yellow colour  
H H S

EATON (Paul) Susceptibility of Red Cells to Malaria. A Preliminary Note.—*Amer J Trop Med.* 1934 Sept. Vol. 14 No. 5 pp. 431-437 With 1 fig

The author proposes the hypothesis that the red cell is susceptible to infection with malaria only when it is in the reticulocyte stage. He describes a method for staining reticulocytes.

The nucleus of the normoblast is extruded at the moment when the red cell is cast into the circulation. A network of fibrils which previously surrounded the nucleus remains for a short time, and, as this dissolves in the cytoplasm the remaining fragments are drawn up into small spherical drops. The simplest method of staining these young cells, or reticulocytes, is to make a blood film on a slide which has been coated with a very thin film of brilliant cresyl blue. The serum dissolves the dye, the cells take it up while they are still alive and the reticulum stains more deeply than the rest of the cell. The films may then be stained with Leishman's or Giemsa's stain. The average red cell lives about 30 days thus about 1/30 are destroyed and replaced by new cells every day. This means that 1/60 of the whole number of red cells (roughly 1.5 per cent.) are less than 12 hours old. The reticulocyte stage lasts about 12 hours, and it follows that the average percentage of reticulocytes in health is about 1.5. The author suggests that the infection of red cells occurs when they are in the reticulocyte stage. In a case of therapeutic benign tertian 23 per cent. of the reticulocytes and only 1.8 of the adult cells contained parasites. In twenty additional preparations made from 4 cases the percentage of infected reticulocytes ranged from 20 to 50  
W F

DENECKE (K.) & MALAMOS (B) Ueber das makrozytäre Blutbild bei der Malaria. [Macrocytic Blood Picture in Malaria.]—*Arch. f. Schiffz- u. Trop Hyg* 1935 Feb. Vol. 39 No 2. pp. 51-63 With 5 figs. [40 refs.]

A haematological study of cases of human and monkey malaria to determine if there is a macrocytosis of the red cells.

The authors conclude as a result of the investigation that 16 out of 24 cases of malignant tertian, and 6 out of 8 benign tertian, cases showed a macrocytosis (average diameter of red cells from 8.03 to 8.81 microns). The patients had a slight anaemia, as a rule, but at times the haemoglobin and red cell values were normal. Marked anaemia was present in only one case. In monkeys infected with *Plasmodium knowlesi* an early macrocytosis occurred which could not be attributed only to a flooding with young large cells from the marrow. Eleven patients tested for liver

function showed that the liver efficiency was lowered, and this they considered as a possible cause of the macrocytosis. The blood picture was an early macrocytosis and never a megalocytosis. Bearing in mind this distinction between the red cells, it is possible that a proportion of the macrocytic red cells were not young marrow cells, which had been washed out, but red cells in the peripheral blood which had been altered in form by the action of toxic substances. E. D. W. GREG

LOWE (John) *Studies in Untreated Malaria. Numerical Studies of the Parasites in Relation to the Fever—Records of the Malaria Survey of India. 1934. Sept. Vol. 4 No. 3. pp. 223-241. [19 refs.]*

The relation of the numbers of parasites to the course of the fever is not the same in benign tertian and subtertian.

The parasite counts made by the author ranged from 20 to 202,000 per cubic millimetre. The highest recorded count found by him in the literature was one of 2,800,000 reported by CHOPRA, DAS GUPTA and SEN in a fatal case of subtertian.

*In benign tertian malaria*—(a) A minimum count of 500 parasites per cmm. is usually necessary to cause fever but this differs in different patients. (b) The variations in the numbers in a given patient are not due to migration of the mature parasites to the internal organs, but to their multiplication and destruction. (c) The schizont count, before a rigor was compared with the young trophozoite count after the rigor. The largest increase in parasites was a ninefold one. Usually the increase is much less than this, because many of the merozoites—50 to 100 per cent.—fail to infect red cells and are destroyed. (d) On an average only some 20 per cent. of the young trophozoites reach maturity as was shown by counting them just after a rigor and comparing the figure thus obtained with the number of schizonts present about 40 hours later.

*In subtertian malaria*—(a) A count of 800 to 1,500 parasites is usually necessary to cause fever. (b) The wide and frequent fluctuations in their number is ascribed to the migration of mature parasites to the internal organs, and to the flooding of the blood with young parasites which come from these organs. (c) Increase or decrease in the parasite count is not necessarily followed by an increase or decrease in the fever of subtertian malaria but, in benign tertian, the fever generally rises and falls with the number of parasites. The author considers that the destruction of parasites occurs in two ways (1) by lysis or phagocytosis of free merozoites. (2) By ingestion of infected red cells by the reticulo-endothelial system. W. F.

TAKE (P.) & VINCENT (M.) *The Susceptibility of Autogenous and Anautogenous Races of *Culex pipiens* to Infection with Avian Malaria (*Plasmodium relictum*)—Parasitology 1934. Oct. Vol. 26. No. 4. pp. 512-522. [18 refs.]*

Two strains of the same species of avian malaria may produce very different infection rates in mosquitoes, and this difference is not merely one of the relative numbers of gametocytes formed by different strains.

An Algerian strain of *P. relictum* produced an infection rate of 89 per cent., while with a German strain the rate was only 43 per cent. The difference in the infection rates does not depend upon the strain of *C. pipiens* which is employed as a vector. A given strain of *P.*

*relictum* was transmitted to the same proportion of birds, by English, Greek, Maltese, Hungarian or cross-bred strains of *C. pipiens*. Some birds resisted infection with the sporozoites of *P. relictum* and a few (less than 1 per cent.) resisted infection by blood inoculation. No seasonal influence was found as regards the infection of *C. pipiens* by *P. relictum*.  
W F

SHAH (K. S.) ROZEBOOM (L. E.) & DEL ROSARIO (F.) Studies on the Infectivity of *Plasmodium cathemerium* of Canaries for Mosquitoes. — *Amer. J. Hyg.* 1934 Sept. Vol. 20 No. 2 pp. 502-507

Gametocytes and infectivity appear as early as trophozoites. Some individual mosquitoes are immune.

Canaries *Culex pipiens* and *P. cathemerium* were used in these experiments. It was found that when mosquitoes were fed on canaries during the early course of infection some of them became infected during the first and second day on which parasites were present in the blood, but the percentage of infection was low. Individual immunity existed among mosquitoes when a batch of mosquitoes all ingested the same number of parasites some of them resisted infection, provided the number was not too great when enormous numbers of parasites were ingested this individual resistance was broken down and all the mosquitoes became infected. It was found that mosquitoes feeding during the night were more likely to become infected than those feeding during the day and the authors attribute this to the presence at night of a greater number of mature gametocytes in the blood. In infections of canaries, both with injections of blood containing asexual forms and with injections of sporozoites, gametocytes were produced early in the infection, and in most cases simultaneously with the appearance of asexual forms.  
W F

- i. TALIAFERRO (William H.) & TALIAFERRO (Lucy Graves) Morphology, Periodicity and Course of Infection of *Plasmodium brasilianum* in Panamanian Monkeys. — *Amer. J. Hyg.* 1934 July Vol. 20 No. 1 pp. 1-49 With 17 text figs. & 85 figs. on 2 plates. [21 refs.]
- ii. — & — Alteration in the Time of Sporulation of *Plasmodium brasilianum* in Monkeys by Reversal of Light and Dark. — *Ibid.* pp. 50-69 With 3 figs.
- iii. — & — Superinfection and Protective Experiments with *Plasmodium brasilianum* in Monkeys. — *Ibid.* pp. 60-72. With 2 figs. [15 refs.]

This investigation follows similar work on the infection of *P. cathemerium* in the canary (this *Bulletin* Vol. 28 p. 494)

1. *Plasmodium brasilianum* was studied in 9 naturally infected and 67 experimentally infected Panamanian monkeys. These comprised black and red spider-monkeys, black and brown howlers, white-throats, marmosets and night monkeys. The sexual and asexual stages of the parasite are uniformly quartan-like. They do not enlarge the red cell. The asexual cycle exhibits a 72-hour quartan periodicity and sporulation occurs regularly between 8 a.m. and 4 p.m. on every third day if one brood of parasites is present, but in natural infections there are often several broods in the blood. The mean number of nuclei occurring in sporulating forms varies between 8.5 and 10. The morphology of the parasite shows slight differences in the different

species of monkeys in some, band forms are noticeably common in others, the number of nuclei in the schizonts is above the average. Moreover the disease is more severe in some species than in others. The infections are characterized by (1) an acute rise in the number of parasites (2) a crisis with a fall in their number either precipitous or gradual (3) a developed infection which is of low grade (4) a series of short latent periods, when no parasites can be found, alternating with relapses. The relapsing nature of the infection corresponds to that of quartan malaria in man. Without any mortality of parasites, the infections should increase by about 9 times at each sporulation, since the number of merozoites produced is 8.5 to 10 for each schizont but even during the acute rise, the greatest increase is far less than this. After the survivors successfully enter new cells, more perish during the acute rise, but an even greater mortality takes place at the crisis and thereafter.

The death of the parasites before the crisis takes place in a previously uninfected host and represents natural resistance, that at and following the crisis is increased as a result of infection and represents acquired resistance." The authors found no difference between primary attacks and relapses in both, the temperature was correlated with the growth of the parasites, and the fever was quartan in type unless several broods of parasites were present.

ii. By subjecting 3 monkeys infected with *P. brasilianum* to a reversal of the normal 12 hour periods of light and dark for from 21 to 43 days, the customary periodicity of the reproductive cycle was altered so that, within 2 to 3 weeks, sporulation occurred at a maximum rate just after 8 p.m. instead of just after 8 a.m. In one of the monkeys, the one brood of parasites present split into two broods, one of which sporulated 12 hours before, and the other 12 hours after the original brood had sporulated.

iii. Monkeys with a latent infection of *P. brasilianum* proved immune to inoculations with the same strain and also to inoculations with the other strains tested. This immunity was effective immediately after the initial infection had abated and it lasted for at least a year (as long as tested) H. F.

JERACE (Felice) Osservazioni sui rapporti tra intensità dell'infezione, durata del periodo di incubazione, tipo febbrile e decorso clinico della malaria umana indotta con anofeli o con sangue. [Intensity of Infection, Incubation Period, Type and Course of Induced Malaria.]—*Riv. di Malariologia* Sez. I 1934. Vol. 13. No. 6. pp. 694-704. With 3 graphs. English summary (9 lines).

The author has studied the results of inoculating 52 general paralytics with malaria, 22 of them by mosquitoes and 30 by injection of blood from a patient with benign tertian parasites. The points for special observation were (1) *The effect of the number of biting anopholes on the period of incubation*. He found that with up to ten anopholes the average incubation was 15.5 days, with more than eleven 13.7 days. Also with recently infected mosquitoes, up to ten days, the period was 14 days, with those infected earlier from 11 to 30 days, the period was 16.5 days. The general average worked out as 14.5 days.

(2) *Comparison between mosquito infection and that by direct inoculation of blood in the effects on incubation period, type of fever and duration of the acute fever i.e. number of febrile attacks*. The incubation

period was on an average 12.5 days after blood inoculation or two days shorter than that with mosquitoes. As regards the type of fever after mosquito infection among the 22, fourteen or 63 per cent. had quotidian fever 6 or 27 per cent. tertian fever and 2 or 9 per cent. a mixed type. In contrast of the 30 inoculated with blood direct 14 or 47 per cent. showed quotidian 12 or 40 per cent. tertian and 4 or 13 per cent. a mixed type of fever. Thirdly as regards duration in 27.3 per cent. (6 cases) only of those infected by mosquitoes did the fever come to an end spontaneously *i.e.* without the use of quinine, whereas in 13 of the direct blood infected or 43 per cent. this spontaneous cessation took place.

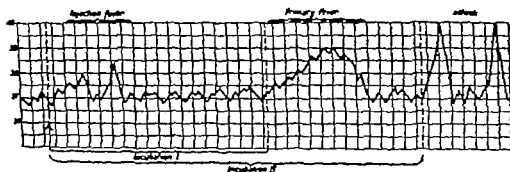
H H S

1. ASSENDELFT (F) *Therapeutic Malaria. A Parasitologic Study — Riv di Malarologia* Ser. I 1934 Vol. 13 No 6. pp 679-683. With 11 figs.

The primary fever which is usually tertian in the natural malaria of Holland is more often quotidian in therapeutic malaria.

These observations were made on 350 cases of benign tertian therapeutic malaria. 288 were infected by means of subcutaneous injection 32 by intravenous injection, 30 by mosquito bites. A fever which the author calls injection fever occurred during the first 3 days in 43 per cent. of the patients inoculated subcutaneously. He attributes it to the multiplication of the parasites at the site of inoculation. When only a few parasites were inoculated, this fever did not arise. When the number was over 10 million it occurred in 80 per cent. but when it was less than a million it did not occur at all. The length of the incubation period is influenced by the number of parasites injected, the compatibility of the blood of donor and recipient, relative immunity etc. A fever occurs in primary infections at the end of the incubation period. This lasts about a week and is known as the primary fever. It is only slightly remittent. Primary fever does not often occur in patients who have had malaria before. The primary fever is followed by the attack which is of tertian type in the naturally acquired malaria of Holland, but is more often quotidian in therapeutic malaria where inoculations are made from patient to patient. The parasites have a tendency to form a second generation and consequently two generations are often inoculated. The smallest number of parasites which is sufficient to cause fever or the pyrogenic limit, differs in different patients and may be anything from 2 to 12,000 per cubic millimetre.

IV F



Normal fever curve in therapeutic malaria, showing injection fever (due to the development of parasites *loco injectionis*) primary fever and attacks.

[Reproduced from the *Rivista di Malarologia*]

WHITE (R. Senior) Three Years Mosquito Control Work in Calcutta.—  
*Bull. Entom. Res.* 1934 Dec. Vol. 25, Pt. 4, pp. 551-596.  
 With 10 figs. [72 refs.]

The number of kinds of mosquitoes known to occur in Calcutta is 48 and, although very few of these are of importance either economically or numerically species which are vectors of malaria, filariasis, dengue and yellow fever are abundantly represented. Notes, chiefly concerned with bionomics, on all but two of the forty-six species are given. Those against which, owing to the numbers in which they are present or their importance as disease-carriers, work is required are —*Anopheles subpictus* *A. vagus* *A. stephensi* *Culex fatigans*, *C. tritaeniorhynchus*, *C. gelidus* *Aedes aegypti* and *A. albopictus*. In addition constant watch must be kept against the introduction of *Anopheles sundanus* the notorious malaria-carrier of the Netherlands Indies and the Andamans.

The greatest pest in Calcutta is, however *Culex fatigans* to the bionomics of which including a résumé of relevant literature from 1919 to 1934 the major portion of the present paper is devoted. In Garden Reach, in the third year of control, *C. fatigans* still formed "65 per cent. of the total mosquito catch," and two-thirds of the specimens of this species caught annually are secured from January to April, when rainfall is low. Very little is yet known as to the exact breeding requirements of the insect, and investigation of breeding-places by specialists in the chemistry and bacteriology of sewage would probably yield valuable data. Meantime it is of interest to note that the open sewers to the east of Calcutta, stagnant or nearly so except at periods of heavy rain, are "simply enormous elongate breeding-places, where larvae can be spooned up at an almost unbelievable density."

*Culex fatigans* of which the adults are on the wing in all stages, from newly emerged, unfed females to those which are ready to oviposit, appears to move about chiefly during the first two hours of darkness. In a controlled area it is possible, from the percentage of Stage I adults found in morning catches, to determine whether the control work is satisfactory.

E. E. Austin.

COVELL (G) Note on the Control of Mosquitoes and Malaria in Delhi.—  
*Records of the Malaria Survey of India.* 1934. Sept. Vol. 4.  
 No. 3. pp. 273-289 [28 refs.]

The official policy in Delhi for the last 25 years has been to call for repeated reports and then to ignore the advice given.

The mosquito nuisance complained of in Delhi during April is entirely due to the prevalence of culicine mosquitoes, chiefly *Culex fatigans*. It has been suggested that the Kilokri Sewage Farm, situated at some distance from the town, is the source of these mosquitoes, but the author thinks it highly probable that most of the trouble is caused by local breeding in New Delhi itself. Expert advice on the control of mosquitoes and malaria in Delhi has been sought and given on many occasions during the last 25 years. For example Colonel SUTTON has visited the city on four occasions, and has submitted three reports. Dr MACDONALD has made two visits and has also submitted a detailed report. Unfortunately only a small proportion of the permanent measures recommended has been carried out. For example Every one of the many experts who have been called in to investigate malaria

conditions in Delhi has laid down that borrow pits should be filled or drained, and that in future all excavations of this nature should be strictly prohibited. Yet during the last 3 years, fresh borrow pits have been created as follows

It is difficult to refrain from the comment that a community which allows this state of things after so many warnings deserves all the malaria and mosquito nuisance that it gets.

It is not considered that the control of mosquitoes and malaria in Delhi will ever be really satisfactory until a whole-time fully trained malaria officer is appointed. The author understands however that the prospect of such an appointment being made is exceedingly remote.

W F

WILLIAMSON (K. B) *The Control of Rural Malaria.*—Reprinted from *M.A.H.A. Magazine* [Malayan Agri Horticultural Association]  
 1833 July & Oct Vol. 3 Nos. 3 & 4 pp 145-150 201-206  
 1834 Jan. & Apr Vol. 4 Nos. 1 & 2 pp. 224-228 281-291

The author advocates the use of rotting vegetation (Herbage Cover) metallic poisons, and sluicing to control mosquito breeding

The principles directing the control of malaria must accommodate themselves to two facts firstly that the cost of effecting it by current urban procedures would be prohibitive, and secondly that rural areas with few exceptions, lie outside the possible range of skilled medical control. Some waters are rendered unsuitable by nature for the breeding of anopheline larvae, and the author's thesis is that these natural methods should be imitated and developed in order to free rural areas from malaria. The costs of ordinary subsoil drainage are prohibitive in such districts except when money from general revenues is poured into small rural areas as has been the case in Singapore and Penang. The waters of the coastal flat land of British Malaya are unsuitable for the breeding of the dangerous carrier *A. maculatus*. One of the main reasons for this is the presence of rotting vegetation and this can be imitated by adding vegetable matter to the water of breeding places. We can also regulate and multiply the sluicing effect seen in rapid streams after storms. Its effectiveness is probably the result of several things besides larvae being washed away. The larvae and eggs are stranded high and dry the composition of the water is probably changed by the disturbance of the bed of the channel and breeding ceases to occur. Oiling is unsuited for rural areas not only because it is too expensive but also because it kills crops and fish. Paris green in Malaya, has been found dearer and less suitable than oil. There is no danger of arsenical poisoning from Paris green because a fungus, a *Penicillium*, causes it to be dissipated in the form of arseniuretted hydrogen, which does no harm in the open air though it has led to poisoning in rooms papered with wall-papers containing arsenical pigments. The possible effects of light and sound rays upon mosquitoes are discussed, but the author does not consider them likely to be of much practical value.

He has investigated the effect of slowly-dissolving mineral poisons upon larvae, and has found that the larvae of *A. maculatus* die within 5 days when copper or brass is present in the water. The practical problem is to procure cheap ores or residues, slightly more soluble than most of the compounds tested in the laboratory which will ensure that the minute traces of copper needed to safeguard breeding waters will be maintained in spite of rain and seepage flow and a search for these



is being made. Slow mineralization promises a possibility of effective control which may reduce the labour cost of treating pools and seepages to a fraction of what it now is. But the method is clearly inapplicable to rapidly running water and its usefulness in ponds and marshes is doubtful. On the other hand, the coppering of containers in towns threatened with yellow fever might be an invaluable aid in fighting the disease if it ever appears in this country. Another natural method is specially mentioned, it is known as "Herbage Cover."

"Shallow water up to a few inches deep is covered with plucked grass and herbage or the leaves of trees with a few twigs intermixed so as to form a brushwood drain for running water. The herbage is well trampled under foot until it forms an almost solid wall a foot or more in height. It cannot be penetrated by egg-laying mosquitoes. It provides dense shade and, at least in stagnant water sufficiently concentrated rotting to prevent the breeding of malarial species. Very little relocation of the herbage occurs in ordinary hillfoot or other drains, if their lower ends are provided with a double row of stakes to keep the solid mass of vegetation in position. The method is particularly effective for stagnant pools where the biochemical effects of the rotting vegetation are greatest. It is therefore probable that by this simplest, speediest, and cheapest of all anti-malarial measures, much of the malaria of the hills and hill valleys might be stamped out, if measures were taken to teach it to villagers. To limit effort to culling, which is better suited for dealing with the malaria in other countries, is to disregard the help to be derived from local circumstances, and to fly in the face of reason and common sense. Fish ponds should everywhere be established at the heads and along the course of the dangerous irrigation channels in hill valleys and should be used to sluice the channels."

[Sluicing has not proved satisfactory in other parts of the Malay States. *Ante* p. 139.] IV F

MORIX (Henry G. S.) Note préliminaire sur un dispositif économique pour la destruction des larves d'anophèles dans certains ruisseaux. [An Economical Method for the Destruction of Anopheles Larvae in Certain Streams].—*Bull. Soc. Méd.-Chirurg. Indochine*. 1934. Oct. Vol. 12. No. 8. pp. 743-746. With 3 figs.

The principal vectors of malaria in the highlands of Indo-China are stream-breeders, and when the rains come they are washed away by the flood. The author seeks to imitate this by artificial flushing. He has seen streams in Penang and in the Malay States which are treated with success in this way thus saving the cost of culling, etc. A barrage is built across the stream, and twice a week the impounded water is released by a cohee, and the stream is washed out. Diagrams are given of a siphonage apparatus designed by the author which would do this automatically.

[The difficulty in Malaya has been that the whole erection is washed away in the heavy rains. *Ante* p. 139.] IV F

STRAUTHERS (E. A.) & SINGH (S. N.) The Use of Bamboo in Subsoil Drainage. Review of Three Years' Experiment.—*Malayan Med. J.* 1934. Dec. Vol. 9. No. 4. pp. 197-199.

Bamboo pipes have been used for subsoil drainage in the Malayan town of Kuala Lipis for the last 3 years, and the authors conclude that this method is of use in isolated places where the cost of transport of oil or tile pipes is high and where bamboos are plentiful.

The pipes are prepared by sawing through the stems on either side of the nodes and as close to the node as possible. They should have a diameter of not less than 3 ms. They are prepared by soaking in water in order to get rid of the internal pith coating. They are buried at least 5 ft deep. The upper surface of the joints between the pipes is luted with clay in order to prevent the entrance of silt. Inspection pits made of tile pipes set vertically are put in at all junctions. The bamboo at the bottom of the pit is cut in half to form an open invert. [See this *Bulletin* Vol. 31 p. 153] IV F

DE BENEDETTI (Augusto) Considerazioni tecnicopratiche sui metodi di lotta contro le larve anofeline. [Measures against Anopheline Larvae.]—*Riv di Malarologia* Ser. I 1934 Vol. 13 No. 3 pp. 365-371 [10 refs.] English summary (5 lines)

The author discusses a method for causing Paris green to float for a long time.

In an earlier communication (this *Bulletin* Vol. 31 p. 710 and *Riv di Malarologia* Vol. 12, pp 92-97) the author described a method of mixing small quantities of mineral oil with ordinary garden soil, which was then heated and used as a diluent for Paris green. He now gives further details of his method of application and describes several experiments. In one, which was carried out in a bucket and not under field conditions, arsenic was discoverable chemically after 27 days and though the quantity was very small larvae were killed on that day within 24 hours.

[It seems that we have here an original idea, and it should surely be possible to discover more precisely how to render the soil and Paris green unsinkable and whether the Gutzert test for arsenic is appropriate. It appears desirable that experiments should be carried out on several types of water in the field.] P A Buxton

WASSILIEFF (A.) Expériences sur un nouveau produit arsenical larvicide. [A New Arsenical Larvicide.]—*Arch Inst Pasteur de Tunis* 1934 Dec. Vol. 23 No 4 pp 449-454

The copper arsenate prepared by the author is far cheaper than Paris green and equally efficient.

The drawbacks to Paris Green are its high price and the complicated machinery required for its manufacture. In order to be effective it must contain at least 50 per cent. of  $As_2O_3$ , and this makes it expensive. A preparation of arsenite of copper known as Arsmal has been made in Russia (this *Bulletin* Vol. 31 p 57) it contains only 8.86 per cent. of  $As_2O_3$ , costs only a fifth of the price of Paris green but is equally efficient as a larvicide. The author describes the method by which he has made copper arsenite from  $As_2O_3$ ,  $CuSO_4$  and  $CaCO_3$ . The results confirmed the work done in Russia. It was as effective as Paris green in destroying larvae under laboratory conditions. It was easy to prepare, and far less costly. The powder is finer than Paris green. W F

TREILLARD (M.) Destruction saisonnière domestique des anophèles adultes (*H. mssima*) pour la prophylaxie antipaludique en Indochine méridionale. [The Destruction of Adult Anopheles as an Anti-Malaria Measure in S. Indo-China.]—*Bull Soc Path Exot.* 1934 Dec. 12. Vol. 27 No 10 pp 837-839

The author recommends an apparatus, similar to that employed in smoking out bees for destroying anopheles in the coolies huts on the

rubber-estates of South Indo-China. The fumigant is creosyl which drips slowly from a reservoir on to a hot-plate. The vapour is directed by bellows into all corners and crannies. This method is specially suited to *A. sinensis* for it remains in habitations after feeding. It should be applied for several weeks before and after the rains. W F

RUSSELL (Paul F) Zoophylaxis Fallura. An Experiment in the Philippines.—*Rev. di Malariologia*. Sez. I. 1934. Vol. 13. No. 5. pp. 610-616.

Zoophylaxis is not only of doubtful value in the Philippines, but may actually be a danger. It has nowhere been shown to be an effective direct weapon against malaria. On alternate nights the author tied up four buffaloes, one on each side of a native house at a distance of a few yards. Inside the house was a man under a mosquito net. The mosquitoes in the house were caught every 2 hours during the night for a period of two months. Many more anophelines were caught when the buffaloes were present than when they were absent. When an animal barrier was present three times more anopholes were caught than on the nights when there was no barrier. W F

WILLIAMS (Louis L.) Jr. Civil Works Administration Emergency Relief Administration Malaria Control Program in the South.—*Amer. J. Pub. Health*. 1935, Jan. Vol. 25. No. 1 pp. 11-14

Antimalaria drains have been dug by the Unemployed under the Relief Works Scheme.

The Federal Emergency Relief Administration was organized in the spring of 1933 and relief labour has been utilized for the control of malaria. The Public Health Service supplied the technical supervision for the drainage work and was given \$350 000 by the Civil Works Administration. Nearly 6 000 miles of drains were cut which drained 100 000 acres of pond and more than 200 000 acres of swamp. The trend of malaria in the United States has been steadily downwards for the last 70 years, with a few slight interruptions. One of these occurred in the summer of 1934 when there was more malaria than at any time during the last 20 years. It is encouraging to note that this increase in malaria has not affected those districts where Emergency Relief projects have been completed. W F

MOSNA (Ezio) La chinoplasmina usata nella profilassi della malarie. [Quinoplasmine in Malaria Prophylaxis].—Reprinted from *Riv. Croce Rossa*. Rome, 1934. Vol. 9. No. 6. 15 pp. With 6 graphs.

Administration twice weekly of quinoplasmine (2 cgm. to adults with doses proportionately less for children) to the entire population of 771 in a commune where malaria is hyperendemic, during a period of five months (18th May-21st October) has resulted in (1) a marked reduction in malaria incidence among the population in general (2) marked reduction in incidence among those born during the year (3) absence of infected anopholes throughout the period of experiment (4) absence of symptoms of toxicity or intolerance of the drug.

In 1931 MISSIROLI and MARINO treated the whole population of Torpè (East Sardinia) for a period of 10 days in April and June with quino-plasmine and adduced therefrom that the prophylaxis so obtained is of brief duration and that continued treatment of all patients with fever does not eliminate all sources of infection because many when first seen have gametocytes in their blood [see this *Bulletin* Vol. 31 p 473]

In the following year they treated the whole population on alternate days in June and July the time of greatest prevalence of anopheles. As a consequence they found no infected anopheles during this period and that the time of maximum incidence of malaria was postponed to September. MISSIROLI and MARINO deduced that it would be possible to control, if not eradicate malaria in hyperendemic zones by administration of this drug on alternate days throughout the time of malaria transmission. During the two months preceding the experiment described in this article examination of 191 children under 12 years living in Posada, on the east coast of Sardinia 6 kilometres from Torpè, revealed a splenic index of 96 per cent. and a parasitic index of 48 per cent. The experiment consisted in administering quino-plasmine (quinine 0.3 gm with plasmoquine 1 cgm.) twice weekly in doses of 2 cgm to adults and correspondingly reduced doses to children 0.25 cgm. to those under one year 0.5 from 1-6 years 1.0 from 6-12 years, 1.5 from 12-19 years. Administration was continued from 18th May to 21st October to 725 out of an entire population of 771. They were for convenience divided into three groups for treatment on different days. The only signs of intolerance were gastralgia (2 cases) giddiness and asthenia (6 cases). During the period careful search was made for all cases of malaria and any found was promptly treated with quinine for 10 days in conjunction with plasmoquine twice a week.

Special points studied were (1) the number of cases of malaria among the population (2) the number among children born during the year (3) the infection of anopheles (4) the splenic and parasitic indices.

As regards the first, the inhabitants of the neighbouring Torpè where quinnization only was used, served as a control. The greatest number of cases occurred in August in both places but whereas in Posada there were only 22 cases per 1 000 inhabitants in Torpè there were 128 and during the whole period of observation there were 95 in the former and 276 in the latter per thousand. The effect on gametocyte carriers is also worth noting. At Posada only two were found, one each with *P. vivax* and *P. falciparum* at Torpè there were 44 with *P. vivax* gametocytes and 30 with those of *P. falciparum*.

The second point the number of children born within the year attacked with malaria. In 1930 there were 14 attacked out of 49 or 48 per cent. in 1931 and 1932 seven out of 30 or 23 per cent. in the experimental period, 1933 only three out of 31 or under 10 per cent.

Thirdly infection of anopheles. Of 816 caught in Posada in June-September not one was found infected, whereas among 572 caught in Torpè there were 10 or practically 2 per cent.

Fourthly the splenic index in the successive years 1931-34 taken in March, has been 12.5 5.8.9 and 0.5 per cent. (in January 1930 it was 28.3) taking count of spleens enlarged to the umbilicus level the percentages of non-palpable spleens have been 3.6 3.7 and 29.5 in the corresponding years. The parasitic indices from 1930-34 have been 42.2 30.32 48 and 20 per cent. respectively

H H S

PIKUL (J) SERGUEV (P) & TIMOURSKAYA (N) [Experiment on the Prophylactic Use of Plasmocide in Daghestan with Observations on the Mosquito Infection Rate].—*Med. Parasit. & Parasitic Dis. Moscow* 1934 Vol. 3, No. 4 [In Russian pp. 322-329. With 6 figs. [11 refs.]]

The greater part of this paper is devoted to an account of the result of treatment of the population of a restricted area with plasmocide. This was found to have a satisfactory schizontocidal and a marked gametocidal action in BT and MT (in the latter case it was combined with quinine). There was a diminution of the infection-rate in mosquitoes captured in the same area after mass treatment has been carried out. Prophylactic treatment with plasmocide is only briefly referred to—a group of 64 persons was treated with doses of 0.03 gm. administered two days in succession—followed by an interval of three days—but no protection resulted since in 14 cases primary infections occurred during the period of treatment. C. A. HARR.

KOMP (W. H. W.) & CLARK (H. C.) A Third Year's Observation in Panama, with Special Reference to Control with Atabrine.—*Amer. J. Trop. Med.* 1934 Sept. Vol. 14 No. 5. pp. 381-406. With 1 fig.

An adverse report on atabrin in the control of malaria. The danger of an oasis of malaria control in a region of high endemicity.

In August 1932, 24 cases of malaria among native Panamanians living along the Chagres River were treated with three 1½ gram tablets of atabrin daily for 5 days. Their bloods were examined monthly for 8 months, and, by the end of this period of observation, 19 of them had relapsed. In January 1933 a number of towns along the same river were surveyed, and the positive cases were treated with atabrin administered personally by the senior author. Each month, for a period of 8 months these towns were revisited, and again those found positive were given a five-day course of atabrin. There were many relapses. Indeed the results in the atabrin treated towns were very little better than in a town where quinine was distributed by a native woman, and, as 5 days atabrin treatment costs about 2½ times as much as 5 days treatment with quinine, the authors conclude that "the use of atabrine does not seem to be a practicable method of malaria control under the conditions existing in certain native villages in Panama." Atabrin did not affect the power of crescents to infect mosquitoes—abundant infection occurred in *A. albimanus* as the result of feeding upon atabrin-treated patients whose blood contained only crescents. As usual in work of this sort it was found impossible to treat all those found positive in the monthly surveys, because of their absence during the succeeding treatment period.

Though nearly every inhabitant of these river towns is infected with parasites, there is very little clinical malaria, and, during the past three years, the authors have not heard of a single death from malaria. "This of itself bespeaks a high tolerance for the disease." Certain persons were met with whose blood remained free from parasites for a year or more, and who then were attacked by clinically severe malaria. It seems that the severity of clinical symptoms is greater in these primary cases which occur after a long period of freedom than it is in cases which increase to clinical proportions from time to time in the course of a more or less continuous latent infection. This and similar

observations by other workers would lead us to believe that there is a certain element of danger in successful control of malaria to the inhabitants of any circumscribed area lying within a region of high endemicity. If continued freedom from parasites means a gradual loss of tolerance the inhabitants of such an oasis may suffer severely from epidemics of malaria originating from introduced cases so that their last state would be worse than their first.

W F

RUSSELL (Paul F) Avian Malaria Studies, IX. Atabrine as a Prophylactic Drug in Sporozoite Infections of Avian Malaria.—*Philippine Jl Sci* 1934 Aug. Vol. 64 No. 4 pp 483-493 [17 refs.]

Canaries were given intramuscular injections of atabrine for a few days and were then inoculated with the sporozoites of *Plasmodium capistrum* from infected *Culex fatigans*. The atabrine did not act as a prophylactic against the sporozoites. It neither prevented infection nor lengthened the period of incubation.

W F

MEHTA (Dev Raj) Studies on the Longevity of Some Indian Anophelines Part I. Survival of *Anopheles subpictus* Grassl under Controlled Conditions of Temperature and Humidity.—*Records of the Malaria Survey of India* 1934 Sept. Vol. 4 No 3 pp. 261-272. With 2 charts & 1 fig [33 refs.]

*A. rossii* (*subpictus*) does not live long enough to act as a carrier in nature.

It has been suggested that the reason why *A. rossii* (*A. subpictus*) though easily infected in the laboratory is not a carrier in nature may be that it does not live long enough in the hot weather of the malaria season to allow the development of the parasites. These experiments were conducted at the Ross Field Experimental Station for Malaria at Karnal in order to test this hypothesis. The technique employed is described and illustrated. It was found that at 95°F with humidity ranging from 30 to 90 per cent. *A. subpictus* lived from 3 to 8 days and at 86°F it lived from 6 to 14 days. It is concluded that the females of *A. subpictus* live, for the most part from 5 to 11 days at 30°C. (86°F) and therefore the sporogonous cycle of the malarial parasite cannot be completed during the life of the mosquito host. This is one of the important factors elucidated to explain why *Anopheles rossii* (*subpictus*) is not a carrier of malaria in nature.

W F

BOSE (K.) Larval Survey of the Land around Birnagar and Determination of the Longevity of the Local *Anopheles culicifacies* and its Habits.—*Records of the Malaria Survey of India*. 1934. Sept. Vol. 4 No 3 pp 253-259 With 1 map

*A. culicifacies* occurs here but it is harmless. *A. philippinensis* is the carrier

This survey was made under the auspices of the Birnagar Palli Mandali (Bengal). The results point to *A. philippinensis* as the principal carrier in the surrounding villages, as it is in Birnagar itself. The country round the town consists of rice-fields interspersed with villages. No *A. philippinensis* can be found in the rice-fields here the

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commonest species is *A. hyrcanus* var. *nigerrimus*. The chief breeding places of *A. philippinensis* are the ponds and lakes, known as bñils and tanks, which are overgrown with weeds. *A. culicifacies*, the notorious carrier of the Punjab and Southern India, breeds during the dry weather in the Churni River which flows past Birnagar but during the rains and the fever season it becomes scarce. No infected specimens have been found in the district, and it appears to be unimportant.

W F

TOUMANOFF (C.) Observations sur les habitudes trophiques des anophélines de la colonie de Hong Kong [The Trophic Habits of the Anopheles of Hong Kong Colony].—*Bull. Soc. Path. Exot.* 1934 Oct. 10. Vol. 27 No. 8. pp. 745-749 With 3 figs. on 2 plates.

#### A study of zoophily in the Far East.

In Shing Mun a temporary labour settlement, and Wo-Li-Hop, a small village, both situate in the colony of Hong Kong and with the same anopheline fauna, the percentage of naturally infected mosquitoes is very different. According to JACKSON dissection of 2,155 *Anopheles sinensis* 10,836 *A. jeyporensis* 230 *A. maculatus* and 2,818 *A. hyrcanus*, caught at Shing Mun, showed 12.48, 9.83, 3.48 and 1.21 as the respective percentages of infection at Wo-Li-Hop among 1,185 *A. sinensis*, 3,707 *A. jeyporensis* 187 *A. maculatus*, and 176 *A. hyrcanus*, the corresponding percentages were 3.83 and 3.21 for the first two species, while dissection of the others was negative. The explanation of this striking discrepancy would seem to be "animal deviation." At Wo-Li-Hop, where there are many buffaloes, oxen and pigs, the cowhouse, though sometimes separate, is often divided from the dwelling merely by a wall, while the pigsties are usually solidly built and well shut in. Animals at Shing-Mun, on the other hand, apart from dogs and goats, are practically non-existent. By way of control, precipitin tests (results given in a table) were made of the stomach-contents of mosquitoes caught at the two villages mentioned, and of others taken at Shomun-Hill in Hong Kong Island, where livestock consists chiefly of pigs kept in sties of a type unlikely to shelter anophelines. At Shing Mun, where there are no cattle or pigs, 89 per cent. of mosquitoes of the four species mentioned above were gorged with human blood at Wo-Li-Hop, on the other hand, out of 92 *Anopheles* caught for the most part in cow-houses, only 7 contained human blood, and even 23 out of 26 specimens of the notorious *A. sinensis* proved to have been feeding on buffaloes.

In the opinion of the author these and other results of what is admittedly a preliminary investigation demonstrate the interest of the study of zoophily and of prophylaxis by means of zoophily in the Far East and the possible importance of the correct housing of livestock as affecting the incidence of local endemic malaria."

E. E. A

TOUMANOFF (C.). Quelques faits sur les habitudes trophiques des anophélines d'Extrême-Orient. [Notes on the Trophic Habits of the Anophelines of the Far East.].—*Bull. Soc. Path. Exot.* 1934 Dec. 12. Vol. 27 No. 10. pp. 832-836.

As is shown in a table, all oriental anophelines may attack animals, and precipitin results hitherto obtained serve to stress the importance

of the study of zoophily in the Far East. In the case of *Anopheles minimus* and *A. jayporiensis* chief malarial vectors in Indo-China and Hong Kong, buffaloes rather than cattle seem on occasion to replace man as hosts and may perform a similar office for other paucidentate species. On the other hand, multidentate species adapted to feeding upon livestock and of little or no account as malaria-carriers, have been found gorged with bovine blood where cattle alone were present. Where cattle but no buffaloes are kept *A. minimus* is definitely androphile, whereas *A. vagus* governed perhaps, as are also probably other zoophile species by an imperious tropism batters especially on ox blood.

The proportion of female mosquitoes of innocuous non-malaria carrying species found gorged with human blood inside dwellings is relatively small thus out of a total of 334 precipitin tests of the stomach contents of *A. hyrcanus* var *sinensis* *A. tessellatus* *A. subpictus* *A. barbirostris* and *A. vagus* only 20 (5.9 per cent.) showed human blood. In the case of *A. vagus* out of 261 tests on specimens caught in dwellings only 9 reactions were positive with anti human serum, and the percentage of animal blood in this species is sometimes 100.

In Cochin-China, contrary to what happens in Europe in the case of *A. maculipennis* the absence of perfect stalling for cattle does not hinder completely the deviating effect of livestock upon the innocuous anophelines which frequently use dwellings merely as retreats after feeding. Thus there is often an absence of correlation between the trophic habits of anophelines in Cochin-China and their ascertained presence in habitations. It is especially where livestock is absent or scarce that the innocuous *Anopheles* in houses contain human blood in such places should they have access to gamete-carriers, they may become dangerous.

A postscript by ROUBAUD emphasizes the theoretical and practical interest of Toumanoff's observations on deviation by the buffalo of paucidentate typically androphile anophelines in the Far East

E E A

TOUMANOFF (C) & HU (S) Premières données sur la zoophilie de *A. hyrcanus* var *sinensis* en Chine (région de Shanghai) [Zoophily of *Anopheles hyrcanus* var *sinensis* in the Shanghai Region.]—*Bull Soc Path Exot* 1934 Oct. 10 Vol. 27 No 8. pp 741-745

Although several times found infected in nature (on one occasion in Sumatra 12 per cent. out of 3 638 specimens dissected were positive) *A. hyrcanus* var *sinensis* as a vector of malaria is considered to be practically negligible. This mosquito which has a well developed maxillary armature feeds freely on animal blood, and as a rule becomes naturally infected only in isolated cases. At the same time in certain parts of China especially the regions of Shanghai and Nanking no other anopheline is known to occur so that *A. hyrcanus* var *sinensis* is the only possible carrier of the local malaria. Using the precipitin test on material obtained from a small village some 10 miles from Shanghai where the mosquito in question is very abundant in summer both in dwellings and in cattle-sheds while the incidence of malaria in the district is relatively slight 295 out of 300 reactions were positive



for buffalo blood, while 4 more showed mixed buffalo and human blood. Thirty five additional specimens were uniformly positive for buffalo blood. Since *A. hyrcanus* var. *sineus* can readily be infected experimentally the importance of zoophily as a safeguard to human communities in China is obvious. In Hong Kong, where cattle are nearly absent, the same species of mosquito is almost invariably gorged with human blood.

E. E. A.

TOUMANOFF (C.) Caractéristique des représentants du "Rossi-Ludlowi" groupe de l'Indochine. Première note *A. subpictus* Grassl. [Characters of the Indo-Chinese Representatives of the Rossi-Ludlow Group. I. *Anopheles subpictus*.]—Bull. Soc. Méd. Chir. Indochine. 1934. Aug-Sept. Vol. 12. No. 7 pp. 657-673. With 10 figs.

Much of this paper is concerned with a detailed comparison, in both the larval and the adult stages, of the Tongkingese form of *A. subpictus* (syn. *A. rossii*) with *A. subpictus* var. *indefinitus* as found by KROU in the Philippine Is. (see this Bulletin Vol. 29 p. 479) and with the typical form as described by GRASSL. Notes are also given on the diagnostic characters of *A. subpictus* as it exists in Cochín-China, and on those of *A. vagus* in Tongking. Though in both Southern and Northern Indo-China *A. subpictus* appears to belong to the var. *indefinitus* in Cochín-China it is to some extent intermediate between the variety and the typical form. *A. subpictus* in Tongking is best distinguished from *A. vagus* by the amount of black on the palpi in the female, and in the male by the length of the filament of the phallome.

To what extent, if any *A. subpictus* is a malaria-carrier whether in Tongking or in Cochín-China, it is as yet difficult to say. E. E. A.

TREILLARD (M.) Tableau synoptique pour la détermination rapide des anophèles d'Indochine. I. Adultes. [A Synoptic Table for the Rapid Determination of the Anopheles of Indo-China. I. Adults.]—Bull. Soc. Path. Exot. 1934. Oct. 10. Vol. 27 No. 8. pp. 751-753.

Although numerous keys for the determination of Far Eastern Anopheles already exist, it is claimed by the author that the dichotomic method is not without drawbacks, chief among which are final uncertainty and the impossibility of comparing the same characters in all species, and the different species one with another. Figures of whole insects in black-and-white or in colour are likewise open to objection, and are difficult to manipulate. Taught by experience, Treillard prefers a combination of synoptic table and diagram, by means of which reliable determinations may be arrived at with ease and rapidity. The table at the end of this short paper includes, besides other details, a schematic representation of leg and palpi-markings in twenty-one species of Anopheles found in Indo-China.

E. E. A.

EVANS (A. M.) Further Notes on African Anophelines, with a Description of a New Group of *Alysiomyia*.—Ann. Trop. Med. & Parasit. 1934. Dec. 20. Vol. 28. No. 4 pp. 549-570. With 11 figs. [13 refs.]

In this paper which is purely systematic, notes are given on *Anopheles distinctus* and its allies, and the following new species and

varieties are described — *A. distinctus* var *ugandae* *A. Myzomyia schwedeni* (Belgian Congo French Sudan) *A. theileri* var *septentrionalis* (Uganda Anglo-Egyptian Sudan) *A. (Myzomyia) wilsoni* (Tanganyika Territory) and *A. (Myzomyia) lovettii* (Tanganyika Territory). The two latter species constitute the new group *Eomyzomyia* which is likewise described. The author also furnishes a Provisional Key for separation of the females of *A. distinctus* and the *Anophelinae* resembling it discusses the systematic position of *A. rufipes* and adds notes on certain morphological characters of *A. ardensis* *A. machardyi* and *A. natalensis* and its var *multicinctus*.

E E A

BUXTON (P. A.) Further Studies upon Chemical Factors affecting the Breeding of *Anopheles* in Trinidad.—*Bull. Entom. Res.* 1934 Dec. Vol. 25 Pt. 4 pp 491-494

BEATTIE working in Trinidad found with regard to the hydrogen-ion concentration and  $\text{CO}_2$  content, that no definite correlation exists between the reaction of the water and the prevalence of *A. tarsus maculatus* (see this *Bulletin* Vol. 30 pp 293-294). Nevertheless the prevalence of larvae of this mosquito in ponds appeared to vary inversely with the amount of ammonia nitrogen in the water and there was reason to think that oviposition was possibly affected by this factor.

In the present paper Buxton endeavours to make fuller use of BEATTIE'S original and hitherto only partly published data. As regards ammonia nitrogen it is shown in a table that although there is no very close correlation as the concentration of ammonia nitrogen rises, the number of larvae falls. When the numbers are examined statistically it appears that the effect of ammonia nitrogen only accounts for a little more than 12 per cent. of the variation in the number of larvae. In rice-field waters alone correlation is higher but only a little more than 18 per cent. of the variation in the number of larvae is attributable to the ammonia nitrogen. Since the figures of the latter are not uniformly high in all rice fields it is probable that the ammonia results from sewage contamination rather than the actual cultivation of rice.

A second table dealing with organic nitrogen and the number of occasions when *A. tarsus maculatus* larvae were found in its presence, shows it to be a factor of less importance than that of ammonia nitrogen. While the conclusion that the latter has a greater effect upon the numbers of larvae in Trinidad than any other of the factors which were studied is possibly sound, the determination of the manner in which this factor acts is a matter for laboratory experiment rather than work in the field.

E E A

HILL (Rolla B.) Feeding Habits of Some Venezuelan *Anopheles*.—*Amer. J. Trop. Med.* 1934 Sept. Vol. 14 No. 5 pp 425-429

Nine hundred *Anopheles* of various species, caught between July and October 1929 in three localities in the Lake Valencia region of Venezuela, where malaria is serious were subjected to the precipitin test in order to determine the source of ingested blood. The results indicate that *A. albimanus* feeds on human beings in large numbers

and is probably the most dangerous species usually found in the Lake Valencia region (out of 506 *A. albimanus* tested against human serum, 170 or 34 per cent. proved positive) *A. bachmanii* although like *A. larreae* definitely preferring animal blood, was positive to human antiserum in 14 cases out of 282 individuals tested, and is therefore confirmed as a possible malaria carrier. *A. pseudopunctipennis*, on the other hand though of importance in Argentina, would seem to be but a doubtful vector in the area mentioned above. E. E. A.

RUSSELL (Paul F.) & SANTIAGO (Domingo) Flight Range of Anopheles in the Philippines. Second Experiment with Stained Mosquitoes.—*Amer. J. Trop. Med.* 1934. Sept. Vol. 14. No. 5. pp. 407-424. With 4 figs. & 1 map.

In continuation of a previous experiment by the authors on similar lines (this *Bulletin* Vol. 31 p. 720) 10 000 stained mosquitoes, chiefly of the *Anopheles funestus-minimus* subgroup were released from one point. Out of 31 011 adult anophelines afterwards collected in all directions therefrom, up to a distance of 4 kilometres (2½ miles) 11 were stained. All but two of these were retaken to the south of the liberating place, during a strong north-east monsoon, and they included 8 examples of *A. minimus* var. *flavirostris* "the chief malaria carrier of the Philippines," an engorged female of which was recaptured between 1½ mile and 1 mile 680 yards down wind. It is concluded that *A. minimus* var. *flavirostris* (as also *A. subpictus* var. *indefinitus*) flies with rather than against the wind, and in this way may travel at least 1½ mile also that "the northeast monsoon may have a pronounced effect in extending the flight range of the malaria-carrying anophelines of the Philippines." E. E. A.

PIRES (Rubens Escobar) Contribuição para o estudo dos Anopheles do grupo Nyssorhynchus (Diptera, Culicidae) do Estado de São Paulo. [A Study of the Anophelines (Nyssorhynchus Group) in the State of São Paulo.] [Thesis for Doctorate, Medical Faculty São Paulo.]—89 pp. 1934. São Paulo. Imprensa Metodista. With 5 charts & 25 figs. [76 refs.]

This thesis as its title indicates, gives a detailed description of the Nyssorhynchus group of Anophelines as found in São Paulo. The author has also provided keys to facilitate their determination and a series of 25 figures, 20 of them excellent reproductions of microphotographs, depicting special points in morphology. There is also appended an extensive bibliography. The work must have entailed much research and the result will be of service to entomologists and systematists. H. H. S.

SHANNON (R. C.) Malaria Studies in Greece. The Reaction of Anopheline Mosquitoes to Certain Microclimatic Factors.—*Amer. J. Trop. Med.* 1935 Jan. Vol. 15. No. 1. pp. 67-81. With 1 fig.

The importance of the races of *A. maculipennis* in relation to malaria is different. Are these differences inherent, or have the races peculiar ecological needs which tend to cause some of them to seek shelter in houses more than others?

The author endeavours to study the reactions of certain *Anopheles* to microclimates by making observations in the Struma Valley in Macedonia. His method was to count the females by day in their resting-places and most of his observations were made in a stable and in certain tunnels and shafts which were excavated for the purpose. With the aid of movable partitions he was able to some extent to control the climatic gradients in the tunnels.

The conclusion is reached that light is extremely important and that probably the light at or about dawn is an effective factor. But when light in a given part of the tunnel is constant the number of females resting is affected by temperature there being a preference for lower temperatures within the limits observed. A definite difference between species was noticed, the female *superpictus* tolerating a higher temperature than the female *maculipennis*.

The work is interesting and original and represents an attempt to carry laboratory observations into the field. As there are so many variables only slightly controllable it is obvious that the conclusions must be examined very critically. The reader will observe that the author groups together certain days and positions in which the microclimatic conditions appear to be similar but we cannot discover how consistently the *Anopheles* behaved on separate days in each group. It would be interesting to see at least one set of figures put out at length and tested for homogeneity indeed one might say that inasmuch as the problem consists of unravelling several factors without the use of strict experimental control it is essentially statistical. No information is given as to the methods by which temperature and humidity were measured. It would surely be of value to install recording instruments or at least to measure maximum and minimum temperature. We also lack information about the photometry a difficult but important subject.

P. A. Buxton

- i. COVELL (G.) *Anti-Mosquito Measures with Special Reference to India.*—*Health Bull No 11 Malaria Bureau No 3* pp ii+61 3rd Edition. 1934 Delhi. Manager of Publications. [As.12 or 1s. 3d.]
- ii. SIMON (J. A.) *Instructions for Collecting and Forwarding Mosquitoes.*—*Health Bull No 13 Malaria Bureau No 5* pp iii+ii+70 With 23 figs. on 2 plates. Revised and Enlarged. Second Edition. 1934 Delhi. Manager of Publications. [As.12 or 1s. 3d.]

1. Although as indicated in the title, Indian conditions have been specially considered, this extremely useful and valuable pamphlet is really an epitome of the experience gained by many workers in various parts of the world. Originally published in 1927 the booklet in its present edition has been to a considerable extent re-written, and several alterations of practical value have been made. The subject matter is divided into three parts respectively entitled — Protection against Bites of Mosquitoes. Measures directed against Adult Mosquitoes and Measures directed against Larvae of Mosquitoes. It is scarcely necessary to say that under the latter heading the various methods of using Paris green among other chemical larvicides, as a substitute for oil, receive appropriate attention. As regards the amount of oil to be used—a practical question often asked—it is considered that although to some extent dependent upon circumstances usually half an ounce

of oil per square yard, or 15 gallons per acre, is an ample estimate. The advantage of adding a small percentage of vegetable (preferably castor) oil or cresol to increase spreading is duly noted.

A series of short appendices and a concise index conclude a work which should be in the hands of every sanitarian in the tropics.

ii. It is stated in the Preface to this new edition that it is "mainly a compilation of those methods which have been found by the workers of the Central Malaria Bureau and the Malaria Survey of India to be most suitable for the local conditions of this sub-continent." Since, as is now generally recognized, accurate determination of species, which presupposes antecedent good work on the part of the collector, is a primary necessity in any well-planned anti-mosquito campaign, the present treatise, which might be described as *The Intelligent Layman's Guide to Mosquito Collecting*, is not the least important among the valuable Bulletins originally issued by the Central Malaria Bureau.

As in the case of the previous number the precepts enjoined may be studied and followed with profit in any part of the world. E. E. A.

MATTHEE (H. C.) A Study of the Seasonal Distribution of *Anopheles* in Houston, Texas.—*Amer. J. Hyg.* 1935. Jan. Vol. 21 No. 1 pp. 233-248. With 2 graphs.

Apart from brief notes on *A. crucians*, *A. punctipennis* and *A. pseudopunctipennis* which occur chiefly during the colder months, this paper is concerned solely with *A. quadrimaculatus* the common and important anopheline in Houston. In the southern section of the city the principal breeding-place is a spring fed stream or bayou, but rice-fields 15 miles distant also produce adults in enormous numbers. Near the bayou, rainy periods which cause the water to rise above the aquatic vegetation and thus expose the larvae to the attacks of top-minnows, produce most fluctuations in the abundance of *A. quadrimaculatus* but the rice-fields area is not affected in the same way. On the other hand winter breeding, though suspended during cold spells, continues when the thermometer rises, and there is no indication that a definite number of broods is produced during the year. A fall of temperature below 20°C. causes rapid decrease in the number of adults, but in the presence of appropriate breeding-places, the winged mosquito population definitely increases again at about 22° or 23°C.

E. E. A.

ROUBAUD (E.) Un type racial nouveau de l'*Anopheles maculipennis*. [A New Race of *Anopheles maculipennis*.]—*Bull. Soc. Path. Exot.* 1934 Oct. 10. Vol. 27 No. 8. pp. 737-740. With 2 figs on 1 plate.

A previous paper by the author with COLAS-BELCOUR and GASCHER [see this Bulletin Vol. 30 p. 305] referred to an experiment in crossing stenogamous males of *A. maculipennis* of Norman stock with large eurygamous Dutch females. The Norman insects, originally found in the vicinity of Caen, and since maintained and studied in the laboratory for several years, are now considered to represent yet another race or variety of *A. maculipennis* which is accordingly characterized in the present contribution as var. *fallax*.

The eggs of this new race which are dark dappled and have broad floats, are of the *messeae* type. In details of egg-structure although not in certain larval characters nor in the stenogamy of the zoophile, multidentate adults var *fallax* likewise approaches HACKETT's var *melanoon* the validity of which however cannot yet be regarded as established. The larvae of the Norman race show affinity with those of the *typicus-messeae* group in certain morphological details, although there are discrepancies in others. Further approximation to the *typicus-messeae* group is seen in the number and shape of the harpagonal spines in the males.

Similar affinities are displayed on the biological side var *fallax* being homodynamous and ready to breed at all seasons. The great difference is in its stenogamy as a result of which it breeds readily in a cage one-twentieth of a cubic metre in size in this respect alone it agrees with var *atroparvus*. On a biological basis the position of the subject of this paper among the races of *A. maculipennis* whose characteristics are definitely known may be shown as follows —

*Homodynamous	{ eurygamous	{ <i>labranchias</i>
		{ <i>typicus-messeae</i>
	{ stenogamous	<i>fallax</i>
Heterodynamous	stenogamous	<i>atroparvus</i>

E E A

BEKLEMISCHEV (W) Ueber einige Gesetzmässigkeiten in der Larvenökologie von *Anopheles maculipennis* das Optimum der Pflanzenabundanz. [The Larval Oekology of *A. maculipennis* Influence of Vegetation.]—*Med Parasit & Parasitic Dis* Moscow 1934 Vol. 9 No 5 [In Russian pp 361-376 With 4 figs. [26 refs.] German summary pp 376-377]

Deals in detail with the relations of *A. maculipennis* larvae to floating and submerged vegetation discussing the favourable and unfavourable factors.

A G B

CORRADETTI (Angusto) Ricerche sugli incroci tra le varietà di *Anopheles maculipennis* [Crosses between the Races of *A. maculipennis*]—*Riv di Malariologia*. Sez I. 1934 Vol. 13 No 6 pp 707-720 With 4 figs on 1 plate. English summary

The results of crosses between the Italian *A. mac. atroparvus* and *A. mac. typicus* *A. mac. messeae* *A. mac. elutus* are first described. The males of the Italian *atroparvus* mate in confinement with the females of the other *maculipennis* races, but the reverse does not occur furthermore the crosses of the first hybrid generation are not fertile owing to the high incidence of the atrophy of the testicles and ovaries. Then it appears that the behaviour of the Italian *atroparvus* in these crosses is the same as that of the Dutch *atroparvus*. From other researches carried out on the crosses and re-crosses between *A. mac. labranchias* and *A. mac. atroparvus* it results that the eggs deposited by the  $F_1$  generation show intermediate

\*Although what the late Lt.-Col. ALCOCK once described as "the opulent terminology apparently inseparable from the subject" must by this time be fairly familiar to readers of papers on races of *A. maculipennis* the combined effect of four of these formidable-looking terms in close order is somewhat overwhelming. A glossary is accordingly appended —

*Homodynamous* not subject to complete hibernation.

*Heterodynamous* subject to complete hibernation.

*Eurygamous* not mating in a confined space but needing to make a nuptial flight as a preliminary to copulation.

*Stenogamous* breeding freely in cages of very limited dimensions. E E A

characters between the *labranchias* and *stroperrus* eggs. According to Mendel law the distribution of these characters are 75 per cent. for the dominant (*A mac stroperrus*) and 25 per cent. for the recessive (*A mac labranchias*).

"If  $F_1$  is eurygame or stenogame, has not been established interbreeding (males and females of the  $F_1$ ) fertile eggs have not been obtained.

"This negative result is difficult to explain the males show normal testicles only in 10 per cent. of the cases.

"In the second generation obtained through the re-cross of the hybrid female with the *stroperrus* male, the stenogame character is dominant. For this reason inter-breeding is possible. The eggs deposited are fertile in 70 per cent. of the cases the males show normal testicles.

The results of Roebrod and the Dutch authors on the possibility of crosses between the *stroperrus* females and *labranchias* males are confirmed.

RAYMOND-HAMET Démonstration expérimentale sur l'animal entier de l'action vasodilatatrice de la quinine. [The Vasodilator Action of Quinine Demonstrated in the Living Animal].—*C R Soc. Biol.* 1935. Vol. 118. No. 3. pp 231-233 With 1 fig. [18 refs.]

Quinine was injected into the deep femoral artery of a vagotomized dog. The blood pressure and the flow of blood were measured. The blood pressure fell continuously with the escape of blood, but nevertheless the flow became twice as fast after the injection of quinine, owing to vasodilatation. W F

BERNARDINO & CAUJOLLE (F) Sur l'élimination de la quinine par la bile. [Elimination of Quinine by the Bile].—*Bull. Acad. Méd.* 1935. Jan 29 89th Year 3rd Ser Vol. 113 No. 4. pp. 147-151. With 1 fig. [30 refs.]

A woman of 58 who had had a cholecystostomy with a resulting biliary fistula received intravenously a dose of quinine of 0.0034 gm. per kilo. Quinine appeared in the bile 15 minutes after the beginning of the administration. The author points to the importance of this observation owing to the large surface offered by the intestine for reabsorption. Details of technique are given. A G B

STOKER (W J) Over de malariegevaarlijkheid van *A. brucei* (Malaria Infection Rate of *A. brucei* (Barnes)).—*Genees. Tijdschr. v. Nederl. Indië*. 1934. Oct. 9 Vol. 74. No. 21. pp 1342-1344. English summary (2 lines)

In the village of Sarang-Tloeng (Borneo) of 110 *A. brucei* examined 7 were found infected with malarial parasites (6.4 per cent.) A G B

DE BUCK (A) & SWILLENBERGEN (N H) Further Observations on the Pattern of the Upper Surface of the Ova in the Dutch Varieties of *A. maculipennis*.—Reprinted from *Proc. Acad. Sci. Amsterdam*. 1934 Vol. 37 No. 8 pp 878-879 With 7 figs. on 1 plate

DE BUEN (Euseo) Estudios sobre la biología del *Anopheles maculipennis* King. Índice maxilar y longitudes de ala, abdomen y tórax.—*Memorias Paises Calidos*. Madrid. 1935 Feb. Vol. 6. No. 2. pp. 73-84. With 8 figs.

COCHERIL FERNÁNDEZ (Miguel) Memoria de la campaña anti-palúdica de 1933 en Castro de Miño (Orense).—*Rev. San. e Hig. Pública*. 1934. Nov. Vol. 9 No. 11 pp. 460-470. With 5 graphs & 1 fig.

FERNHEIRA (Barteto Gonçalves) Malaria no Recife.—*Falco Med.* 1934. Oct. 5 Vol. 18 No. 28. pp. 329-331.

- GALLIARD (H.) & SAUTET (J.) Quelques caractères morphologiques d'*Anopheles* chus de Corse.—*Ann Parasit Humaine et Comparée* 1935 Jan 1 Vol. 13 No. 1 pp 1-4 With 2 figs.
- GIOVANNOLA (A.) Dopo 900 anni da una grande rivoluzione nel campo della medicina. La scoperta della china nella leggenda e nella storia.—*Riv di Malarologia* Sez. II 1934 Vol. 19 No 3 bis. pp. 169-174 With 2 figs. [10 refs.]
- GUY (R.) Note sur l'endémie palustre à Luang Prabang (Haut Laos).—*Bull Soc Méd-Chirurg Indochine* 1934 Oct Vol 12. No. 8 pp. 766-791 With 4 charts & 1 folding plan.
- Quelques index d'endémicité palustre dans la Haute-Région laotienne (Luang Prabang).—*Bull Soc Méd-Chirurg Indochine* 1934 Oct. Vol. 12. No. 8 pp 792-806 With 1 map.
- HAMEL (J.) & CHAVAROT (M.) Contrôle de la guérison des Impaludés thérapeutiques par la réaction de Henry.—*C R Soc Biol* 1935 Vol. 118 No. 1 pp 83-94
- HENRY (A. F. T.) Réactifs mélaniques et mélanoferriques solubles et en suspension.—*C R Soc Biol* 1935 Vol 118. No 6. pp. 501-504
- JANA (A. P.) Treatment of Enlarged Spleens with Injections of Milk.—*Indian Med. Gaz* 1934 Dec. Vol. 69 No. 12. pp 687-688
- KIRK (Robert) A Case of Intra Uterine Malarial Infection.—*Trans Roy Soc Trop Med. & Hyg* 1935 Jan. 25 Vol. 28 No 4 pp 421-424 With 2 charts.
- LEGENDRE (F.) Note sur une tournée de prospection antipalustre à Ambaton dravaka et dans la région du lac Alaotra.—*Bull Soc Path Exot* 1934 Dec. 12. Vol. 27 No 10 pp 957-960
- MAKIZIMOWSKY (E.) Indice thérapeutique en la infección palúdica.—*Medicina Paises Calidos* Madrid. 1935 Feb Vol. 8. No 2 pp 104-105
- MORREAU (P.) Notes sur un voyage d'études malarologiques dans l'Océan Indien. (Java.—Iles Mascareignes.—Afrique du Sud).—*Bull Soc. Méd Chirurg Indochine* 1934 Aug-Sept. Vol 12. No 7 pp 674-703 With 6 figs. on 3 plates & 1 chart
- NACHLACH (E.) Malaria tertiana unter dem Bild eines Magendarmkatarthes.—*Arch f Schiffs u Trop Hyg* 1935 Mar Vol. 39 No 3 pp. 128-127
- PAOLO (Romby) Au sujet du pigment des parasites du paludisme.—*Boll Società Ital. Soc Internaz di Microbiologia* Milan. 1934 Nov Vol. 6 No. 11 pp 451-456.
- SCHWETZ (J.) Quelques considérations et réflexions sur l'immunité malarienne.—*Riv di Malarologia* Sez. I 1934 Vol. 13 No 5 pp 669-678
- VAN SLYPE (V.) Sur la valeur curative et prophylactique de l'atébriin injectable.—*Ann Soc Belge de Méd Trop* 1934 Sept. 30 Vol. 14 No. 3 pp. 379-383
- TRIGONI (G.) in collaboration with B. WILLIAMS AURELI Indice bibliografico della malaria.—*Supplement to Riv di Malarologia* 1932. Vol. 7 130 pp
- UNLERSHUTN (Paul) I Neuere Forschungsergebnisse bei der Heilung und Bekämpfung der Malaria.—Reprinted from *Zschr f Ärztliche Fortbildung* 1934 No. 14 pp 393-396
- WYNN (A. M.) Some Observations on the Newer Methods of Malaria Control.—*New Orleans Med & Surg J* 1935 Jan. Vol. 87 No. 7 pp 435-439
- YORK (Hillel) Contribution à l'étude du traitement moderne du paludisme.—*Rev Méd et Hyg Trop* 1934 Sept-Oct. Vol. 20. No. 5 pp 225-231 [18 refs.]



## PLAGUE.

ESKEY (C. R.) Epidemiological Study of Plague in the Hawaiian Islands.—*Public Health Bull.* No 213. Wash. 1934. Oct. 70 pp. With 6 figs. (2 maps)

PUBLIC HEALTH REPORTS. 1935. Feb. 22. Vol. 50. No. 2. pp. 235-257—Epidemiological Study of Plague in the Hawaiian Islands.

In view of the tendency of plague to spread by sea-going vessels to distant ports the Hawaiian Islands, lying as they do on the trans-Pacific trade routes between North America and the Orient and Australia, have a special epidemiological importance. They are the cross roads of the Pacific. A very complete study of plague in these islands is presented in this monograph. It contains many points of general interest in addition to those for official record.

The first case of plague occurred in Honolulu, December 12, 1899 and the source could have been Hongkong or it could have been Japan. There followed on the islands 17 cases in December 1899 35 in January 1900 10 in February and 9 in March and so the epidemic was launched. Human cases have occurred every year since although, at the present time, they are very few in number. Two important epidemiological types of plague have been differentiated, the one of short duration where practically all cases occurred within towns or villages, the other long persistent and occurring on isolated rural premises with a finding of infected rodents at great distances from buildings in fields and gulches. The two types are designated urban and rural respectively. A marked difference of the same order was found in the distribution of the two species of flea *Yenopsylla cheopis* and *X. hawaiiensis*. The latter was first detected on rats in 1932 and it has a similarity to the *Y. asiatica* of Asia. Infestation of rats by fleas has a marked difference according as the rat is caught in or at a distance from buildings. Thus one table shows the *Y. cheopis* index for female rats to be 3.57 1.68 0.5 and 0.26 respectively according as the host animal was caught inside building, under and within 50 ft. of building, 50 to 200 ft. and over 200 ft. from building. These indices may be contrasted with a series of similar figures for *X. hawaiiensis* which were respectively 0.2, 0.33, 0.55 0.87 0.66 0.66 0.72 and 1.01 under the following conditions—Inside building, under 25 to 100 ft. from building, 300 to 500 ft., 500 to 1 000 ft., and over 1 000 ft. from building. Therefore in the Hawaiian Islands *X. cheopis* infestation decreased with distance from buildings and *X. hawaiiensis* was more prevalent at a distance or on rats harbouring in fields and gulches.

Starvation survival of fleas is considered by many recent authors to be of great importance. The experiments here recorded showed that when *Y. cheopis* were removed from wild rats none lived longer than 9 days while those collected from laboratory jars remained alive for 13 days. As regards the rôle of the fleas mentioned in the transmission of plague the author states that *X. cheopis* "were probably the infecting agents responsible for nearly all human cases" and that "epidemiological evidence indicates that *X. hawaiiensis* is the plague transmitting agent among field rats responsible for the endemic type of infection in certain regions of the islands. There is a "native" rat as well as a native flea. It was described as *Rattus hawaiiensis* in 1917 and is closely related to the Malay rat, *R. concolor*.

Plague control measures are considered in the concluding pages of this monograph and are summarized as follows —(1) Rat proofing will eliminate the chief breeding places of *X. cheopis* as well as the rat population of buildings but rat proofing will not control endemic plague of field rats transmitted by *X. haeraiensis*.

(2) Trapping rats is a costly and ineffectual means of reducing the rat population especially of field rats.

(3) Poisoned grains distributed in the form of paper packages have proven to be a very safe method for using poison. The attractiveness of grains may be enhanced by mixing them with coconut, bacon, or fresh fat and other food stuffs. Poisons have to be employed constantly or the rat population soon returns to its normal level. As poisons white arsenic in ten per cent. mixtures was used in field work and thallium sulphate in 5 gm. packages of a mixture of 3 lbs. to 1 000 lbs. of grain "in and near buildings, where there was the greatest danger of accidents occurring

W F Harvey

- i. SAVINO (Enrique) Tres brotes pestosos en las provincias de Salta, Jujuy y San Luis. [Three Outbreaks of Plague in Argentina.]—*Rev Inst Bacteriológ* Buenos Aires. 1934 Mar Vol. 6 No. 2. No 99-129 With 4 maps & 19 figs. English summary
- ii. — Un nuevo brote de peste en Recreo (prov. de Catamarca) [A New Epidemic of Plague in Catamarca.]—*Ibid* July No. 3 pp 295-303 With 6 figs. English summary (7 lines)
- iii. DE LA BARRERA (J M) & ARZENO (M.) Brote de peste en la prov. de Córdoba. [Outbreak of Plague in the Province of Córdoba.]—*Ibid* pp 330-341 With 6 figs. & 1 map

i. The first of these outbreaks of plague, in which the majority of cases were pneumonic, probably took its origin from a case of secondary plague pneumonia in a child and was preceded by a rat epizootic. In the second epidemic the site of the plague was at 2,000 metres above sea level and was only accessible by a mule track, thus illustrating how plague may reach very isolated places by little frequented routes. The third outbreak arose from a rat epizootic in a grain shed affected only the human population in the neighbourhood, and was bubonic in type.

ii. This is the third epidemic of plague which has appeared in the village of Recreo in the Argentine since 1920. Nine human cases of bubonic plague with 3 deaths occurred and there was the usual accompaniment of an epizootic. No trace of any epizootic, however was found among wild rodents.

iii. This is an account of a small epidemic in the Argentine province of Córdoba comprising 15 cases of bubonic plague with a mortality of 46-66 per cent. The origin of the epidemic is not at all clear. Rats were numerous in the territory but were not found either dead or sick, nor was there much evidence of contact of wild rodents with man.

W F H

- URIARTE (Leopoldo) with the co-operation of Blanca CALCAGNO MARCUS RIESEL & Benjamin ANCHEZAR. Pulgas y peste. [Fleas and Plague.]—*Rev Inst Bacteriológ* Buenos Aires. 1934 Mar Vol. 6. No. 2. pp 57-68. With 1 fig & 12 plates (2 coloured) [Refs. in footnotes.] English summary

Previous work on the infestation of rats by different species of fleas had shown that in Buenos Aires the percentage of *X. cheopis* was as

high as 95 per cent. More recent investigation (1927-1932) has brought down this high relative proportion by the inclusion of other species. A total of 30,389 rats was examined, of which only 722 (2.37 per cent.) carried fleas. The total number of fleas was 1,439 and the index (0.04 per cent.) was very low. Relative proportions of the different species in percentages, were *X. cheopis* 61.25, *Ceratophyllus fasciatus* 31.54, *Leptopsylla segnis* 5.76, *Ctenocephalus felis* 0.66, *Ceratophyllus londinensis* 0.26, *Pulex irritans* 0.2, *Craneopsylla wolffsohni* 0.2. The last of these which is ordinarily a parasite of a purely field rodent, was found on the rat for the first time. W F H

PERVASSO (Antonio) Peste. Determinação dos focos latentes de peste pelo exame systemático de ratos, para verificação de portadores da "Pasteurella pestis." [Systematic Examination of Rats to determine Plague Foci].—*Brasil Medico* 1934. Mar. 17. Vol. 48. No. 11 pp. 190-191

Examination of rats in a plague area has shown that a certain number may be found infected as carriers, although presenting none of the usual gross characters of the disease. The finding of these, if the examinations are kept up in interepidemic periods, precedes the discovery of mild cases at the beginning of an epidemic. The recommendation of the author to examine all rats caught and to test their infectivity by inoculation has been carried out in Rio de Janeiro. During the past three years 45,151, 63,559 and 73,343 rats, have been examined and their livers and spleens inoculated into guinea-pigs. No rats were found infective by direct examination of the guinea-pigs. 875 died but none was found infected. Rio has been free from plague since the beginning of 1930 and no infected rats have been seen since July 26th, 1929.

In addition 1,492 rats from ships anchored in the harbour of Guanabara or in transit have been similarly examined, but none have been recorded as positive. The author concludes "Dealing with so large a number by direct examination and inoculation, we can guarantee the eradication of plague from our Capital Federal. This is an example of a sanitary measure which ought to be copied in the whole of Brazil." H H S.

LONG (John D.) & MOSTAJO (Benjamin) Experiencias con pulgas como portadoras de peste bubónica. [Fleas and Bubonic Plague].—*Bol. Oficina Sanitaria Panamericana*, 1934. Nov. Vol. 13. No. 11 pp. 1016-1024. With 1 map.

The authors state that bubonic plague was first introduced into the western coast of South America in April 1903 by way of the ports of Callao and Pisco, Peru. Since then there have been some 21,000 cases, or an average of 700 annually. It is significant that in the 37 Peruvian ports where plague has appeared, it has done so in places widely separated rather than in adjacent ports, in the wake of coastal vessels.

The infection appears to be conveyed in vessels with cargoes of jute and such like. They quote the case of s.s. *Solafra* from Calcutta in February with a cargo of 2,715 tons of bags, jute sacks and cordage. 2,911 bales were consigned to Peruvian ports, which she reached at the end of April 1933. They trace its calling places in Peru

and the appearance thereupon of plague rats and human cases. A map shows the sequence clearly. Fleas found in the bales of jute were identified and the commonest were *X. cheopis* others being *Leptoprylla musculi* and *Hectoprylla* in small numbers.

In their summary the authors conclude that cases of bubonic plague arising unexpectedly and out of season in Peru nearly always occur on sugar or cotton estates where a large amount of jute or other sacking is used and are due to infection imported by fleas carried in cargoes of jute, and that the recent appearance of the disease in the Canete valley and in Callao, Chimbote and Eten was due to such importation while the same explanation would account for certain cases in Lima and its neighbourhood although it has not been possible to determine accurately the spread of infection there. H H S

LÉGER (J. P.) Une saison de peste en brousse malgache. [A Season of Plague in the Bush in Madagascar]—*Ann de Méd et de Pharm Colon.* 1934 July-Aug-Sept. Vol. 32. No 3 pp 293-308.

This communication tells of the occurrence of plague which, owing to the burial customs and the habits of a primitive people was able to reach considerable proportions before it was recognized. It was a more than usually severe epidemic and followed the usual rodent epizootic in rats of the *rattus* and *alexandrinus* type. A forest type of rodent, *Brachytaromys albicauda* not yet described as subject to plague was one of those affected. Plague appears regularly in these bush regions in the hot season and disappears with the coming of the rains.

W F H

ROUBAUD (E.) & MEZGER (J.) Présence à Madagascar de *Dinopryllus lypus* J et R. puco pestigène des rongeurs de l'Afrique du Sud. [Presence in Madagascar of *D. lypus* a Plague-carrying Flea of S. African Rodents.]—*Bull Soc Path Exot* 1934 Oct. 10 Vol. 27 No 8. pp 740-741

The specimens which proved to be this flea were collected 200 km from Antananarivo. Members of this genus have hitherto been met with in Uganda, Kenya and S. Africa, not in Madagascar. *D. lypus* infests a number of rodents [see this *Bulletin* Vol. 30 p. 567] bites man and experimentally transmits plague to gerbils. Among 2,000 fleas collected in Madagascar only 15 were of this species. It is not known whether it transmits plague there.

A G B

ARMSTRONG Les événements épidémiologiques survenus du 1er juillet au 20 novembre 1934 [en A.O.F.] [Epidemiological Events in French West Africa from July 1st to November 20th 1934.]—*Bull Soc Path. Exot* 1934 Dec. 12. Vol. 27 No 10 pp 952-953.

The account given of epidemiological events relates to plague typhoid fever diphtheria, dysentery measles, leprosy relapsing fever and trypanosomiasis. At Dakar the year was notable for the great frequency of pneumonic plague 161 cases altogether of which 61 were primary. It is interesting to note that prediction of the severity of the coming plague season was made at the beginning of the year and that this proved to be true. This prediction was based upon the density of

the murine invasion and the exceptional abundance of fleas. No correlation was found between meteorological features and plague frequency

W F H

GILMOUR (C. C. B.) *Bubonic Plague, Rats and Fleas in Singapore—Malayan Med J.* 1934 Dec. Vol. 9 No. 4. pp. 177-181. With 3 figs.

Plague has never become a menace in Singapore the factors of transmission there are discussed.

It is now thirty years since plague made its first appearance in Singapore and that should be a sufficient length of time to take stock of the facts and perhaps draw conclusions. The facts in this article are taken from the Annual Reports of the Municipal Officer of Health of Singapore and from observations in the laboratory. There have been 712 deaths representing the very high mortality of 83 per cent. and these were distributed as follows—Chinese 605 Indians 120 Malays 24 other nationalities 15. And yet in spite of the high mortality plague has had no significant effect on the general death rate of the town. Climatic conditions deserve the name of "equable" in Singapore for the mean temperature hardly varies at all throughout the year humidity shows little variation and there are no seasons. Plague cases have occurred in every month of the year for thirty years, but there is a close correlation between human plague and wet weather. The predominant rat in the town is *M. decumanus* and the predominant flea *X. cheopis* but more fleas are found on *M.* rather than on *M. decumanus*. The flea index is low and during late years especially so. Several graphs and tables are given the first of these being that of plague cases from 1901 to 1929. A low plague rate is manifest for at least the last three of these years. A suggestion is made by the author that ants may help to keep down the flea population. W F H

GRIKUROV (V.) *Zur Frage der Aufbewahrung des Pestvirus in endemischen Herd während der interepizootischen Periode. (On the Preservation of the Plague Virus in an Endemic Area during the Inter-Epizootic Period.)—Rev. Microbiol. Epidemiol. et Parasit.* 1934 Vol. 15 No. 3. [In Russian pp. 207-211. German summary p. 211.]

With a view to establishing the causes of endemecity in a plague area observations were conducted on the *suslik* [*Citellus pygmaeus*] inhabiting twelve areas of 9 hectares each in a district of Northern Caucasus. The rodents which survived the summer epizootic (1932) were left unmolested till next spring (1933) when 450 of them were caught and isolated for further observations. Most of the animals perished in captivity without showing any symptoms (clinical and bacteriological) of plague infection. However in one individual *Pest. pestis* was isolated in culture, which produced a typical fatal infection in a control animal. It is concluded that during the inter-epizootic period the infection is latent in the body of the *suslik* and various factors, such as exhaustion and other conditions, provoke a generalized infection which ultimately gives rise to a plague epidemic in the *suslik* population.

C. A. Howe.

DOBRAĐIN (P. M.) & SKORODUMOV (A.) [Edited by] [Collected Works of the Anti-Plague Organization of the Eastern Siberian Region for 1929-1931] [*Trans. East Siberian Reg. Inst. of Microbiol. & Epidemiol.* Irkutsk. 1933. Vol. 1. 120 pp. With 10 figs. & 3 charts. (In Russian.)]

The anti-plague organization of Eastern Siberia is concerned with co-ordinating the work of the various laboratories and stations scattered throughout the region. The present volume comprises reports of the activities of these institutions (between 1929 and 1931) and a number of special articles among which the following may be noted.

V. V. SHUNAEV (p. 42) records the results of an experimental infection of a hibernating tarabagan (*Arctomys bobac*) with *Past. pestis* resulting in the formation of a cutaneous plague ulcer which persisted until the death of the animal two months later. The chronic course of the infection serves to elucidate the origin of the early spring outbreaks among rodents and human beings. The same author (p. 43) failed to infect a wolf *per os* while hares were found to be susceptible. V. L. PETROVSKY (p. 45) describes a case of spontaneous plague in a polecat (*Putorius evermanni*) probably acquired by feeding on infected rodents. SHUNAEV (p. 50) tested the viability of the plague bacillus under winter conditions by placing drops of a two-days' culture of *Past. pestis* on pieces of cloth and exposing them in sterile Petri dishes to temperatures varying between  $-10^{\circ}$  to  $-47^{\circ}\text{C}$ . Cultures taken from this material 45 days later remained infective to guinea-pigs. A. M. SKORODUMOV (p. 51) tested the effect of freezing and thawing upon the virulence of the plague bacillus in cultures and in animal corpses, by subjecting them to the influence of the external temperature during the winter months. The bacilli retained their virulence for periods from 3 to 5½ months.

PETROVSKY (p. 55) determined the localization of *Past. pestis* in the organs of experimentally infected tarabagans. When inoculated subcutaneously the bacilli appear in the lymph glands from the fourth day when introduced intraperitoneally they appear in the spleen, liver, kidneys and testicles on the third day whereas they could not be isolated from the blood until the sixth day after inoculation through the abraded skin of the abdomen the appearance of the bacilli in the parenchymatous tissues is delayed till the eighth day. P. N. BEKREJEVA (p. 60) devotes a paper to the distribution of the plague bacillus in the body of a vole *Microtus brandti* after subcutaneous inoculation. The bacilli first penetrate into the nearest lymph gland whence they find their way into the blood and are carried into the spleen, lungs, intestine and kidneys. The occurrence of these micro-organisms in the urinary bladder in the faeces and in the urine indicate the method by which they are discharged into and contaminate the external medium. A. M. SKORODUMOV and L. A. MITCHURINA (p. 72) describe the effect of pyocyanin and rivanol upon plague cultures and experimentally infected guinea-pigs. Both drugs have a bactericidal action *in vitro* in dilutions of 0.01 and 0.02 per cent. However their therapeutic and prophylactic effect in animals is negligible. SKORODUMOV (p. 79) describes a method for the differential diagnosis of *Past. pestis* and *Past. pseudotuberculosis rodentium*. When grown on nutritive agar media containing 0.3 per cent. Congo red and various sugars or glycerine the two bacilli produce colonies differing in colour

and appearance. I. G. IOFF and A. M. SKOKODUROV (p. 88) give a description and list of the fleas found on animals in the endemic plague area of Transbaikalia.

C. A. HOAR.

WILLIAMS (A. W.). Some Unusual Forms of Plague.—*East African Med. J.* 1934 Oct. Vol. 11 No. 7 pp. 229-232.

In an area where bubonic plague is endemic and where, consequently pneumonic or septicaemic plague can occasionally occur there is always the liability of admission of unsuspected cases to hospital. That is highly dangerous for fellow patients, when the case is one of pneumonia. "In any blood infection the clinical picture varies according to the system on which the brunt of the infection falls—hepatic, pulmonary, meningeal—a fact well illustrated by the records of these five cases." The five patients were admitted with symptoms resembling (1) toxic jaundice of yellow fever type, (2) primary meningitis, (3) pneumonia with delayed resolution and recovery (4) in two cases, lobar pneumonia. The lesson to be drawn from such occurrences is that the sputum of all cases resembling pneumonia ought always to be examined for *P. pestis* whenever an outbreak of plague occurs or in an endemic area, as soon as the patient presents himself for admission. W F H

GIRARD (G). Technique simple et pratique de prélèvements pour identification du bacille pesteux chez l'homme. Son application au dépistage de la peste à Madagascar [Simple Technique for Diagnosis of Plague].—*C. R. Soc. Biol.* 1934. Vol. 117 No. 21 pp. 601-603.

A simple technique for diagnosis of plague with material sent from a distance has been tested by the author. In the case of a patient the bubo is repeatedly punctured with a syringe, which is well washed out after each puncture with sterile normal salt solution. In the case of a dead body the same procedure is gone through, but it is the lungs or liver which are punctured. A suspension is obtained from the washings and this is inoculated by friction on the shaved and scarified skin of the guinea-pig. Material obtained 3 to 10 hours after death in the animal experiments was capable of causing acute plague, up to a minimum of 6 days, when kept at a temperature of 16° to 26°C. If kept at 37°C. the infective period was reduced to 3 days. If the animal had been dead 48 hours (local temperature 21°C.) and putrefaction had set in, the suspensions were only virulent for 24 hours, the organs for 3 days. These animal experiments have been confirmed in actual practice with material sent to the laboratory from distant parts. W F H

KIRSCHNER (L.). Gal als voedingsbodern bij de diagnose der pest septicaemica. [Bile Nutrient Medium in the Diagnosis of Plague].—*Geneesk. Tijdschr. v. Nederl. Indië*. 1934. Aug. 28. Vol. 74. No. 18. pp. 1141-1159 With 1 chart. [31 refs.] [Summary appears also in *Bulletin of Hygiene*.]

Bile has now for a long time been used to obtain pure blood cultures of typhoid group bacilli, while the bile salts have also been employed in the further process of purification. The author has applied similar procedures to the cultivation of the plague bacillus from blood or pus and found them successful.

It was already known that a septicaemia exists in the first three days of bubonic plague and is also found one or two days before death. After the addition of blood to bile (1 in 2 up to 1 in 100) or as the case may be pus (1 in 10 up to 1 in 100) an inoculation of a very small number of plague bacilli (10 to 40 per cc.) gave a good growth. The bile may be sterilized either by filtration or by heat (20 minutes at 110°C.) and the addition even of one drop of blood to 5 cc. bile is sufficient to show up a light septicaemia. From this preliminary culture inoculations may be continued upon ordinary agar Endo or Drigalski agar. The original bile inhibits the growth of cocci and the components of the continuation media inhibit the growth of cocci and *Proteus* bacilli. By the use of this enrichment method the author was able with a single trial to demonstrate a bacteraemia in 212 out of 237 definite plague cases. IV F H

MADRAS. Report of the Director of Public Health for 1933 [HESTERLOW (A. M. V.) Acting Director]—169 pp 1934 Madras Govt. Press. [pp 42-45 paras. 76-79 Plague Research, pp 45-46 paras. 80-82. Research on Bacteriophage.]

Work of considerable importance is shortly described under the heading of plague research in the Cumbum Valley e.g. the infectivity of starved fleas climatic conditions in rat burrows value of bacteriophage.

Definite evidence of smouldering epizootics all the year round was found for some of the larger villages. This perpetuation is ascribed to the persistence of infection in rat fleas, even under conditions of deprivation of food for over four weeks. Wild rodents prevalent in the Cumbum Valley are moles of the species *Gunomys* Kok, gerbils field mice bush rats, bandicoots and house mice but although many of these have been proved to be very susceptible to plague they were not found to be naturally infected to any extent. Special stress has been placed on a research into the longevity of plague-infected rat fleas under natural conditions in model houses. In the first of these experiments a positive transmission was obtained after continuous starvation for 63 days while in the third experiment infected fleas transmitted their infection even after periods of starvation of 6 14 22 and 29 days. Seven instances were found in this experiment of resolving plague in the test rats, and this suggests the possibility that the bacillus had lost virulence with starvation of the carrier flea. Another point of importance for possible carry-over plague conditions is to be found in the climate conditions in rat burrows. A special thermograph was used for record and it was shown that although the outside temperature might vary from 86.5°F to 63°F the temperature within the burrows ranged only from 79°F to 72°F thus proving how little the temperature in these burrows was affected by external diurnal variation. Again it was demonstrated that a fairly uniform high humidity is maintained in rat-burrows while the outside atmosphere shows wide variations.

In summary of these facts it may be stated that the rat-burrow provides optimum facilities for plague infection in fleas to tide over the unfavourable hot months. A further research was directed to the value of cyanogas fumigation of rat burrows in the prevention of plague. The evidence afforded is strongly suggestive of value and especially in the case of Cumbum village itself which has remarkably escaped



human plague. Prompt fumigation arrested the course of epizootic plague and thus prevented the outbreak of human plague.

Bacteriophage research in cholera has not yielded clear-cut results. The conclusions arrived at are —“(1) The prophylactic administration of bacteriophage has not been shown to be effective in reducing the rate of attack. (2) The prophylactic administration of bacteriophage seems to lessen the mortality rate. (3) It has not been shown that bacteriophage is more useful than pro-diarrhoea mixture in the treatment of cholera.”

IV F B

GIRARD (G) & ESTRADE (F) Nouvelle observation de peste dans un élevage de lapins et de cobayes consécutive à une épidémie murine. [Plague among Rabbits and Guinea-pigs of a Breeding Establishment following a Rat Epizootic.]—*Bull. Soc. Path. Exot.* 1934 Dec. 12 Vol. 27 No. 10 pp. 962-963.

On the 8th June there were brought to the laboratory of the Pasteur Institute two rabbits, which had died in their hutch. Next day a guinea-pig from the same place was brought and this was the only survivor of 15 animals. It died within 24 hours. The autopsy examination of liver and spleen smears, the inoculation of guinea-pigs, and the identity of the culture in the case of all three animals led to the conclusion that the infection was plague and not a pasteurellosis or pseudo-tuberculosis. It was found that a dead rat had been discovered in one of the animal hutches on the 29th May three more on the next day and seven on the 1st June. Then the guinea-pigs began to die and after that the rabbits. The dead rats discovered were 17 in all. It was not till the 7th June that the proprietor became uneasy and informed the health authorities. By this time only one decomposed carcase of a rat was available and, as was expected, the result of test with it was negative. Nevertheless there seems little doubt on the evidence that the epizootic occurring as it did in one of the oldest centres of plague, was itself one of plague.

IV F B

LIPATOVA (T) Immunological Studies on Plague. III. Thermo-precipitin Test and Elaboration of the Method of obtaining Specific Precipitating Plague Sera.—*Rev. Microbiol. Epidemiol. & Parasit.* 1934 Vol. 13 No. 3 [In Russian pp. 201-206. (13 refs.) English summary p. 206.]

The anti-plague serum obtained by immunization of horses with the live cultures of *Past. pestis* produces a group precipitation with *Bact. coli*, *Past. pseudotuberculosis rodentium*, *Proteus*, *Bact. paratyphosus A*, *Bact. paratyphosus B* which accounts for the precipitation by anti-plague serum of thermo-extracts from the organs of animals which died from causes other than plague. Saturation of the anti-plague serum with the thermo-extracts of all the above-named organisms removes from it the group antibodies for these bacilli. If the anti-plague serum is saturated with one of the filtrates it is thereby freed of the group antibodies homologous to all the organisms used in the experiment. On account of the close serological affinity between *Past. pestis* and *Past. pseudotuberculosis rodentium*, the latter should not be employed for saturation especially since saturation with the thermo-extract of *Bact. coli* destroys the antibodies for *Proteus* and causes a marked diminution in the antibodies for *Past. pseudotuberculosis rodentium*.

The sera exhausted by one or several filtrates produce precipitation with the thermo-extracts from the corpses of animals experimentally infected with plague but not with those from the corpses of non infected animals.

C A Hoare

MINERWIN (S. M.) STUPMITZKI (P N) & TINKER (J S) Die Anti pestvakzinen A D [The Plague Vaccines A-D]—*Zent f Bakt I* Abt. Orig 1935 Jan. 15 Vol. 133 No 3/4 pp. 170-175

Six types of vaccine were used in these trials and two species of animals the ziesel mouse and the guinea pig. The types were (1) dead and attenuated living (2) salt and sugar bacterial suspensions, (3) virulent and avirulent plague organismal vaccines. Naturally only the avirulent strain was used for those vaccines in which the organisms were still living. A strain called No 630 supplied the virulent and one called AMP the avirulent organisms. The special solution for sugar suspension vaccines contained 150 parts of saccharose to 100 parts by weight of distilled water. A marked difference in the efficacy of the different types of vaccine was manifest which was more or less the same for the two species of animals used. The results, expressed as percentage mortalities in ziesel mice, were for AMP salt AMP sugar AMP living, No 630 salt, No 630 sugar and controls 57 18 18, 62 5 25 5 and 75 respectively and the numbers of animals used in each category 14 11 11 8 12, and 12 respectively. Thus the sugar vaccines consisting of dead organisms and the attenuated living vaccine gave much the best results.

W F H

ALBORNOZ (Francisco) Importancia de la desratización permanente y el saneamiento en la profilaxis de la peste bubónica. [Importance of Permanent Deratization and Sanitation in the Prophylaxis of Plague.]—*Rev Inst Bacteriológ* Buenos Aires. 1934 July Vol. 6. No 3 pp 304-329 With 35 figs. & 1 chart.

The port of Rosario says the author of this article, has the distinction, if it may be called so of having been the first place in which plague manifested itself in the Argentine. No case of the disease had occurred up to 1899. A vigorous campaign has been initiated in the last few years of which the special features have been —(1) Permanent deratization (2) Employment of a specialized personnel (3) Fixation of the personnel in each locality instead of the use of a flying squad (4) Practice of an intense and permanent sanitation. Numerous illustrations are given of the methods used and the obstacles which had to be overcome. A most instructive graph of morbidity and mortality concludes the article and with its testimony to the plague condition prevailing from the years 1927 to 1930 and the reduction of both these characters practically to zero during the years 1930 to 1934 is eloquent of the effect which may reasonably be supposed to have resulted from the measures adopted.

W F H

DEPRAT Peste bubonique et dératisation. [Bubonic Plague and Deratization.]—*Ann d'Hyg Pub Indust et Sociale* 1935 Feb. Vol. 13 No 2 pp 78-100

The author who has had a long experience of plague from 1902 to 1927 both in practice and as port health officer of Rio Grande, here

expounds his views on the value of deratization as an anti-plague measure and questions current beliefs.

From the scientific investigations set on foot by the outbreak of plague at Hongkong in 1896 there has grown up the established doctrine that a rat epizootic is antecedent to the human epidemic and that transmission from the rat to man is effected by the agency of the flea. This doctrine has become the keystone of the arch of international sanitary defence against the scourge of plague. Deratization has been preached for 30 years as the sanitary safeguard against plague and as a specific international defence. But one may at the present time question whether this has not been a premature generalization on the experimental evidence of the possible transmission of plague from rat to rat by the flea. The demonstration of the transmission has not been made for the case of rat to man. This argument is developed throughout the article by the abundant citation of examples misinterpreting or negating the evidence of the major part played by the rat and its fleas in transmission of plague to man. The foundations of the supposition are regarded as insufficient or at least as not excluding other means of propagation. Constant new importation of plague from the Argentine to Rio Grande and particularly through the agency of grain, without its ever becoming endemic and quite independent of any measure of sanitary defence, is one of the negative instances insisted on by the author out of his own experience. His conclusions stress the point of our ignorance upon essential points concerning the epidemiology the prevention and the treatment of plague.

W F H.

- GERARD (G) & ROSE (J) Vaccination contre la peste au moyen d'une souche de bacilles de Yersin vivants, de virulence atténuée.—*Ann. de Méd. et de Pharm. Colon.* 1934 July-Aug.-Sept. Vol. 32. No. 2. pp. 285-292.
- HUSSEIN (Abdel Gawad) Bubonic Anthrax simulating Plague.—*J. Egyptian Public Health Assoc.* 1934 9th Year. Oct. pp. 23-24.
- KRAMERATTA (Kershaw D.) Plague in Poona City in 1933.—*British Med J.* 1934. July Vol. 3 No. 7 pp. 188-191.
- URANE (K.) Species and Distribution of Mice in Maldives and Hivul-is. Scapes of Animals connected with the Carrying of Plague. (Part I).—*J. Oriental Med.* 1934 Sept. Vol. 21 No. 2. [In Japanese pp. 303-323. With 10 figs. on 2 plates. [22 refs.] English summary pp. 25-28.]
- URIARTE (Leopoldo) with the co-operation of Blanca CALCAÑO Marcos KRIST & Benjamin ANCHIZAN. Paludismo malarial de Buenos Aires.—*Folia Ent. Buenos Aires.* 1934 June July & Aug. Nos. 36-38-39 pp. 179-186 [A French summary of the paper noticed on p. 447 above.]
- URIARTE (Leopoldo) Acerca de la peste bubónica en la Argentina.—*Rev. Arg. Bacteriol.* Buenos Aires, 1934 Nov. Vol. 6. No. 4. pp. 444-457.

## CHOLERA

DOORENBOS (IV) Etude sur le vibron cholérique. *Vibrio cholerae* typus epidemicus et *Vibrio cholerae* typus endémicus. [The Cholera Vibrio Epidemic and Endemic Types.]—120 pp 1934  
Alexandrie Société de Publications Egyptiennes.

There is no want of clarity in the views held and expressed by the author. He maintains that most if not all of the variants of the cholera vibrio denominated para or pseudo-cholera, are simply cholera vibrios. There is a definite epidemic cholera vibrio which, however has no long existence in an epidemic before it ceases to maintain its peculiar serial choleric character and becomes a modified vibrio. There is no such individual as a chronic carrier of the epidemic cholera vibrio but there are carriers of the modified cholera vibrio. These latter vibrios may be choleric but not in series. They may account for sporadic cases.

In this way the author leads up to his classification of choleric vibrios into the two great classes the epidemic and the endemic. The modified cholera vibrio does not possess all the characters of the epidemic vibrio. It may or may not be agglutinable it may be haemolytic it may be otherwise modified. The agent which is most potent in modifying the epidemic cholera vibrio is the bacteriophage. It is by the action of bacteriophage that epidemics come to an end and the epidemic vibrio comes to its modified avirulent form. These views have a most important bearing upon the epidemiology of cholera especially on the meaning to be attached to the phrasing used in art. 29 of the International Convention of 1926. Cases presenting the clinical symptoms of cholera in which vibrios without the characters of the cholera vibrio have been found must be subjected to all the measures laid down for cholera. The same importance attaches to art. 101 of the new regulations adopted in 1934 by the Conseil Sanitaire Maritime et Quarantenaire of Egypt which couples together for quarantine purposes the vibron cholérique and the vibron suspect, until the bacteriologist has pronounced the latter not to be a cholera vibrio. This pronouncement ought to be exact and furnished as rapidly as possible.

The memoir of the author is concerned with the two types of vibrio the virulent epidemic type and the avirulent endemic type. It is not possible briefly to summarize the argument but some of the salient points may be touched on.

Quarantine for cholera is a disagreeable necessity for pilgrims and travellers. This was made especially prominent by the action of the sanitary authorities in Syria who examined very carefully travellers from Iraq at the time when Iraq was in the throes of an epidemic. This resulted at the beginning in the discovery of some 30 per cent. of carriers of vibrios, 12 per cent. of whom were carriers of true cholera vibrios. A great deal of research into the question of the cholera carrier has been made at the quarantine camp of Tor and controversy regarding the nature of the El Tor vibrio continues almost as vigorously to-day as it did after its first discovery in 1905. Transformation of vibrios, as will have been gathered from the opening summary makes

up a good deal of the text in this monograph. We find that the author has seen agglutinating El Tor vibrios lose their agglutinability and vibrios which did not agglutinate become agglutinating El Tor vibrios. This famous vibrio is relegated to the category of a modified avirulent cholera vibrio. Much unanimity exists at the present day on the importance of agglutinability in the identification of the cholera vibrio, and yet we are told not to forget that "the choice of the agglutinating vibrio as the only true cholera vibrio" was in the first instance an arbitrary choice and that the consequences of that choice are imposed upon us up to the present day."

Although D'HERELLE was the first to observe that cholera vibrios could undergo important modifications under the action of bacteriophage, the present author considers that he went beyond his facts in postulating that this modification was irreversible. One of the difficulties of such an association was to account for the preservation of the vibrio in nature. "It is more logical to admit that the cholera vibrio does not exist in nature in its ultra-pure and stable form but as a modified form which is more or less resistant to the bacteriophage and which can reacquire its original characters and its virulence when external conditions are favourable." This leaves the portal open, so to speak, for a return to biochemical, biological, choleric and still further to epidemic characters. The characters of the epidemic or ultrapure strain are that it shows no gross contamination with bacteriophage, possesses a uniformity and regularity of biological characters and is homogeneous and stable. Choleric power is dependent upon enterotropic character and this character is developed in high degree in the epidemic cholera vibrio. The endemic cholera virus is preserved in chronic carriers and is the ultimate source of recurrent epidemics, for the epidemic vibrio although it is the homogeneous, stable, equilibrated form, cannot exist as such except for a very short space of time. Its epidemic existence is terminated by bacteriophage action and it returns once more to the dysequilibrated avirulent endemic type or state.

As the cholera carrier is the important personage from a quarantine point of view it is essential to know exactly how dangerous such carriers are and we have referred to the author's view that chronic carriers of the epidemic vibrio do not exist. We may add that the chronic carrier of endemic modified vibrios can give rise only to sporadic isolated cases of cholera. It is the epidemic carriers in the stage of incubation of the disease who alone as travellers and transmitters of virulent virus into an epidemic focus, present any really great danger to other populations. A final quotation would seem to put the question reasonably clearly although it is not a solution of the quarantine problem. "If we admit that the epidemic virulent vibrio does not lend itself to transport of a prolonged character and that the endemic vibrio, which does so, is usually avirulent, it is also necessary to admit that the carriers of vibrios are only dangerous for the propagation of cholera under very special conditions." We are left here presumably to the use of our own judgment as to the action which should be taken regarding carriers, but we are assured in conclusion that the sanitary measures applied to pilgrims during their stay at Tor and the systematic investigation of vibrio carriers offer sufficient guarantees for prevention of transportation of the virus of cholera into Egypt and into Europe.

W. F. HARRY

OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE PARIS Report of the Cholera Commission to the Permanent Committee of the Office International d'Hygiène Publique. October Session 1934 [M.S. copy received from the Ministry of Health London.]

The first subject considered by the Commission was the preparation of a dried standard O cholera antigen for use in obtaining a high titre diagnostic serum. In such dried form the antigen could be despatched to all parts of the world and enable workers to obtain exactly comparable serological results. The most suitable strain of the cholera vibrio to be used has still to be determined.

A very important decision was taken by the Commission with regard to the El Tor vibrio and haemolytic cholera-like vibrios generally. It amounted to a re-affirmation of the *status quo ante* which is that these cholera like vibrios even if they agglutinate with true cholera serum are not true cholera vibrios. This pronouncement has reference to a note presented by Dr DOORENBOS the delegate for Egypt [see above]. It is set out briefly as follows —

(a) The vibrios obtained from pilgrims at Tor are not considered to be true cholera vibrios, inasmuch as they may differ from that vibrio in haemolytic properties bacteriophage resistance etc. even if they possess certain serological characters of true cholera vibrios. It has not been shown moreover that they are capable of producing cholera, nor does reversibility of characters prove identity.

(b) The separation of cholera vibrios into two types with the nomenclature of *V. cholerae typus epidemicus* and *V. cholerae typus endemicus* and all its implications is not advisable.

(c) Further evidence is required before acceptance of a specific source of contamination of pilgrims in the Hejaz. W F H

GHOSH (H) Treatment of Cholera with a New Anti-Cholera Serum. Preliminary Note.—*Brit Med J* 1935 Jan 12 pp 56-57

By anaerobic culture for 18 hours in special broth (this *Bulletin* Vol. 30 p. 538) a toxic filtrate had been obtained which was capable of producing, by repeated small intravenous doses in rabbits, a cholera like diarrhoea. Horses have been immunized with this toxin in doses as high as 500 cc. The serum obtained when concentrated afforded an agglutinating titre of 1-12,000 H agglutinin and 1-1 600 O agglutinin. A previous injection of serum prevented experimental production of cholera diarrhoea with the toxin in laboratory animals. Now the opportunity has occurred of testing the serum in human beings. By intravenous injection the serum did not prove entirely satisfactory except in mild cases of cholera. The author then adopted the intra peritoneal route of administration in a dose of 30 to 40 cc. serum, diluted with 200 cc. warm normal salt solution. A single saline transfusion was given on admission of a patient and then the serum. The results obtained in a limited series of cases were — 4 deaths in 32 treated with serum and 15 deaths in 57 cases treated without serum.

W F H

RAYNAL (Jean) Etude des bactériophages appliqués à la prévention du choléra dans les Indes anglaises. [Study of the Bacteriophage used for the Prevention of Cholera in British India.]—*Rev. d'Hyg. et de Méd. Préventive*. 1934 Nov Vol. 56. No. 9 pp. 686-690 With 2 figs. (1 map)

This communication is the report of a mission specially detailed to "study in the bacteriological laboratory of Shillong in Assam the technique of preparation of bacteriophages and their practical application to the prevention of cholera." A large-scale experiment has been going on for some years now under Colonel MORISON and his co-workers [see this *Bulletin* Vol. 31 p. 891], which has attracted wide attention to the possibilities of phage in cholera and incidentally added to our knowledge of the action of phage. It is the striking result obtained in this trial and the evidence of what would appear to be a circumstantially controlled experiment which challenge and demand the verdict of all workers in preventive medicine. The French mission has not been content to read of these results but has journeyed to see them. In the article by the author we have set out, map, graph and table with full description of technique and a running commentary on what he heard and saw. An excerpt therefore from his final conclusions makes interesting though somewhat disappointing reading. We are led therefore to conclude," says the writer that "the whole question of anti-cholera bacteriophage, as well as the technique of its preparation are not yet definitely settled. It is difficult to be certain yet of the value of prophylactic methods for cholera founded upon the use of bacteriophage. It is advisable still to await the result of the anticholera campaign with bacteriophage before passing judgment on its value. Nor is it at present desirable to replace the tried methods of prophylactic vaccination with anticholera bacteriophage. Cholera is a disease in the presence of which one feels helpless. But the bacteriophage has given encouraging curative results. It would seem quite reasonable then to make a beginning with bacteriophage therapeutically. For this purpose it would be necessary to use bacteriophages which have been recently isolated at the time of an epidemic and which possess a high lytic activity on a large number of autochthonous cholera vibrios.

W F H

MORISON (J) RICE (E. Milford) & HAYTHORNTHWAYE (R. A.) Bacteriophage, Essential Oils and Vaccination and their Effects on Cholera Mortality.—*Indian J. Med. Res.* 1934 Oct. Vol. 22 No. 2 pp. 317-330 With 3 graphs.

The argument developed in this article is in favour of the use of treatment of cholera as against vaccination of contacts with essential oils. Two areas came under study by parallel and adjacent valleys. Numerous points are given of the data. The results are somewhat uncertain to assess, in the absence of a summary of formal conclusions.

W F H

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but (R. C. Kutty Ettan) The Use of Bacteriophage against Cholera pilgrim North Arcot District, Madras Presidency in 1933.—*Indian J. Med. Res.* 1934 Oct. Vol. 22 No. 2 pp. 397-424.  
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of bacteriophage has been instituted by the author from the 11th Department of Madras. Some villages were taken as

controls and others selected for distribution of phage. In both groups however the usual methods for dealing with cholera were adopted including anti-cholera inoculation but in the test villages oral administration and addition to wells of phage were also carried out. Both the discussion and the conclusions make it appear that no satisfactory evidence was forthcoming for the efficiency of the phage used. We may however note the remark of the author that — 'It has to be emphasized that the figures dealt with in this report are small and that therefore it is unsafe to draw definite conclusions. IV F H

DAMBOVICEANU (A.) & SORU (E.) Action *in vitro* du bactériophage sur les propriétés des vibrios cholériques. [Action of Bacteriophage *in Vitro* on Cholera Vibrios.]—C R Soc Biol 1934 Vol. 117 No 29 pp. 295-297

Much attention is at present being devoted to the antigenic complexity of micro-organisms and especially of the cholera vibrios. The authors have investigated the changes in antigenic constitution of vibrios acted on by phage and summarize their results as follows —(1) All the true cholera vibrios both the smooth forms and those which are primarily rough before the action of bacteriophage, furnish extracts rich in residual antigen. (2) Vibrios which, being originally smooth have become rough under the action of bacteriophage *in vitro* no longer give any residual antigen. (3) Mixtures of smooth and rough furnish after action of bacteriophage, extracts which are extremely poor in residual antigen. (4) Lastly if the vibrios have been long in possession of rough characters, whether this has been before or after the action of bacteriophage, they provide extracts very rich in residual antigen.

IV F H

LINTON (Richard W) & MITRA (B N) Studies on the Antigenic Structure of *Vibrio cholerae*. Part VII. Two Acid-Soluble Protein Fractions.—Indian J Med Res 1934 Oct. Vol. 22 No 2. pp 295-308.

In the last of these studies [this *Bulletin* Vol. 31 p 893] the protein composition of cholera and cholera like vibrios was studied and two proteins, I and II found to be present. In this continuation study two acid-soluble protein substances, A and B have been isolated from cholera, cholera like, smooth smooth-rough and rough vibrios. A comparison of all the chemical findings indicates that the A substance is very similar from whatever type of strain or protein it is extracted.

B substance differs markedly from A but again is the same irrespective of source. B appears to be closely allied to residual protein after acid extraction and also to whole protein. IV F H

GARDNER (A. D) & VENKATRAMAN (K. V) The Antigens of *Vibrio cholerae*—Lancet 1935 Feb 2. p 265

A large group of vibrios exists with the same cultural and biochemical reactions as the *Vibrio cholerae* and the same heat labile or H. antigen. This group is capable of subdivision on the basis of differences in heat stable or O antigens. Agglutination and absorption tests with O sera are largely used for differentiation. A condensed preliminary account is here given of an examination of the Japanese subdivision into their



original middle and variant types with confirmation of the reality of the first and third. The table published shows that "the Japanese type differences are in no way confined to Japanese vibrios. Races from India, China and elsewhere show the same variations of their subsidiary O antigens and even among the haemolytic vibrios from El Tor (Dr Doorenbos) those that fall into the same O subgroup as the classical cholera vibrio (by no means all of them do so) show the same kind of variation."

W F H

UYEDA (Saburo) Local Skin Reactivity to the Culture Filtrate of *Vibrio cholerae* as demonstrated by Schwartzman Phenomenon.—*Acta Scholae Med Univ Imperialis in Kioto*, 1934. Vol. 17 No. 2. pp. 146-158. With 3 figs. on 1 plate. [15 refs.]

According to SWARTZMAN if rabbits which had been injected intracutaneously with a filtrate of *Bact. typhosum* received 24 hours later an intravenous injection of the same filtrate, there developed at the site of the previous injection a severe haemorrhagic necrosis. Later work showed that the necrosis could be produced by filtrates of other than the specific organism. The phenomenon was therefore not strictly specific. The author has used filtrates of *V. cholerae* produced the phenomenon and again found it to be non-specific.

W F H

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LINTON (Richard W) SRIVASTAVA (D L.) & MITRA (B N.). Notes on the Structure of the Cholera and Cholera-like Vibrios.—*Indian J. Med Sci* 1934 Oct. Vol. 22. No. 2. pp. 309-312.

## REVIEWS AND NOTICES

IOFF (I. G.) [Memorandum on Anti-Malarial Campaign in Collective and Soviet Farms.]—104 pp. With 6 text figs. (In Russian.) 1934 Rostoff-on-Don. Published by the Azov Black Sea Regional Tropical Institute. [Price 50 kopecks.]

This small book is intended to serve as a practical guide for 'bomificators' or sanitary inspectors in charge of anti malaria measures in the state-managed (Collective and Soviet) farms. It provides the necessary elementary information regarding the bionomics of the mosquitoes, the methods of their destruction and the methods of protecting human dwellings from them. A brief account is also given of the treatment and prophylaxis of malaria. C. A. Hoare

LOGIE (H. B.) [M.D. C.M. Executive Secretary] [Edited by] **Standard Classified Nomenclature of Disease.** Compiled by the National Conference on Nomenclature of Disease. [2nd Edition.]—pp. xxi+870 1935 New York. The Commonwealth Fund. [15s.]

This book was first issued less than two years ago, the second edition contains 170 more pages than the first, but the book is not materially increased in size and the price has been reduced. The preface affirms that the work has been well taken up in America and has found its way into nearly 500 hospitals in the United States and Canada. By retaining communication with those working at these hospitals the authors have been able to avail themselves of the experience gained and use it in preparing the present edition. The same general plan has been followed, but changes have had to be introduced in all sections and two have had to be re-written. It attempts to include any morbid condition clinically recognizable.

The work must have entailed a vast amount of labour and only time and experience can tell whether the results will be commensurate. Many will not be inclined to agree that it will prove labour-saving, as the reviewer's experience may demonstrate. The user is directed to read the introduction and consult the index before setting out to designate the disease by numbers. Probably considerable practice and more thorough knowledge of the rules of the game are needed. Following directions the reviewer looked out Sprue and found it given in the index as 113 (7). The number in brackets we are told refers to the etiological category, i.e. metabolism, growth or nutrition. So far so good. Page 113 gives sprue and against it 010-703. Now 010 appears (p. 106) to stand for Body generally (somewhat arbitrarily perhaps). To track down 703 we turn to the etiological category and find on p. 82 that 70 is disturbance of general nutrition and 703 deprivation of a particular kind of food. How far this is a true interpretation of sprue is a matter of opinion which will vary according to the views of the physician treating the patient. After trying to trace other tropical conditions we found the game quite absorbing and more than once had to leave the problem unsolved feeling that as a winter evening's employment it is every bit as intriguing and perhaps as instructive as the average crossword puzzle. We were however convinced that it would be quickly and more readily comprehended to enter the diagnosis as Sprue (*loud court*) and place the

card in the S. section. As was stated in the review of the first edition [see this *Bulletin* Vol. 30 p. 329] In this country [Great Britain] however and throughout the British Empire, the Nomenclature of Diseases [Royal College of Physicians] must continue to form the basis of all official records for the present, and until the methods of this work under review are much simplified we feel that it is better so.

H H S

MAJUMDAR (Akhil Ranjan) [M.B., Bengal Medical Service, etc.] *Bed-Side Medicine. A Hand Book of Medical Diagnosis, Symptoms, Physical Signs and Laboratory Methods, from Tropical Standpoint.* Third Edition.—pp. xii + 815. With 245 figs. 1934 Calcutta The Book Company Ltd. 4/4a College Square. [8 rupees.]

A book that has reached a third edition within about six years of the publication of the first has surely proved its utility and popularity. Dr A. R. Majumdar's "*Bedside Medicine*" differs from the usual book on clinical diagnosis by the larger amount of space given to tropical diseases, and it is a great advantage to see the symptoms of these set out side by side with those of the diseases of cosmopolitan distribution.

The book has been considerably enlarged since the second edition was reviewed in this *Bulletin* (1931 Vol. 23, p. 336) and new diagrams and illustrations have been added, but it still remains of a convenient size.

After describing the procedure for the routine examination of a patient—with, incidentally, a sound caution against the temptations of a "lightning diagnosis"—the author contrasts the different kinds of fevers, and then goes on to a detailed account of the derangements of the various systems of the body. All these sections are very complete, that on the nervous system is particularly lucid. Wherever the book has been tested, it has been found to be reliable and up to date in its information. It does not replace a good textbook, and it is not meant to do so—but it will be a very useful aid to revision for students and practitioners. Quite apart from the large number of important facts of which he will be reminded, the student, who reads the book carefully and takes its method to heart, will have gone a long way towards the acquisition of an orderly mind, and will have learned to approach the very important subject of diagnosis in the only satisfactory way which allows of no short cuts.

There are about 250 illustrations, most of which are quite adequate; the book is strongly bound, and well printed in type of a reasonable size, and the price (eight rupees) is extremely moderate.

H J Wadon.

# TROPICAL DISEASES BULLETIN

Vol. 32.]

1935

[No 7

## PELLAGRA.

- CORKILL (N. L.) *Pellagra in Sudanese Millet-Eaters.*—*Lancet* 1934 June 30 pp 1387-1390 [11 refs.]  
 — *Pellagra in the Sudan.*—*Jl Trop Med & Hyg* 1934 June 15 July 2 July 16 Aug 1 Aug 15 & Sept. 1 Vol. 37 Nos. 12, 13 14 15 16 & 17 pp 177-183 With 1 map 196-204 With 2 graphs 214-218 231-236 [34 refs.] 245-251 265-270

These two papers, considered together for convenience sake deal with an outbreak of pellagra among a tribe of Arab millet-eaters in the Sudan.

The rarity of pellagra in the Sudan has been ascribed to the fact that the Sudanese are mainly millet-eaters whereas in Egypt where the disease is common maize is largely consumed. WILSON however has recorded pellagra in Egyptian millet-eaters.

The present papers deal with the author's clinical findings and conclusions based upon investigations carried out in a community of Arabs at Abu Deleig in the Butana Desert of the northern Anglo-Egyptian Sudan. Some 16 females and 33 males were found to be in an active stage of the disease. In the period of maximum incidence of the malady (hot, dry season) the vitamin supply i.e. milk sinks to a level of practical deprivation. Millet alone remains as a food item and the biological protein value of the diet during this season is then below Wilson's critical value of 45 grams. At this time too there is marked deprivation not only of vitamins A C and D but also of the food sterols.

It is suggested that three or more of certain physical signs namely deepened pigmentation of the cheeks and forehead, the sulphur flaking appearance on the nose cheeks and forehead, blue or black gums blue or black patches or points on the tongue and the impression of the teeth on the buccal mucosa justify a diagnosis of pellagra in the Sudan. The disease has three stages or phases (1) in which the signs just mentioned are present but subjective symptoms are absent. (2) in which physical signs are more pronounced and symptoms supervene and (3) in which physical signs are less obvious and symptoms absent or only present after exposure or fatigue. The first and

third stages are regarded as latent pellagra. It is to be noted that objective signs of typical dermatitis can rarely be appreciated in pigmented Sudanese. Such factors as sex, age, occupation, katabolic acceleration (fatigue, disease and snake poison), insolation, season and diet affect the course and nature of the disease. Dental caries and pyorrhoea were commonly found, but it was observed that the severer the pellagra the less was the degree of caries. Of the 16 female pellagrins, 9 were melancholics and of the 33 males 4 presented some mental change. Suicide seems to have been relatively frequent in this community.

The author is of the opinion that "pellagra is essentially an allergic disease and that deficiencies of the vitamins A and C contribute their characteristic effects to the syndrome as do also cereal toxama. Further it is suggested that the body's cholesterol is mobilized for photosynthesis of vitamin D in the skin and that withdrawal of cholesterol from the central nervous system, the gonads and adrenal cortex, is responsible for some of the manifestations of pellagra." The characteristic dermatitis is an allergic response to sun trauma and pigmentation is protective. The sebaceous dysfunction (sulphur-flaking) so commonly met with in pellagra indicates a heavy photosynthesis of vitamin D and it is suggested that this vitamin and not vitamin B<sub>3</sub> (the existence of which is doubtful) is the true anti-dermatitis factor.

The disease in the Sudan should be controlled by increasing the cultivation of vitamin and phytosterol-yielding crops.

[These two papers record a very large amount of work and so numerous are the observations made that it is difficult to do them full justice in a short abstract. Only some of the author's observations and conclusions can be mentioned.]

A. D. England.

YANG (Chi-Shih) & HUANG (K. K.) An Outbreak of Pellagra in Nanking. A Report of 30 Cases.—*Chinese Med. J.* 1934. Aug. Vol. 48. No. 8. pp. 701-723. With 1 fig. [78 refs.]

An outbreak of pellagra among soldiers in Nanking is described, together with full details of 30 cases.

In 1920 the first report of pellagra in China was made, 4 cases being observed by JOUVEAU DUREUIL in Szechuan [see this *Bulletin* Vol. 15, p. 283]. Since then small groups of cases have been reported from time to time but the present paper deals with the first epidemic recorded in China. Thirty typical cases of the disease occurring in soldiers belonging to two camps in Nanking are described. The usual skin manifestations were present and out of 27 cases examined by sigmoidoscope 11 showed inflammation or ulceration of the rectum and lower colon. Of the 30 cases 27 suffered from inflammation of the tongue and oral mucous membrane. With reference to the presence of glossitis, the following statement is of interest. In the cavalry camp of 163 inmates among whom 29 cases of pellagra have been observed, 80 soldiers have variable degrees of this condition, while in the artillery group of 128 men with three cases of pellagra, over 70 showed definite signs of glossitis. Achlorhydria was found in only 3 out of 21 cases examined. Varying degrees of night blindness were recorded in 19 of 25 cases examined there was one case of retro-bulbar neuritis and one of keratomalacia. The blood findings revealed no special points of

interest and the same may be said of neurological investigations with the exception that the patients were all normal mentally

As regards diet it was found that these soldiers had been living upon a ration containing less than 10 gm. of animal protein a day. Nevertheless the same diet was consumed in other camps where no pellagra was found. For purposes of treatment cases were divided into two groups (1) In addition to the ordinary hospital diet these patients were given a daily ration of 30-50 gm. of animal protein. (2) This group received 100-120 gm. of protein. Yeast in 3 gm. daily doses was given to all. No results warranting generalization were obtained but it is recorded that no deaths occurred.

The authors draw attention to the multiple deficiency conditions present in some of these cases and they are of the opinion that pellagra is a symptom complex rather than a disease entity due to the deprivation of one single food factor

A D B

Yu (K Y) Pellagra in Manchuria. Report of Three Cases.—*Chinese Med J.* 1934 Aug Vol. 48, No 8. pp 724-735 With 6 figs. on 2 plates. [26 refs.]

An account is given of three cases of pellagra in Manchuria. This is the first record of the disease in this country

Pellagra has never before been recorded in Manchuria. The three cases were all of the female sex, in which the disease was associated with other conditions viz. chronic amoebic dysentery ankylostomiasis and tuberculosis. In all a monotonous and inadequate diet had been taken. The first two cases responded well to treatment (diet yeast thiosulphate, hydrochloric acid, etc.) but the last case on account of tuberculosis, did not improve. Among the investigations made the following may be noted oedema over the front of the legs with high chloride and low total protein contents of the blood, was present in all so also was indicanuria. Hypochlorhydria was found in two cases and achlorhydria in one. Blood calcium findings were normal in the first case in the second case the figure of 14.6 mgm. per 100 cc. of serum was obtained in the third case hypocalcaemia (8.2 mgm. per cent.) was present. In two cases examined haematoporphyrinuria was not detected and the diastatic index of the urine was normal. Clinically the cases presented typical appearances.

A D B

Mills (Stephen R.) Alcoholism and Pellagra.—*U.S. Nav. Med. Bull.* 1934 Oct. Vol. 32. No. 4 pp. 493-497 With 1 plate.

Discusses a series of pellagra cases in which a common etiological factor was alcoholism with consequent deficient food intake.

Twelve cases of pellagra were admitted to the Naval Hospital League Island, Pa. during the summer of 1930. The disease is relatively uncommon in this district. Three cases are described in detail and all presented the following features—alcoholism, glossitis and angina, achlorhydria, enterocolitis and colitis, dermatitis, delirium or dementia, and emaciation. Four cases ended fatally.

In most of the cases symptoms of pellagra followed a prolonged alcoholic debauch with consequent marked limitation of food.

A D B

URBACH (Josef) Sporadische Pellagra in Wien und Niederösterreich [Sporadic Pellagra in Vienna and Lower Austria].—*Med. Klin.* 1935. Jan. 18. Vol. 31 No. 3. pp. 79-82. With 1 fig.

Five cases of sporadic pellagra occurring in Austria are described.

Of the five patients, four lived in Vienna and one in lower Austria. There were four women and one man, their ages being about 60. Two cases may be described as primary while in three, pellagra was associated with gastric carcinoma, chronic phthisis and chronic epilepsy respectively. A one-sided deficient diet was the probable cause of the disease but in two patients alcoholism was a marked feature. None of the sufferers had lived upon maize, but all had had a protein-deficient diet. Three recovered without any special treatment and the two deaths were due to the primary cause to which pellagra was only secondary.

A. D. B.

SPIES (Tom D.) PAYNE (Warren) & CHICK (Austin B.) A Note on the Relationship of Pellagra to Pernicious Anaemia.—*Proc. Soc. Experim. Biol. & Med.* 1934 Nov. Vol. 32 No. 2 pp. 329-330. [10 refs.]

In some respects pernicious anaemia and pellagra may be regarded as similar conditions. The present paper gives the result of yeast treatment in both diseases. Failure is recorded in the former and success in the latter.

Pellagra and pernicious anaemia are both special types of deficiency disease and they have in common, achylia gastrica, glossitis, peripheral neuritis and central nervous system changes. Spies and Payne have shown that the gastric secretions of pellagrins contain the necessary intrinsic factor since remissions in two patients with pernicious anaemia were obtained by the injection of a mixture of beef muscle and achylic gastric juice derived from acute pellagrins. These authors suggest that pellagra results from inadequate food ingestion, whereas pernicious anaemia is caused by the failure of the gastric juice to manufacture an anti-anaemic substance from food. STRAUSS and CASTLE have found that the "extrinsic factor" in food is associated with vitamin G.

In view of the fact that in certain cases of pellagra and pernicious anaemia a cure has been obtained by the administration of yeast, the authors of the present paper have studied the therapeutic effect of autoclaved brewer's yeast in the two diseases. For this purpose five typical cases of pernicious anaemia, and 30 cases of typical pellagra were selected. In the pernicious anaemia group after 10 daily injections of a mixture of 150 cc. of normal gastric juice and 50 gm. of yeast no change in the blood picture was noted. Each of these pernicious anaemia cases however responded at once to liver extract administered intramuscularly. On the other hand, the pellagrins were given a diet deficient in pellagra preventive substance together with a daily dose of 50-100 gm. of yeast. All signs and symptoms promptly disappeared.

The present study suggests that the chemical substance in yeast utilized by the pellagrin to remit his disease is not the same as the precursor of the anti-anaemic factor found in food (extrinsic factor).

A. D. B.

SLATINEANU (A) & BALTRANU (J) in Collaboration with M. SIBI J. NITZULESCU M. FRANCHI L. CANTACUZINO Z. PARA SCHIVESCU E. VEIT & D. LUPU Contribution à l'étude des troubles métaboliques dans la pellagre. Exploration fonctionnelle du foie et du rein. [Metabolic Derangements in Pellagra].—*Arch. Roumaines Path. Expér. et Microbiol.* Paris. 1934 Sept. Vol. 7. No 3 pp 365-391 [54 refs.]

Certain biochemical investigations carried out upon 70 pellagrins in Rumania are here recorded.

All the cases were examined during the stage of erythema. The following findings are presented. (1) The various functions of the liver were investigated (ammoniogenetic glycogen regulation pigmentary and chromogenic). It was found that 88 per cent. of cases showed more or less characteristic alterations in at least one of these functions. Out of 62 patients signs of hepatic insufficiency were noted in 55 (2) Kidney functions were investigated in respect of Ambard's constant phenolsulphonaphthalein elimination and the power to concentrate sodium chloride. Ambard's constant was defective in 25 cases elimination of P.S.P. was insufficient in 17 cases and there was a poor concentration of sodium chloride in 13 cases. Nineteen cases gave normal figures. (3) As a result of hepatic insufficiency and often of renal insufficiency also it was found that a large percentage of cases showed acidosis revealed either by raised ammoniacal coefficients or diminution of alkaline reserve or sometimes by the pH of the blood and urine. The authors are of the opinion that in certain cases such hepatic and renal insufficiency associated with acidosis may explain some of the metabolic disturbances met with in pellagra and may also perhaps account for some of the symptoms of the disease. A D B

CRANE LILLIE (Margaret) & RHOADS (C P) Pathology of the Central Nervous System in Canine Black Tongue.—*Arch. Pathology* 1934 Oct. Vol. 18. No 4 pp 459-472. With 5 figs. [18 refs.]

So many similarities between pellagra and canine black tongue have been recorded that many observers regard the two diseases as one and the same. The characteristic nervous system changes in pellagra however have not as yet been found in black tongue. The present paper deals with this discrepancy and it is reported that neuropathological changes in fact do occur in black tongue.

Canine black tongue and pellagra both present similar symptoms e.g. stomatitis glossitis, salivation and diarrhoea. In fact WHEELER regards the two diseases as one and the same on account of their seasonal and geographical incidence their common cause and similar course their identical pathological changes and their equal response to the same therapeutic and preventive measures. One great pathological difference, however has been recorded in pellagra there are characteristic changes in the central nervous system, while in black tongue these are said to be absent. This discrepancy is of more importance because of recent studies showing the effect of lack of the vitamin B complex on the production of lesions of the central nervous system marked by loss of myelin. Such degenerative lesions of myelin and nerve cells are undoubtedly present in pellagra and the authors here consider the possibility that similar changes in canine black tongue have been overlooked by previous workers. Accordingly



the brains and spinal cords of 12 dogs dying of acute black tongue were examined by modern neuropathological methods. In all the animals slight disintegration of myelin was found together with irregularity swelling and shrinking of the fibres, but only occasionally was the myelin actually broken down into droplets. Alterations in the axons and degenerative changes in the nerve cells were also recorded. In short, the changes observed were similar in many respects to those seen in pellagra. These changes were also similar to those described as occurring in animals kept on diets deficient in vitamin B complex.

A D B

- BRUNTER (A) & HOLST (L. A.) Een geval van vermoedelijk secundaire pellagra.—*Nederl Tijdschr v Geneesk.* 1935. Jan. 12. Vol. 79. No. 2. pp. 158-166. With 1 plate. [23 refs.] English summary (8 lines)
- CAVALCANTI (L. Robalinho). Pellagra. Considerações sobre tres casos de erythema pellagroides.—*Brasil-Medico* 1934. Dec. 8. Vol. 48. No. 49. pp. 1012-1023. With 3 figs. [39 refs.] English summary
- FLOWER (Robert) Pellagra and Pellagroid. Eine prinzipielle Feststellung.—*Schweiz. Med. Woch.* 1935. Feb. 9. Vol. 65. No. 6. pp. 137-138.
- MEYER (Fr.) Zur Klinik der Pellagra.—*Klin. Woch.* 1934. Sept. 29. Vol. 12. No. 39. 1401-1402.
- O'FLYNN (J. A.) A Case of Pellagra.—*Jl. Roy. Nav. Med. Serv.* 1935. Jan. Vol. 21. No. 1. pp. 54-57. With 1 fig.
- SLÖT (J. A.) Een geval van pellagra, waarschijnlijk als gevolg van een chronische darmziekte.—*Geneesk. Tijdschr v Nederl.-Indië* 1935. Jan. 22. Vol. 78. No. 2. pp. 124-130. With 2 charts, 1 text fig. & 3 figs. on 1 plate. English summary (8 lines)

## TROPICAL OPHTHALMOLOGY

## A REVIEW OF RECENT ARTICLES XXIII \*

*Conjunctiva*.—FRANCOIS<sup>1</sup> has described a form of *catarrhal conjunctivitis* which he regards as being *due to the diphtheria bacillus* though membrane formation is absent. The disease is chiefly met with in newly born infants and may be considered a form of ophthalmia neonatorum. A muco-purulent conjunctivitis is present and this is frequently associated with slight enlargement of the preauricular gland and a rhinitis. The trouble is refractory to ordinary treatment but is readily cured by antidiphtheritic serum. Corneal ulceration may complicate the conjunctivitis but the disease is on the whole the most benign of all forms of diphtheritic conjunctival inflammation.

POWELL<sup>2</sup> has found that the inhabitants of a particular district in California are liable to attacks of *acute conjunctivitis* during hot and windy weather. This district was formerly a swamp but reclamation has converted it into a very fertile land composed of peaty soil. Fires frequently involve large areas and the resultant fine ash mixed with silica particles and other salts is readily blown about. The attack occurs immediately after the patient has been struck by a sudden dust laden gust of wind. A curious feature is that one eye only is attacked. The trouble is easily cured by ordinary simple measures.

HOARE<sup>3</sup> has a useful suggestion to make regarding the fixation of *protective conjunctival flaps*. The premature retraction of these sliding flaps, owing to the friability of the membrane is a fairly common experience but if the bulbar conjunctiva is slightly undermined at the site of the proposed attachment and the free edge of the flap is implanted in the shallow pocket so formed (just as the apex of a pterygium is in a pterygium transplantation) some days will elapse before the flap recedes.

*Trachoma*.—MACCALLAN<sup>4</sup> has made a survey of the incidence of trachoma in the British Empire. He remarks that the disease may escape notice in some parts owing to the attention of the Public Health authorities being directed to the study of lethal diseases and to the failure of medical officers who have no specialist knowledge to recognize its presence. He states. In the absence of fulminating epidemics of acute conjunctivitis superadded to trachomatous conjunctivitis a population may be universally infected with trachoma without any insistent demand for treatment or prophylaxis. For instance, in some parts of India trachoma runs an uncomplicated course, the affection being accepted as an ordinary or natural occurrence while in Palestine

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For the twenty-second of this series see Vol. 31 pp 858-862.

<sup>1</sup> FRANCOIS (J) Catarrhal Diphtheritic Conjunctivitis.—*Brit Jl Ophthalm* 1933 Jan. Vol. 19 No. 1 pp 1-19 With 4 figs on 2 plates. [18 refs.]

<sup>2</sup> POWELL (Barton J) Jr Unilateral Conjunctivitis from Peat Dust.—*Amer Jl Ophthalm* 1934 Mar Vol. 17 No. 3 pp 206-208

<sup>3</sup> HOARE (W Wallis) Conjunctivoplasty [Correspondence].—*Brit Jl Ophthalm* 1935 Apr Vol. 19 No. 4 pp 235-236

<sup>4</sup> MACCALLAN (A. F) Trachoma in the British Colonial Empire its Relation to Blindness the Existing Means of Relief Means of Prophylaxis.—*Brit Jl Ophthalm* 1934 Nov Vol. 18. No 11 pp 625-645

hideous epidemics more than decimate the eyes of the natives." School treatment constitutes the best form of prophylaxis and this is best carried out by a specialist, though instillation of drops made regularly by the schoolmaster may be valuable.

BUSACCA<sup>6</sup> has published histological evidence in support of his view that Herbert's pits are due to focal thickenings of the corneal epithelium at points previously occupied by trachomatous nodules. Surface depressions tend to form during cicatrization of the nodules, but these depressions are at once occupied by proliferated epithelium. This results in the appearance of round greyish areas, which on superficial examination seem to be pits but are really filled by a transparent epithelium. Only exceptionally can a small depression be found at the centre.

MAJEWSKI<sup>7</sup> has recorded his experience of trachoma among children in Cracow. Over a period of ten years he has cured 1,346 children and sent home a further 167 who were partly recovered but required further treatment. The chief interest in his paper lies in his recognition of the important part which scrofulous conditions play in the disease as he has found it. He states, too, that orphanages and asylums in Cracow are now practically free from the disease and that the bulk of his patients at this time come from the northern and eastern provinces of Poland. 677 days represented the average period of treatment. BUSACCA<sup>7</sup> attributes the alight ptosis which is such a characteristic sign in the early stages of trachoma, to the increased weight of the lid. In the later stages when the underlying tissues in the upper limb become involved disturbances occur in Muller's muscle and in the levator and these may be sufficiently severe to cause a permanent ptosis.

TANG<sup>8</sup> has reviewed our knowledge concerning the aetiology of trachoma and concludes that little progress has been made towards the solution of the problem. No advance is probable until a susceptible animal, other than man is found. SHALOM<sup>9</sup> recommends intra-corneal injection of cyanide of mercury in the treatment of severe trachomatous pannus. He employs a solution of 1 in 1,000 of a 2 per cent. novocaine in distilled water and claims that the injection is quite painless. A few drops of the solution are injected slowly. The cornea assumes a greyish opaque colour during injection but clearing occurs in about ten or fifteen days. Recurrence may take place later but the injection can be repeated. It is necessary to employ a very fine needle.

<sup>6</sup> BUSACCA (Archimede). On the Structure of Herbert's Pits.—*Brit. J. Ophthalmol.* 1933 Jan. Vol. 19 No. 1 pp. 26-31 With 4 figs.

<sup>7</sup> MAJEWSKI (Cezimir). Sur l'activité thérapeutique de la station pour les enfants trachomatiques de Witkowice (Pologne).—*Rev. Internat. des Trachomes.* 1934 Oct. Vol. 11 No. 4 pp. 198-203.

<sup>7</sup> BUSACCA (Archimede). Ptosis transitorie e ptosis permanenti nel tracoma.—*Rev. Internat. des Trachomes.* 1934 Oct. Vol. 11 No. 4 pp. 204-214 With 2 figs. French summary.

<sup>8</sup> TANG (F. F.). Recent Progress in the Study of the Etiology of Trachoma.—*Chinese Med. J.* 1934 Sept. Vol. 48 No. 8 pp. 839-845 [25 refs].

<sup>9</sup> SHALOM (Eliaz S.). Intra-Corneal Injections of Cyanide of Mercury in Trachomatous Pannus.—*Brit. J. Ophthalmol.* 1935 Feb. Vol. 19 No. 2 pp. 107-111.

Ginger is another novel remedy which has been recommended by SOLOTMITZKY<sup>10</sup>. One part of powdered ginger is mixed with three parts of powdered sugar candy and the mixture strained through a silk sieve. The powder is applied to the everted lids and the eyes are closed for five minutes. During this time considerable pain may be experienced. The lids are again everted and the conjunctival sacs thoroughly irrigated in order to remove every particle of the remedy. A curious feature is that at first the patients tend to fall asleep for four or five hours after the application. The treatment is claimed to be specially useful in cases complicated by pannus and corneal ulceration. MOURIZIN and SOUCHKOWA<sup>11</sup> have found that the lysozyme content of the tears is lower in trachoma than in other diseases of the eyes. TALBOT<sup>12</sup> as the result of his experience in Southern Tunis considers that prophylactic measures which fail to combat infantile infections are useless. The disease seen in the adult is merely a recrudescence of a latent infection contracted during infancy. Infection during school age is exceptional and trachomatous school-children have been infected in their homes. ALVARO<sup>13</sup> suggests that the low incidence of pterygium amongst trachomatous patients which is claimed by some writers may be due to the photophobia which causes them to keep their eyelids semi-closed and thus to protect the bulbar conjunctiva from sources of irritation likely to cause pterygium.

STAROVSKY<sup>14</sup> has had good results from the use of subcutaneous injections of yatren in trachoma and has recorded six cases which seem to have derived undoubted benefit from the injections.

*Cornae—Keratomalacia.*—GOW<sup>15</sup> has found that 2.9 per cent. of the eye patients attending the Mukden Hospital suffered from keratomalacia. The disease was most prevalent during the month of April, and infants children and adults were attacked. The usual treatment of cod liver oil gave good results.

*Leukoma.*—KIRWAN<sup>16</sup> has reported two successful cases of *corneal grafting* in opaque cornea. Both patients had suffered from interstitial keratitis and the opacity was sufficient to render them completely blind in the affected eye. Pre-operative treatment is important both local and constitutional. A 4 mm. trephine is used for the donor eye and a 5 mm. trephine for the recipient. Both eyes are kept bandaged for a week and the affected one for a further fortnight.

<sup>10</sup> SOLOTMITZKY (J. N.) Le traitement du trachome à l'aide du gingembre.—*Rev. Internat. du Trachome* 1935 Jan. Vol. 12. No. 1 pp. 34-41 [10 refs.]

<sup>11</sup> MOURIZIN (A. N.) & SOUCHKOWA (E. G.) Le lysozyme du liquide lacrymal dans le trachome.—*Rev. Internat. du Trachome* 1935 Jan. Vol. 12. No. 1 pp. 1-15 With 3 diagrams. [14 refs.]

<sup>12</sup> TALBOT La seule prophylaxie efficace du trachome séan social.—*Rev. Internat. du Trachome* 1935 Jan. Vol. 12. No. 1 pp. 15-24

<sup>13</sup> ALVARO (M. E.) Pterygion et trachome.—*Rev. Internat. du Trachome* 1935 Jan. Vol. 12. No. 1 pp. 32-33

<sup>14</sup> STAROVSKY Ueber die Behandlung des Trachoms mit subkutanen Yatren Injektionen.—*Arch. f. Schiffs- u. Trop. Hyg.* 1935 Jan. Vol. 39. No. 1 pp. 28-30

<sup>15</sup> GOW (W. H.) Some Clinical Observations on Cases of Keratomalacia in Manchuria.—*Chinese Med. J.* 1934 Sept. Vol. 48. No. 9 pp. 885-889 With 2 figs.

<sup>16</sup> KIRWAN (R. O'G.) Corneal Transplantation on Opaque Cornea.—*Indian Med. Gaz.* 1935 Feb. Vol. 70. No. 2. pp. 61-62 With 3 coloured figs. on 1 plate.

**Cataract**—PI<sup>17</sup> found that only 0.68 per cent. of 12,111 patients of the Peiping Eye Hospital suffered from senile cataract. This small proportion may be due to three reasons (1) Longevity is rare among the general population of China (2) the people regard Western forms of treatment with suspicion (3) an elderly person considers that inactivity is his rightful due and does not regard his disability seriously. The senile cataract age is five or ten years younger than in Germany or Japan. The same observer<sup>18</sup> reports the occurrence of cataract in four patients suffering from osteomalacia. Osteomalacia is stated to be very prevalent in many parts of China.

PISCHKE<sup>19</sup> reports a careful examination made by him of a series of unselected patients who had undergone operation for senile cataract at least two years previously. All had been operated upon at the Vienna clinic by MELLOR or by one of his assistants. In about half the number the lens had been extracted in its capsule, and in the remainder capsulotomy had been performed by removing the anterior layer of lens capsule with forceps. Only those intracapsular cases were considered which were entirely free from complication either at the time of operation or during convalescence but no such selection was made in the case of the capsulotomy patients. The author furnishes an excellent review of the comparative advantages of the two forms of operation, and concludes that "while the results in the successful intracapsular operation are practically as good as those in the well-performed extracapsular operation, there are more bad results even in a selected series of intracapsular operations than in an unselected series of extracapsular operations. Only 6.9 per cent. of the capsulotomy patients required subsequent dissection, and this good result is attributed to the fact that a really large piece of the capsule is removed at the time of laceration.

**Filaria**.—WRIGHT<sup>20</sup> has reported an intraocular infection by an adult *IV bancrofti*. The patient was a male Hindu, aged 25 resident in Madras and was admitted for an iridocyclitis of his right eye. Fine vitreous opacities, retinal haemorrhages and some optic neuritis were noted. Thirteen days after admission a filarial worm was seen moving rapidly about in the anterior chamber. The worm was removed three days later through a small keratome incision made in the cornea. In view of the difficulties experienced by Koman NAYAR in recovering the worm in a previous case, exceptional precautions such as surrounding the eye with a black mask and using a black dish to catch any fluid escaping from the eye were adopted. The worm escaped with the first drop of aqueous and, despite all precautions, was only found after a prolonged search with a binocular dissecting microscope. The patient made a good recovery but his optic disc on discharge presented the appearance of a subiding neuritis with commencing atrophy. The

<sup>17</sup> PI (H. T.) Cataract among the Chinese.—*Chinese Med. J.* 1934. Vol. 48. No. 9 pp. 928-947. (40 refs.)

<sup>18</sup> PI (H. T.) Subcapsular Cataract in Osteomalacia.—*Chinese Med. J.* 1934. Vol. 48. No. 9 pp. 948-964. With 9 figs. on 3 plates. (30 refs.)

<sup>19</sup> PISCHKE (Dohrmann K.) Comparative End Results in the Intracapsular and Extracapsular Operations for the Removal of Senile Cataract.—*Arch. J. Ophthalm.* 1934. Apr. Vol. 17. No. 4 pp. 326-333. (29 refs.)

<sup>20</sup> WRIGHT (R. E.) Adult *Filaria* (*Wuchereria*) *Bancrofti* in the Anterior Chamber.—*Brit. J. Ophthalm.* 1934. Nov. Vol. 18. No. 11 pp. 648-652.

retinal arteries were narrow and thread like and the peripapillary retina a dull grey colour. The haemorrhages had disappeared.

A similar case is reported from Ceylon by FERNANDO<sup>21</sup>. The patient was a Sinhalese male aged 28 who lived in a village ten miles from Colombo. The worm was visible in the anterior chamber and had given rise to some cyclitis. ARNDT removed it through a corneal incision. The worm emerged with the first flow of aqueous but was caught on the lips of the corneal wound and required to be removed with forceps. It was identified by W. FERNANDO as *W. bancrofti*.

*Onchocerciasis*.—WILSON<sup>22</sup> reports an unusual case of onchocerciasis affecting the retina. The patient was a male aged 16 years. The uvea and anterior segment of the eye were perfectly normal. A short greyish white thread-like object in constant wriggling movement could be seen attached by one extremity to the macula. The surrounding retina showed some mild inflammatory changes. The object was regarded as an *Onchocerca volvulus* owing to the circlets of protuberances which could be seen on the surface of the worm. The worm disappeared fifteen days later and its presence was followed by the development of an area of retinal atrophy. BRYANT<sup>23</sup> observed blindness to be extraordinarily rife amongst the population of the Bahr-el-Ghazal province. On investigation the bulk of the cases were found to be suffering from a gross form of retino-choroiditis associated with a secondary optic atrophy. Some blindness too was due to typical onchocercal keratitis and the two conditions might be associated. The disease appears to have been introduced only recently and *Simulium damnosum* appears to have become more common also.

BOASE<sup>24</sup> when treating a patient for a syphilitic uveitis of his left eye found some signs of a past papillitis in the other eye. Owing to the occurrence of slight pain and lachrymation a slit lamp examination was made and numerous small white thread like bodies were observed wriggling through the aqueous. The author considers these to have been *Microfilaria perstans*. No sign of any uveitis was present in that eye whereas the other eye was free from filariae.

*Cysticercus Cellulosae*.—FENG<sup>25</sup> reports a case of subconjunctival cysticercus infection in a Chinese boy aged 13. The cyst was ovoid and measured 6 by 4 by 2 mm. It was painless and was situated near the insertion of the internal rectus muscle. Removal was easy. Although this is the first case reported from Peiping the author thinks the disease may not really be rare, and he urges greater care in diagnosis and in reporting cases.

<sup>21</sup> FERNANDO (S. E.) Ocular Filariasis. (Adult *Wuchereria bancrofti* in the Anterior Chamber of Human Eye).—*Jl Trop Med & Hyg* 1935 Jan. 15 Vol. 38 No 2. pp 17-18.

<sup>22</sup> WILSON (Rowland P.) Onchocerciasis of the Macula.—*Eighth Ann Rep Ginn Memorial Ophthalmic Laboratory Cairo* 1933 pp 85-87 With 2 coloured plates.

<sup>23</sup> BRYANT (J.) Endemic Retino-Choroiditis in the Anglo-Egyptian Sudan and its Possible Relationship to *Onchocerca volvulus*.—*Trans Roy Soc. Trop Med & Hyg* 1935 Mar 8. Vol. 28 No 5 pp 523-532. With 1 map & 5 figs. on 2 plates.

<sup>24</sup> BOASE (A. J.) Ocular Filariasis.—*East African Med Jl* 1935 Jan. Vol. 11 No 10 pp 328-328.

<sup>25</sup> FENG (H. H.) *Cysticercus Cellulosae* Subconjunctivalis. Report of a Case.—*Chinese Med Jl* 1934 Sept. Vol. 48 No. 9 pp 863-868. With 3 figs. on 2 plates. [21 refs.]

**Retrobulbar Neuritis.**—CHEN P'AN<sup>26</sup> has recently observed an unusual number of Chinese patients in Nanking who suffered from retrobulbar neuritis. About 87 per cent. of the patients were soldiers and symptoms commenced from four months to four years after enlistment. Most were under thirty years of age. A central scotoma, relative or absolute, was the sole ocular sign. The cause is entirely obscure as in only very few could any of the ordinary factors be found. Treatment appeared to have no effect but recovery seems to have taken place in course of time.

**Eclampsia.**—WRIGHT NAYAR & NAYUDU<sup>27</sup> have investigated the visual changes amongst twenty-eight eclamptic patients in the Madras Government Hospital for Women and Children. Blindness without any demonstrable lesion is possible but very rare. Retinal haemorrhages and oedema without immediate interference with vision are relatively common. Retinal detachment following toxæmias of pregnancy is very rare.

**Quinine Amblyopia.**—A case has been reported by KING<sup>28</sup> in which a woman took about two teaspoonfuls of quinine (? sulphate) in order to procure abortion. Deafness, aphasia and partial blindness followed in three hours. The blindness increased during the next four days and vision was reduced to light perception whilst the pupils failed to react. The fundus at this time appeared normal with but little vessel change. Central vision began to return on the fifth day and a month later reached 6/9 partly the visual fields being markedly restricted. There was then disc pallor with some vessel constriction. In discussing the case WOLFF suggested that the poison might reach the retina by way of the vitreous. This would account for the ganglion cells being affected before the vessels.

BERTRAND<sup>29</sup> in a survey of the most common diseases of the eye met with in North Togoland finds them to be in order those of the posterior segment of the lens, and of the cornea. The posterior segment diseases (choroiditis, retino-choroiditis, and optic atrophy) he regards as due to sleeping sickness. Senile cataract is on the whole comparatively rare and the lens troubles are mostly secondary to the above or to corneal inflammations. Corneal lesions are due to trauma or infection or both combined. The optic atrophy is of the primary type such as is often met with in syphilitic infections, but the author considers that the cause is undoubtedly sleeping sickness and that venereal disease may be excluded. No trachoma was seen in the country. Acute conjunctivitis is occasionally due to the Koch-Weeks bacillus, but more often occurs independently of any bacterial infection and is caused by the mechanical irritation of dust, etc. Gonorrhoeal ophthalmia when seen is rather benign in character and readily cured. [BRYANT'S

<sup>26</sup> P'AN (Chen) Retrobulbar Neuritis among the Chinese. A Preliminary Report.—*Chinese Med J* 1934 Sept. Vol 48 No 9. pp 998-1008 [9 refs.]

<sup>27</sup> WRIGHT (R. E.) NAYAR (K. Hooran) & NAYUDU (T. Venkatarangun). Disturbances of the Visual Apparatus in the Toxæmias of Pregnancy associated with Eclampsia or the Pre-Eclamptic State.—*Brit. J. Ophthalm.* 1935 Jan Vol 19 No. 1 pp. 19-25

<sup>28</sup> KING (E. F.) Quinine Amblyopia.—*Proc. Roy. Soc. Med* 1935 Feb Vol 28 No. 4 p. 354 (Sect. Ophthalm. p. 26)

<sup>29</sup> BERTRAND Les maladies des yeux en pays cabré (Nord Togo).—*Ann. de Méd. et de Pharm. Colon.* 1934 July-Aug-Sept Vol 32 No. 2 pp 338-349

report on onchocercal blindness in the Sudan might be considered in connexion with this paper]

In the Matthal lecture for 1934 WRIGHT<sup>30</sup> dealt with the chief preventible blinding diseases of childhood in Southern India. He considers that keratomalacia is almost certainly the principal one and crude codliver oil is the most efficient remedy. For prevention better conditions of life are essential. Trachoma seems to occur more commonly amongst Mahomedans than Hindus in India and is a disease of the unwashed. Here too prevention depends upon a betterment of hygienic and general conditions. Ophthalmia neonatorum plays a less important rôle in India than in the West and the strain of the gonococcus met with may possibly be less virulent. Syphilis though one of the chief causes of blindness in the adult plays a smaller part in the blindness of children. The number of persons blinded by interstitial keratitis is relatively small. Smallpox is responsible for a considerable amount of blindness whilst the use of irritant remedies causes an incredible amount of mischief. Hereditary blinding diseases are extremely common and retinitis pigmentosa is the most important of them. Nothing but good could result from the sterilization of all those who are known to be potential transmitters of hereditary blinding diseases.

The Annual Report of the Giza Memorial Ophthalmic Laboratory for the year 1933<sup>31</sup> is just as interesting as the previous seven. The Laboratory happily combines research clinical work and teaching. Commenting on the incidence of various diseases, the Director R. P. WILSON remarks that ocular tuberculosis is remarkably rare in Egypt. The Koch Weeks bacillus accounts for fifty two per cent. of the purulent ophthalmias and the gonococcus for forty-eight per cent. The former infection is rife in spring and the latter in autumn. Between these two seasons bacterial growth is inhibited by the excessive temperature. The increased humidity of the autumn season favours the gonococcus which is unable to withstand the dryness of the early summer. Flies too are most prevalent in the early summer and in autumn and are less frequent in the height of the summer heat. Several interesting cases are reported, amongst them being one of probable onchocerciasis of the macula and another of schistosomiasis of the conjunctiva. Research in trachoma has been continued by E. H. STEWART who concluded that monkeys of the two genera *Papio* (baboons) and *Lasiopyga* (grivets) are completely susceptible to experimental infection with trachoma. He considers that Prowazek bodies are unlikely to be the cause of Egyptian trachoma. Filtrates of trachomatous matter are not infective, and the virus is not removed from the matter by repeated washings.

The Bulletin of the Ophthalmological Society of Egypt for the year 1934<sup>32</sup> contains many interesting papers and case histories. SOLIMAN described his experiences during a visit to the various Continental Clinics and gave a full account of Sinclair's technique for the extraction of cataract. BARRADA reported in full the case of filarial invasion

<sup>30</sup> WRIGHT (R. E.) The Chief Preventable Diseases of Childhood—*Jl Madras Univ* 1934 Dr Elizabeth Matthal Lectures 1933-1934

<sup>31</sup> CAIRO Eighth Annual Report of the Giza Memorial Ophthalmic Laboratory 1933 [WILSON (Rowland P) Director]—168 pp With numerous illustrations 1934 [25 P T]

<sup>32</sup> BULLETIN OF THE OPHTHALMOLOGICAL SOCIETY OF EGYPT 1934 Vol. 27 Session 31 pp. xxxi+145 With numerous illustrations.



of the macula referred to above. DEMETRIADES reported three cases of optic neuritis which followed the administration of acetylsalicylic acid. Fortunately the trouble subsided without very serious damage to sight. RAKLY and BARRADA encountered a case of the very rare condition ophthalmomalacia. The patient was a girl, aged 23, and one eye was affected. This was soft. The cornea appeared nebulous owing to many wrinkles in Bowman's membrane. The anterior chamber was deep and the pupil contracted and inactive. There appeared to be a retinal exudate at the lower nasal side of the disc. The eye gradually recovered and she was discharged cured three months later. Relapse occurred, however in two months time and recovery then was not so complete.

*H Kirkpatrick.*

## KALA AZAR.

FORKNER (Claude E.) & ZIA (Lily S.) Further Studies on Kala-Azar Leishmania in Nasal and Oral Secretions of Patients and the Bearing of this Finding on the Transmission of the Disease.—*Jl Experim Med* 1935 Feb 1 Vol. 61 No 2 pp 183-203 [11 refs.]

In a previous paper (this *Bulletin* Vol. 31 p 656) the authors reported the discovery of leishmania in smears made from the nasal secretion saliva and tonsil of cases of kala azar. It was further noted that the nasal secretion of 2 cases produced leishmania infection in hamsters. The present paper gives further details of these observations and experiments.

Up to the date of writing the nasal secretions of 22 cases of kala azar have been examined with the result that leishmania have been discovered in 12, while smears from the tonsil of 10 cases have revealed parasites in three. In most of the cases prolonged and careful examination with due regard to the structure of the organisms has been necessary to discover them. The intraperitoneal injection of hamsters with the nasal secretion of 14 cases has shown that living parasites were present in 13. The similar injection of sputum or saliva frequently resulted in the death of the animals from sepsis but in 8 cases this did not occur with the result that later two were found to be infected with leishmania. Material from the tonsil of 2 cases produced infection in hamsters. The nasal discharge from 5 cases was injected on a single occasion into the nasal and oral cavities of hamsters. In one case only did infection occur. Repeated injections of this kind have been carried out in hamsters and in two human volunteers but the experiments are not yet complete. Emulsion of material from an infected tonsil produced infection in the hamster when administered by the oral route. The general argument of the paper is in favour of the oral route of infection in kala azar by means of parasites which escape from subjects of the disease in the secretions. In tabular form are arranged the arguments for and against direct transmission from man to man and the conveyance of the disease through the agency of the sandfly and the authors conclude that the evidence presented strongly supports a theory of transmission of kala azar by means of direct or indirect contact infection.

C M Wenyon

BOGLIOLO (Luigi) Studi sulle leishmaniosi. VI Sul rapporti tra sistema reticolo istiocitario e leishmanie. [Relation between the Reticulo-Endothelial System and Leishmania].—*Pathologica* 1934 Nov 15 Vol. 28. No 517 pp 735-739 [29 refs.] English summary

A study of cases of human and canine kala azar and oriental sore has led the author to the view that the parasitized cells are those of the reticulum of the haemolymphopoietic organs in the case of kala azar and those of the peripheral reticulum in the case of oriental sore. The cells from the two situations are indistinguishable and in both cases they have no bad effect on the parasites which on the contrary find in them a medium very favourable for their development.

C M W

GIRAUD (P) A propos de la transmission de la leishmaniose interne. Fréquence de l'atteinte par les tiques des jeunes enfants dans la région méditerranéenne. [Transmission of K.A. in the Mediterranean Region, with Special Reference to Ticks.]—*Bull. Soc. Path. Exot.* 1934 Oct. 10 Vol. 27 No. 8. pp. 731-733.

The author argues in favour of the view that infantile kala azar is transmitted by the dog tick in the Marseilles district.

Both infantile kala azar and "fièvre boutonneuse" occur in the district and both are found most commonly amongst young children. It is generally admitted that "fièvre boutonneuse" is conveyed by the dog tick which attacks children more frequently and with much less irritation than is usually supposed. The author mentions a case of this disease in a child on which a search revealed an unsuspected tick fixed to the scalp and another case of the same disease which was followed by kala azar 2 months later.

C M IV

ANDERSON (Charles) Chronique du kala-azar en Tunisie. [K.A. in Tunisia.]—*Arch. Inst. Pasteur de Tunis.* 1934. Dec. Vol. 23. No. 4 pp. 455-464 With 1 map.

From time to time is issued a list of the cases of kala azar which have been noted in Tunisia by the Pasteur Institute. The last one appeared in September 1930 since when a number of new cases have come to light bringing the total to 123 cases diagnosed by spleen puncture since the identification of the first case in 1906.

A remarkable feature of the disease in Tunisia is that of the 123 cases 80 were children of Italian parents. No reason can be offered for the apparent greater susceptibility of this particular race. Six of the cases were in adults (aged 16 to 38 years) the rest being in children (aged 5 months to 10 years). A map shows that the disease is distributed throughout the northern half of Tunisia, one case, however, having been found at Tozeur in the extreme south where oriental sore is common.

Some interesting details of leishmaniasis which have been maintained in culture in N.N.N. medium for a number of years are given. These comprise 6 strains from cases of human kala azar isolated from 1910 to 1929 and subjected to 122 to 608 subcultures 2 strains from cases of canine kala azar isolated in 1911 and 1913 and subcultured 568 and 547 times 4 strains from oriental sore isolated from 1909 to 1926 and subcultured from 179 to 597 times 2 strains from the gecko isolated in 1917 and 1919 and subcultured 411 and 347 times. In addition mention is made of a culture of a trypanosome of the toad which was maintained for 8 years, during which it was subcultured 210 times.

C M IV

FRANCO (Enrico Emilio) Le leishmaniosi nelle Pughe. [Leishmaniasis Infections in Apulia.]—Reprinted from *Boll. d. Accad. Pugliese di Sci.* 1934 Nov Dec. Vol. 10. No. 1-2. 48 pp. With 1 map. [62 refs.]

This is a general account of leishmaniasis as it has been found to occur in the Province of Apulia on the southern part of the Adriatic coast of Italy. In all there have been encountered 62 cases of kala azar and 4 cases of oriental sore. The general features of the diseases and the results of the investigations carried out as far as they have gone, are similar to those which have been recorded for other parts of the Mediterranean region.

C M IV

COLARIZI (Arrigo) Osservazioni clinico-statistiche ed epidemiologiche sulla leishmaniosi in Roma. [*Leishmanial Infections in Rome.*]—*Polisclnico Sez. Prat.* 1935 Mar 11 Vol. 42. No 10 pp 413-16 419-20 423-4 427-9 With 1 map. [23 refs.]

The author reviews the situation as regards kala azar and oriental sore in Rome. From 1911 to 1934 there have been encountered in the city 25 cases of kala azar of which at least 6 were actual autochthonous cases. During the same period 3 cases of oriental sore were met with and of these 2 were autochthonous. Thus kala azar and oriental sore appear to be endemic in Rome. C M W

SEI (Mo Ten) Distribution of Kala-Azar in the Southern District of Manchoukuo Part 4. Conclusion.—*Jl Oriental Med* 1935 Feb Vol. 22. No 2. [In Japanese pp 403-429 With 11 figs. on 4 plates & 1 folding map [69 refs.] English summary pp 35-36.]

From surveys carried out by the author it appears that kala azar is widespread throughout Manchoukuo. In the districts of Syusuihu Fukuken and Yugakujo 200 cases were found. It occurs most commonly in children from 4 to 7 years of age. The natives are skilled in the diagnosis of spleen tumour in children reference to which appears in old literature of China of about 600 A.D. This is perhaps the earliest mention of the disease. C M W

PENNA (H. A.) [In Portuguese & English.] Leishmaniose visceral no Brasil. *Visceral Leishmaniasis in Brasil.*—*Brasil Medico* 1934 Nov 17 Vol. 48. No 46 In Portuguese pp 949-950 In English pp 950-953 With 3 figs. & 1 map

MAYER (M.) Viscerale Leishmaniose in Brasilien. Nach Befunden von H. A. Penna.—*Arch f Schiffs u Trop Hyg* 1935 Mar Vol. 39 No 3 pp 128-129 With 2 figs (1 map)

The invention of the viscerotome an instrument for puncturing the liver after death for the purpose of removing a piece of this organ for histological examination when autopsies are not possible has opened up a number of new fields of enquiry. Designed primarily for the purpose of diagnosing yellow fever in cases which had died of a febrile disease of unknown origin the instrument has thrown light upon the distribution of malaria, schistosomiasis and other infections in S. America where a regular viscerotomy service has been instituted. During the 4 years preceding the end of September 1934 there were examined in this way some 47 000 human livers from patients who had died within 10 days of the onset of some febrile illness. An unexpected result has been the discovery in 41 cases of a hepatic leishmania infection indicating the presence in Brazil of kala azar. The distribution of the infection is fairly general throughout the country while the ages varied from 45 days to 56 years 29 being under 10 and 25 under 5 years of age. Attention having been called to the infection efforts are being made to discover cases clinically.

Commenting on these observations the author of the second paper points out that MAZZA in 1928 reported 2 autochthonous cases of kala azar in children in Northern Argentine [this *Bulletin* Vol. 24 p 135] while BORSOWE in 1928 recorded the case of a woman who had quartan

malaria and splenomegaly and at the same time cutaneous leishmaniasis. Leishmania were discovered in this case, not only in lymphatic glands, but also in the spleen by spleen puncture. The author wonders whether these cases with visceral leishmaniasis are actually cases of kala azar or merely cases of the well known Brazilian leishmaniasis, in which the parasite has assumed a generalized distribution in the body  
C. M. H.

FRÓES (Heitor Prager) Leishmaniose visceral no Brasil e especialmente na Bahia. [K.A. in Brazil.]—*Brasil-Médico* 1935. Jan. 26 Vol. 49 No. 4 pp. 109-112.

The recent discovery by PEREIRA of the existence of leishmania infection of the liver in a number of fatal cases of febrile disease in S. America has stimulated the author to write the article to call attention to the fact that the possibility of the existence in Brazil of kala azar has long been recognized, though in cases in which the disease was suspected laboratory confirmation by the discovery of the parasite has not been forthcoming  
C. M. H.

BOGOLAWLENSKI (N. A.) MELIKOWA (T. A.) & DEMIDOWA (A. J.). Die viszerale Leishmaniose bei Kindern des Kasachischen Distrikts. [K.A. in Children in Turkistan.]—*Arch. f. Schiff- u. Trop. Hyg.* 1935 May Vol. 39 No. 6 pp. 205-211 With 3 figs.

Kala azar is widely spread throughout Transcaucasia and in the present paper the authors give an account of the disease as it exists in the Kasach district of Turkistan, where it is common in children, amongst whom it exhibits the usual features of infantile kala azar. It occurs also in dogs, an examination of 137 of which gave a percentage of 19 infected.  
C. M. H.

GRAUD (Paul) Sur la lyse possible des *Leishmania* dans l'organisme après la mort. [The Possible Lysis of Leishmania in the Body after Death.]—*C. R. Soc. Biol.* 1934 Vol. 117 No. 39 pp. 1017-1018.

The author calls attention to the fact that sometimes it is not possible to discover leishmania in the organs after death though there is every reason to expect them to be present. The cause of this is not clear for in certain cases it is easy to find leishmania in perfect condition when the organs are in an advanced stage of putrefaction. This disappearance after death has been noted by other observers and it is well to bear it in mind, for the post mortem failure to find leishmania may be no indication that the disease was not kala azar.  
C. M. H.

ZIA (Lily S.) & FORSEYER (Claude E.) The Syndrome of Acute Agranulocytosis and its Occurrence as a Complication of Kala-Azar.—*Amer. J. Med. Sci.* 1934 Nov Vol. 188 No. 5 pp. 634-639 With 10 figs. (2 on 1 plate)

From the study of cases of kala azar at Peiping Union Medical College, China, the authors have come to realize that an important complication of the disease is acute agranulocytosis similar to that

which may accompany angina or pyogenic infections. It is acute in onset usually of short duration and terminates rapidly in death or recovery.

The first clinical manifestations of this syndrome in kala azar are weakness and a feeling of exhaustion coming on rather rapidly over a period of 12 to 72 hours. At this period there is an increasing leucopenia with a decrease in the number of granulocytes. The symptoms become more intense the leucocytes frequently falling to from 500 to 2,000 per cm. with a complete absence or presence of very few neutrophils. After from 24 to 96 hours more alarming symptoms appear with high fever redness and tenderness and ulceration of the mucous membranes. Unless there occurs spontaneously or as the result of treatment an increase in the number of neutrophils the symptoms progress and the patient succumbs. The condition in some of the cases of kala azar has occurred at the end of a course of antimony treatment. It seems that apart from general and local measures which would suggest themselves the administration of derivatives of nucleic acid may be a life-saving procedure.

The paper gives details of the blood examinations and is illustrated by a number of charts showing the fluctuations in the number of granulocytes monocytes and other cells of the blood. C M W

ZIA (Lily S.) & FORKNER (Claude E.) Acute Agranulocytosis of Kala-Azar. Negative Effect of Urea Stibamine and Neostibosan on Blood of Normal Rabbits.—*Proc. Soc. Experim. Biol. & Med.* 1934 Dec. Vol. 32. No. 3 pp. 536-538.

Owing to the fact noted in another paper that acute agranulocytosis may occur in kala azar during treatment with urea stibamine or neostibosan it was decided to observe the effect of the administration of relatively large doses of this drug on rabbits. One or other of these drugs was administered to a dozen animals but nothing comparable with acute agranulocytosis occurred. There was, however, hyperplasia of the spleen lymph nodes and bone marrow. Two of the animals showed cirrhosis of the liver and one proliferation of the bile capillaries. C M W

FAN (P. L.) & SCOTT (Annie V.) A Study of Noma complicating Kala Azar in Children.—*Chinese Med. J.* 1934 Oct. Vol. 48. No. 10 pp. 1046-1057.

Amongst children suffering from kala azar in Tsinan North China, noma is a serious complication, the general features and treatment of which in 33 cases is discussed in this paper.

Experience has shown that cases of noma derive great benefit from blood transfusion. The treatment with neostibosan consists in daily injections of the drug the first dose being 0.1 gm. and the succeeding doses 0.2 gm. A total of 2 to 2.5 gm. is administered. A special diet is given, while the local lesion and the mouth are irrigated with a 1/2000 solution of zinc chloride every one or two hours during the day followed by the painting of the lesion with 2 per cent. mercurochrome solution. As a prophylactic measure against noma, every kala azar patient in whom the haemoglobin reading is below 50 per cent. is given a large blood transfusion before injections of neostibosan are instituted.

C M W

PURDY (A.) A Chapter of Accidents in a Case of Kala-Azar.—*Lancet* 1935 Apr 6 pp. 809-810

A case of kala azar in which during treatment with neostibosan the patient suffered from volvulus of the pelvic colon necessitating surgical interference, later from generalized oedema with suppression of urine relieved by injections of salyrgan and again a month later from a series of epileptiform fits followed by unconsciousness and return of the renal symptoms, which were again relieved by salyrgan. In spite of these set-backs a complete recovery ultimately ensued. C. M. H.

GIRAUD (Paul) Kala-azar très grave rapidement guéri par l'urastibamine. (Cases of K.A. treated with Urea Stibamine).—*Bull. et Mém. Soc. Méd. Hôp. de Paris* 1935, Jan. 21 51st Year. 3rd Ser. No. 1 pp. 39-40

— Kala-azar stiblo-résistant, guérison après deux ans et demi de traitement.—*Ibid* pp. 41-43.

The two cases described were instances of kala azar in young children in Marseilles. One case was very severe with a haemorrhagic syndrome. It responded at once to injections of urea stibamine, which was well tolerated. The other case was much more resistant to treatment. Courses of urea stibamine changed to neostibosan had to be interrupted owing to intolerance. Finally improvement commenced when a course of radiotherapy over the spleen combined with injections of acetylarsan and a course of short wave pyretotherapy had been given. After this three further courses of urea stibamine were successfully administered. C. M. H.

ANDERSON (Ch.) Nouveaux essais de culture de *Leishmania donovani*. (Cultivation of *L. donovani*).—*Arch. Inst. Pasteur de Tunis* 1935 Jan. Vol. 24 No. 1 pp. 130-133

In a previous publication (this *Bulletin* Vol. 30 p. 318) the author reported the successful culture of leishmania in media composed of milk. A further study of the subject has somewhat modified his earlier opinion and he now doubts whether a milk medium is likely to give any practical results from the point of view of the maintenance of cultures of these flagellates. The fact that a certain growth does take place suggests that the influence of milk may be worth investigation. C. M. H.

I. NAYAX LARRIER (L.) & GRIMARD-RICHARD (L.). Le développement des cultures de *Leishmania infantum* sur milieu N.N.N. "moillé". (Cultivation of *Leishmania* on Wetted N.N.N. Medium).—*Bull. Soc. Path. Exot.* 1934 Nov. 14. Vol. 29 No. 9 pp. 843-847

II. PARROT (L.) & DONATIER (A.). Sur la culture des *Leishmania* en milieu N.N.N. "moillé".—*Ibid* 1935 Jan. 9 Vol. 29 No. 1 pp. 39-40

i. The authors make some further remarks (*ante* p. 67) about the behaviour of cultures of leishmania in which the water of condensation of N.N.N. medium after a certain period of growth has been replaced by 2 cc. of physiological saline solution. If the tube is kept upright there is a delay in the multiplication of flagellates, whereas if it is

inclined, the growth is rapid. For the maintenance of cultures it is well to incubate in the inclined position for a few days after adding the saline solution and then to continue incubation in the upright position.

ii. The authors bear testimony to the value of this method and illustrate their remarks by quoting instances in which leishmania were kept growing for 58 79 and 99 days respectively saline having been added only once to each of the 3 tubes. C M IV

NATTAN LARRIER (L.) & GRIMARD (L.) Les leishmanias peuvent elles se multiplier par schizogonie? [Can Leishmania multiply by Schizogony?]—C R Soc. Biol 1935 Vol. 118. No 10 pp 969-972

On a number of occasions authors have described a process of multiplication of leishmania by schizogony but most authorities have agreed that the appearances have been due to a mass of parasites being so closely packed together that in a dry smear the outlines of the individual parasites have ceased to be visible, so that the impression is given of a single cytoplasmic body containing a number of nuclei and kinetoculi. Between these forms and masses of individualized parasites, it was easy to trace every gradation and to conclude that reproduction by schizogony was taking place. In the paper under review the authors describe appearances they have seen in preparations made from a Syrian hamster experimentally infected with canine kala azar

While admitting that massing of parasites may occur as described above, they believe that true multinucleate forms are present and that they arise by growth and nuclear multiplication without immediate division of the cytoplasm. A number of such multinucleate forms are figured some of them lying within vacuoles in endothelial cells. [It must be admitted that the figures show cytoplasmic bodies containing a number of nuclei and some, at any rate of them may have arisen as the authors suggest. But even if this be so are the bodies schizonts in the strict meaning of the term and is the process true schizogony? In all the Trypanosomidae multinucleate forms occasionally occur during active multiplication owing to delay in cytoplasmic division but when division of such forms takes place it is by repeated binary fissions and not by simultaneous budding of merozoites as in true schizogony which is seen most characteristically amongst the Sporozoa]

C M IV

CHUNG (Huei lan) The Sedimentation Rate of the Blood of Patients with Kala-Azar—Chinese Med J 1934 Nov Vol. 48. No. 11 pp. 1101-1112. [19 refs.]

An investigation of the sedimentation rate both by the time and distance methods has shown that this was increased in all of 36 cases.

This was associated with a decrease in plasma albumin and an increase in globulin, euglobulin and fibrinogen. Even when correction for the anaemia which occurred in the cases was made the rate was still uniformly above normal. The sedimentation time for the 36 cases



varied from 9 to 62 minutes. For 14 normal Chinese males the time varied from 270 to 3,960 minutes, i.e. 4½ hours to 2½ days.

C M W

BRUMPT (E.) & GALLIARD (H.) Grande sensibilité du spermophile d'Europe, *Citellus citellus* au virus du kala-azar chinois. (Susceptibility of the European Spermophile to the Virus of Chinese K.A.)—*C R Soc. Biol.* 1935. Vol. 118. No. 1 pp. 21-23.

The case of kala azar of Chinese origin in a Frenchman (noted in another review) enabled the authors to prove that the European hamster (*Citellus citellus*) is as susceptible to the Chinese virus as *CAMINOPETROS* ADLER and others have shown it to be to the European virus. Five hamsters inoculated intraperitoneally with rich culture died with heavy generalized infections after 45 105 125 138 and 183 days respectively. A fatal infection was produced in a Palestine hamster (*Cricetus auratus*) while 2 mice acquired a mild infection. In the hamsters the frequency of parasites in cells in the skin was a feature of the infections.

C M W

NINNI (C.) & TRAMONTANO (V.) Transmission de la leishmaniose tropicale au cobaye. [Transmission of Leishmania to the Guinea-pig.]—*Bull. Sessions Ital. Soc. Internaz. di Microbiologia.* Milan. 1934. Sept. Vol. 6. No. 9 pp. 338-343.

By inoculating material from oriental sore directly into the lymphatic glands of guinea-pigs the author has infected this animal with *Leishmania tropica*. The parasites which were found in the gland up to about 40 days were also detected in histiocytes in the mucosa of the bronchi. The results indicate that the guinea-pig is not a very susceptible animal.

C M W

PARROT (Louis) Évolution d'un hématozoaire du gecko (*Leishmania tarantolae*) chez un moucheron piqueur du groupe des phlébotomes (*Phlebotomus minutus*) [Development of *L. tarantolae* in *P. minutus*.]—*C R Acad. Sci.* 1934. Nov. 12. Vol. 193. No. 22 pp. 1073-1074.

— L'évolution de *Leishmania tarantolae* Wenyon chez *Phlebotomus minutus* Rond.—*Bull. Soc. Path. Exot.* 1934. Nov. 14. Vol. 27. No. 9 pp. 830-843. [10 refs.]

It has been known for some years that geckos (*Tarentola mauritanica*) in Algeria and Tunis are liable to a leishmania (*L. tarantolae*) infection, which can only be demonstrated by blood culture. It has been suggested by ADLER & THOROPH that a probable transmitter of this infection was *Phlebotomus minutus* which was not present in Sicily where geckos were uninfected. The author describes experiments in which he shows that development of flagellates occurs in the stomach of this sandfly after feeding on an infected gecko. There is very active multiplication up to 48 hours after which the digested blood, together with the flagellates, passes into the hind gut to be completely expelled a day or two later. When this has occurred, flagellates can no longer be detected. It is supposed that geckos become infected by devouring sandflies harbouring these flagellates.

C M W

ADLER (S) & THEODOR (O) Investigations on Mediterranean Kala Azar VII. Further Observations on Canine Visceral Leishmaniasis. VIII. Further Observations on Mediterranean Sandflies. IX. Feeding Experiments with *Phlebotomus perniciosus* and Other Species on Animals Infected with *Leishmania infantum*. X. A Note on *Trypanosoma platydictyls* and *Leishmania tarentolae*. —*Proc Roy Soc. Ser B* 1935 Feb 1 Vol. 116 No 901 pp 494-504 With 8 figs. on 2 plates, 505-515 With 2 figs. 516-542 543-544

In these articles the authors continue the account of observations made during the investigation of Mediterranean kala azar in Malta and Catania (see this *Bulletin* Vol. 29 p 872)

VII On the subject of canine visceral leishmaniasis it is noted that heavily infected animals may appear to be quite healthy Infection of the unbroken skin is present in all naturally infected animals and that this is not due to a cutaneous infection in the first place is proved by the fact that it occurs in dogs infected experimentally by intra hepatic inoculation. Parasites occur in most of the organs and tissues of the body including the urethra, vagina, nasal and buccal mucosa pharynx, tongue and intestine. The only factor common to all fatal infections was infiltration of the intestinal mucosa and submucosa with infected macrophages It seems that the intestinal changes resulting from this infiltration are responsible for the emaciation which precedes death in fatal uncomplicated cases. Though infection of the eyes mouth, nasal mucosa and urinary passages render possible escape of parasites from the body in the discharges this is of no importance for the spread of the disease. The infection rate in sandflies fed on infected dogs varies directly with the intensity of the skin infection and reaches almost 100 per cent. when the skin infection is heavy A feature of the skin infection is that whether intense or not it is uniformly distributed over the body and involves, with other parts, the nose internal surface of the ear and less hairy regions of the abdomen places on which sandflies feed readily Infected macrophages are found in all tissues except the central nervous system, ovary and testes. This applies not only to dogs but also to *Microtus Citillus* and *Cricetus* experimentally infected.

VIII. Of the sandflies in Malta there are six species (*P perniciosus* *P papatasi* *P parroti* *P major* *P sergenti* and *P macedonicus*) The first named is by far the commonest but it has attracted less attention than the second owing to its relative infrequency in dwellings in the day time. It is an out-of-door species and though it enters houses freely far more specimens are to be caught outside where it feeds on dogs and human beings. In Malta it appears at the beginning of May and begins to disappear at the beginning of November Hibernation of larvae actually starts in August in spite of a mean temperature of 27°C. to 28°C. at which development occurs earlier in the year It becomes more marked between September and November all development ceasing at a temperature of 20°C. Occasional sandflies are seen in December owing to the fact that a few larvae do not hibernate even at low temperatures. It is this sandfly *P perniciosus* which is concerned with the spread of human and canine kala azar Some further observations were made on sandflies in Catania it being noted that the prevalence of *P perniciosus* was underestimated in 1930

because it was not then realized that at suitable times it was more readily captured out-of-doors than within houses. A short visit to Greece revealed five species in Kavallah (*P. papatasi*, *P. sergenti*, *P. major*, *P. macedonicus* and *P. perniciosus* var. *lobbi*) and five species in Athens (the three first of the above series and *P. parroti* and *P. minutus*). In Athens *P. major* is the probable vector of kala azar. A new record for Palestine is *P. macedonicus* a sandfly of the *major* group from the valley of Jezreel where a few cases of infantile kala azar have been noted.

IX. The feeding experiments described concern chiefly *P. perniciosus* but a number of other sandflies were also used. The sandflies were fed mostly on experimentally infected animals (Chinese and Syrian hamsters, spermophiles and dogs) but a number of experiments were also made by feeding on naturally infected children and dogs. Of the animals used, the spermophile is the most susceptible, a skin infection being established as early as 15 days after inoculation. The general result of the feeding experiments with *P. perniciosus* has shown that the distribution of the flagellates in the individuals of any batch of sandflies fed on an animal is subject to considerable variation, while there is a distinct difference in the behaviour of Maltese and Catanian strains of *Leishmania infantum*. The Maltese strain produces a large percentage of purely stomach infections during the greater part of the sandfly season, while the Catanian strain in most cases invades the anterior part of the cardia. In the case of the Maltese strain the infections in the sandflies become anterior towards the end of the sandfly season. Infections of the probosces are rare with both strains but those that do occur are found mostly towards the end of the season and consist of short *lozses* of the flagellate. From this it is inferred that infections of children occur in nature to a large extent at this season. This view receives support from the fact that at least half the cases in Catania are diagnosed from the end of April to the middle of July or six to eight months after the end of the sandfly season.

It was shown that inoculation into the skin of hamsters and spermophiles of flagellates removed by dissection from sandflies gave rise to infections. It was also demonstrated that heavily infected sandflies, if they had proboscis infections, passed flagellates into liquid in capillary tubes in which they were made to feed by the Hertig technique. In one case flagellates obtained in this way were inoculated intracutaneously to a spermophile which became infected. This was the nearest approach to the production of infection by the bite of a sandfly. It is recorded that of 150 *P. perniciosus* collected in a dog-house in Malta 4 were found naturally infected, a result which is not surprising in view of the fact that 11 per cent. of Maltese dogs are infected with *Leishmania infantum*.

A number of other feeding experiments were carried out showing that the infection rate in *P. major* is higher than in *P. perniciosus*. The latter sandfly besides being infected by feeding on the animals, was also infected by feeding directly on cases of infantile kala azar. Other species of the *major* group (*P. major* var. *syriacus*, *P. perniciosus* var. *lobbi* and *P. chinensis* var.) were also infected from animals as also were *P. papatasi* and *P. sergenti* by feeding on very intensely infected animals. A number of sandflies (*P. perniciosus*, *P. perniciosus* var. *lobbi*, *P. major* var. *syriacus*, *P. chinensis* var. and *P. macedonicus*) were infected with an Indian strain of *L. donovani* by feeding them on inoculated hamsters.

X An account is given of certain experiments with Maltese geckos infected with *Trypanosoma platydactyli* and *Leishmania tarentolae*. It was shown that the trypanosome infection in the geckos which has usually been demonstrated by culture of the heart blood, can more readily be detected by feeding sandflies (*P. parroti* or *P. papatasi*) on them. An infection in the sandflies can be detected in three days. Of 43 *P. parroti* which fed on nine geckos infected with the trypanosome 40 became infected. The infection is an anterior one flagellates occurring as far forwards as the oesophagus. No instance of hindgut infection was noted. One uninfected gecko appeared to have acquired a trypanosome infection by eating an infected sandfly which was being fed on it. Another gecko had both the trypanosome and leishmania infection, which in *P. parroti* produced a double infection of the two flagellates both in the anterior position C M W

ROTTER (Werner) & CHAVARRIA (Pella) Die Hautleishmaniose in Costa Rica. [Dermal Leishmaniasis in Costa Rica.]—*Arch f Schiff's u Trop Hyg* 1935 Mar Vol. 39 No 3 pp 89-99 With 12 figs.

The authors give an account of 50 cases of cutaneous leishmaniasis which they have seen in 4 years at the hospital at San José. This number of cases is an indication that the disease is fairly wide spread in the country.

The lesions assume various forms—ulcerating non-ulcerating nodular verrucose—while a small percentage of the cases show lesions of the mucosae. The disease as regards severity appears to occupy a position intermediate between the oriental sore of the old world and the more serious muco-cutaneous condition met with in S America. The paper is illustrated by a series of excellent photographs.

C M W

WARMA (J D) Further Observations on the Treatment of Oriental Sore.—*Indian Med Gaz* 1934 Nov Vol. 69 No 11 pp 616-620

In a previous paper (this *Bulletin* Vol. 29 p. 118) the author wrote of his experience in the treatment of oriental sore by local injection of berberine sulphate solution. With further experience he advocates the administration, in addition to the berberine sulphate treatment of a vaccine prepared from cultures of the causative organism. This vaccine given at intervals of 4 to 7 days will itself bring about a cure of the sore in many cases a feature which makes it very useful for the treatment of sores in places such as the eyelid, where local interference is hardly possible. The maximum amount of berberine sulphate which can be injected at one sitting is about two-thirds of a gram or 4 cc. of a 1.0 per cent. solution C M W

SINCKE (G E.) Zwei erfolgreich mit dem kombinierten Arsen Antimonpräparat Sdt 336 B behandelte Fälle von Hautleishmaniose. [Two Cases of Dermal Leishmaniasis, treated with an Arsenio-Antimony Compound.]—*Arch. f Schiff's u Trop Hyg* 1935 Feb. Vol. 39 No. 2. pp 63-68. With 6 figs. [12 refs.]

In two cases of cutaneous leishmaniasis one from Peru and the other from Baghdad the author has obtained a cure by the intravenous use

of the arsenic-antimony compound mentioned in the title. Injections of 0.3 gm. of the drug were given every 4 or 5 days and were followed by rapid disappearance of acute inflammatory symptoms and gradual resolution of the sores, which was complete after 10 doses had been administered. The treatment did not give rise to unpleasant reactions.

C. M. H.

KRISHNAN (K. V.) Factors concerned in the Causation of Dermal Leishmaniasis.—*Calcutta Med. J.* 1934. Nov. Vol. 29. No. 3 pp. 205-214. [13 refs.]

It is well known that cases of kala azar in India which have apparently been cured by specific treatment may later develop a condition of dermal leishmaniasis. In some cases the skin condition is seen in individuals from kala azar districts who give no history of having had the disease. The disappearance of parasites from the internal organs as a result of treatment and their subsequent development in the skin is a phenomenon which has never properly been explained. The author discusses the problem from various points of view and reaches the conclusion that the immunity of the host has something to do with it, though he has not found it possible to explain precisely how this comes about.

C. M. H.

DR (Manendra Nath) & CHATTERJEE (Krishnadhan) An Interesting Case of Dermal Leishmaniasis.—*Calcutta Med. J.* 1934. Nov. Vol. 29. No. 5 pp. 237-240. With 4 figs. on 2 plates.

A record of two cases of cutaneous leishmaniasis in brothers both of whom had suffered from and had been treated for kala azar 2 years before the appearance of the skin condition. The case of one of the brothers is described in some detail with illustrations which show how readily a diagnosis of nodular leprosy can be made as was done in this case.

C. M. H.

MIHĂILESCU (M.) & NICOLOFF (D.) Două cazuri de leishmanioză spontană în România la câine. [Two Cases of Canine K.A. in Rumania.]—*Arkiv. Vet.* 1934. Vol. 28. No. 1-2 pp. 43-53. With 7 figs. [13 refs.]

The paper describes two cases of canine kala azar from Rumania, presumably in Bucharest, where infantile kala azar was first noted by Professor MĂNICĂȚIU in 1912. Two figures illustrate elongate structures found in blood films. Though these are compared with herpetomonas, they bear no resemblance to this flagellate, so that neither they nor the two figures, which are presumably intended to show leishman in spleen smears, help one to the conviction that the dogs were actually suffering from the disease diagnosed.

C. M. H.

AUGIER (Pierre) & FAURE BRAC. La reviviscence transitoire des lésions cutanées au cours du traitement de la leishmaniose canine par l'antimoine. [Lighting up of Skin Lesions in Treatment of Canine K.A. by Antimony]—*C. R. Soc. Biol.* 1935. Vol. 118. No. 14. pp. 1432-1434.

It is well known that skin lesions of various kinds occur as complications of kala azar in dogs. The author has noted that about 8 to 10

days after the commencement of treatment with organic antimony compounds these skin lesions in a number of cases become temporarily aggravated and he compares the phenomenon with the Herxheimer reaction in human beings.

C M W

DONATIEN (A.) & LESTOQUARD (F.) Investigación de la leishmaniosis canina por las reacciones serológicas. [Serological Reactions in Canine K.A.].—*Medicina Paises Cálidos* Madrid. 1934 Oct. Vol. 7 No 10 pp 486-487

Writing of the serological reactions for the diagnosis of canine kala azar the authors point out that they consider the formol-gel test specific when gelification and opalescence occur within an hour. The turbidity produced by the addition of distilled water to the serum is also a valuable test. At the Pasteur Institute in Algiers for the past two years the two tests have been used simultaneously not only for the diagnosis of canine kala azar but also for the purpose of controlling the treatment with organic compounds of antimony.

C M W

SMITH (J. A.) & SHORT (H. E.) Cutaneous Leishmaniasis as a Natural Infection of a Dog in India.—*Indian Jl Med Res* 1934 Oct. Vol. 22 No 2 pp 393-396

A dog born and bred at Kasauli, India, was taken for a few months to Karnal in the Punjab. After returning to Kasauli, there developed on its nose a number of small nodules which, on examination revealed leishmania. It seems practically certain that infection was acquired at Karnal where human cases of oriental sore are seen from time to time and where sandflies of various species abound.

C M W

KOPACZEWSKI (W.) Gélification sérique et espèce animale. [Gelification of Serum and Animal Species].—*C R Soc Biol* 1935 Vol. 118. No 4 pp 339-341

The addition of acid to serum will produce a gelification on standing but the extent to which this occurs with any one acid is not the same for the sera of man, horse, ox and pig. Furthermore the acid which gives the most marked reaction with the serum of one animal is not necessarily that which will give the most marked reaction with that of another. In general the degree of gelification is dependent upon the globulin content of the serum and the buffer action this has towards the acids.

C M W

THEODOR (Osakar) Observations on the Hibernation of *Phlebotomus papatasi* (Dipt.).—*Bull Entom Res* 1934 Dec. Vol. 25 Pt. 4. pp 459-472. [12 refs.]

The larva of *Phlebotomus papatasi* passes the winter in hibernation in Palestine. Is this due to the influence of external conditions especially low temperature, or are there cyclical factors which cause hibernation to occur even when the external conditions would not do so?

As a preliminary to his studies the author standardized his methods of breeding and rearing and describes a technique which nearly always gives consistent results. Much depends on preserving the necessary moisture in the food without allowing an excessive amount of water to be present. Using the methods described, the mean duration of the period from egg laying to the emergence of the adult is 38-40 days at

30°C., and at least 75 per cent. of the eggs should produce flies. Under normal conditions it is the fourth larval stage which hibernates in Palestine, but if larvae in this state are disturbed, given food and put at 30°C., many of them will pupate though some cannot be re-activated.

In his experiments Theodor started with a culture which was isolated at the end of summer after four or five generations had been produced rapidly in nature. Some of the larvae developed without a pause, though the duration of larval life was a little longer than the normal, but others entered into a period of rest as large larvae, many of which pupated after an interval. Substantially the same results were obtained on several occasions during the winter. In the summer the proportion of larvae which rest is very much less, though the phenomenon is occasionally observed and the duration of the larval stage is shorter than in the winter at the same temperature. The author concludes that hibernation depends principally upon climatic factors, of which it seems probable that temperature is the effective one, but there is some "cyclical" factor which operates in winter. Theodor's observations therefore support those of ROUBAUD whose theoretical views about the "intoxication of the egg" and other matters remain in the realm of hypothesis.

P. A. BARTON.

SABOTE MARIE (Flye) Un cas de leishmaniose viscérale infantile marocaine. Efficacité remarquable du traitement stibid. [Case of K.A. in a Moroccan Child.]—*Bull. Soc. Path. Exot.* 1935. Mar. D Vol. 28. No. 3. pp. 183-187. With 1 chart.

The paper records a case of kala azar in a child 5 years of age from Zaouia, Morocco. A visit to the locality did not reveal any other human cases but two dogs were found infected, one from the home of the child.

C. M. W.

MERKELSON (Py) & ISRAËL (L.) Un cas de kala-azar chinois leishmaniose cutanée de formes variées. [Case of K.A. in a Chinese.]—*Bull. et Mém. Soc. Méd. Hôp. de Paris*. 1935. Mar. 11. 51st Year. 3rd Ser. No. 8. pp. 352-358.

The case described is that of a man 33 years of age who contracted kala azar during military service in North China. The diagnosis was made and the treatment carried out at Strasbourg.

C. M. W.

DECOURT (Jacques) & ARIËS (Ch.) Sur un cas de kala-azar observé à Paris chez une adulte et rapidement guéri par la stibiothérapie. [Cases of K.A. seen in Paris.]—*Bull. et Mém. Soc. Méd. Hôp. de Paris*. 1935. Feb. 25. 51st Year. 3rd Ser. No. 6. pp. 272-278. With 4 charts.

BERNARD (René) POUMAILLOUX (M.) & BRINCOURT (J.) Un cas parisien de kala-azar traité par l'uréastibamine.—*Ibid.* pp. 262-272. With 3 figs.

FINSBERGER (Noël) A propos de la communication sur le kala-azar de René Bernard, M. Poumaillox et J. Brincourt.—*Ibid.* pp. 293-297.

These papers refer to two cases of kala azar in women, 17 and 42 years of age. Though the illness was in each case first noted in Paris, visits to the South of France render it probable that infection took place there.

C. M. W.

MACLEOD (J. M. H.) The Lupoid Variety of Cutaneous Leishmaniasis.—*Jl Trop Med & Hyg* 1934 Dec 1 Vol. 37 No 23 pp 358-359

The case described is that of an English woman who during residence in India, developed a slightly raised yellowish brown patch over the left malar bone. Owing to its resemblance to a tuberculous lesion it was excised. Examined microscopically it did not show the characteristic structure of lupus but revealed a leishmaniasis infection. C M IV

GINANNES (George J.) Kala Azar in Children.—*Amer Jl Dis Children* 1934 Dec. Vol. 48. No 6 pp 1336-1366 With 5 figs [88 refs.]

The description of a case of kala azar in a Greek child who had come to the United States 14 months before admission to hospital together with reference to three previously reported cases in children from European endemic centres and some general remarks on the disease. C M IV

BOGHIOLLO (Luigi) Studi sulle leishmaniosi. Prime ricerche ed osservazioni sui flebotomi della Sardegna *Phl parroti* var *sardous* var n. [Leishmaniasis in Sardinia.]—*Ann d'Igiene* 1935 Jan Vol. 45 No 1 pp 41-47 With 9 figs. & 1 map

The paper records the discovery in Sardinia of a sandfly which the author considers to be a new variety of *Phlebotomus parroti*. C M IV

D'ORLÉANTZ BONNET (G.) & RAYBAUT (A.) Observation d'un adolescent atteint de kala-azar et porteur de volumineuses adénites épitrochléennes [Case of K.A. in Adolescent with Large Epitrochlear Glands.]—*Bull et Mém Soc Méd Hôp de Paris* 1935 Jan 28. 51st Year 3rd Ser No 2. pp 70-72.

The case described is of interest in that it is another instance of the occurrence of kala azar in adults in the South of France where the disease is now fairly common in children. Special attention is called to the enlargement of the epitrochlear lymphatic glands in this case—a feature which the authors have noted in other cases of the disease. C M IV

D'ORLÉANTZ (M.) GALAVIELLE (R.) & RAYBAUT (A.) Kala-azar antichrone chez un jeune soldat. Stibio-résistance. Guérison par un traitement stibé interne.—*Bull et Mém Soc Méd Hôp de Paris* 1935 Mar 18. 51st Year 3rd Ser No 9 pp 428-432

RATHELY (F.) DÉROZ (M.) & COMTE (M.) Un cas de kala-azar chronique de l'adulte.—*Bull et Mém Soc Méd Hôp de Paris* 1935 Mar 4. 51st Year 3rd Ser No 7 pp 334-338.



## HEAT STROKE.

MCMILLAN (J. S.) *Résumé of an Analysis of "Effects of Heat" Case Sheets for 1932.*—*Jl Roy Army Med Corps.* 1934. Feb. Vol. 62. No. 2. pp. 129-132.

The author divides his 185 cases into four clinical groups. (1) Cases with no pyrexia. Ninety-one cases. Deaths nil. (2) Cases with moderate pyrexia throughout. Fifty-three cases. Deaths nil. Pyrexia ranged from 99.6°F to 104°F. (3) Cases at first apyrexial which after a definite illness developed pyrexia. Sixteen cases. Nine deaths. (4) Cases with early hyperpyrexia. Twenty-five cases. Two deaths.

The importance of group 3 is stressed. In these cases, constant and distressing vomiting was a striking and almost constant feature during the apyrexial period and the nervous symptoms exhibited at this stage were suggestive of further trouble to come. The patients were very dull or very irritable and restless. Many were disrespectful or even insubordinate and showed a mental attitude quite different from their normal. The length of time from the beginning of the attack until the onset of pyrexia was of help in arriving at a prognosis, for the longer the afebrile period lasted, the worse was the outlook. This group as shown above included most of the fatalities.

W. P. MacArthur

SCHOFFIELD (Richard O.) *Heat Prostration—its Treatment at Boulder Dam.*—*California & Western Med.* 1934. Aug. Vol. 41. No. 2. pp. 83-85.

An account of the body reactions to high temperatures in the presence of low humidity as seen in California.

The summer of 1933 presented in Boulder City a daily average maximum temperature of 112°F and a daily mean average temperature of 104°. Workmen were urged to drink large quantities of water and to take in addition not less than one teaspoonful of salt daily. To this prophylactic measure is attributed in large degree the diminished incidence of heat exhaustion—in which term both thermic fever and heat syncope are included—as compared with the hot summer of 1931. In addition to continued application of warmth, or cold, according to the type of the attack treatment consisted in giving normal saline in 7½ per cent. glucose intravenously and normal saline subcutaneously. The results of treatment by saline injections are described as very satisfactory and some of the speakers who took part in a discussion on the subject of the paper regarded this therapeutic measure as a specific.

W. P. M.

DEMOSTI (A. O.) *The Prevention of Heat Stroke on the Mines of the Witwatersrand.*—*Proc. Transvaal Mines Med. Officers Assoc.* 1934. Jan. & Feb. Vol. 13. Nos. 149 & 150. pp. 32-37 [32 refs.]

The author describes the classification of newly recruited native miners by the heat-chamber test and their subsequent acclimatization.

The heat-chamber which is a hospital annex, measures 50 feet by 25 and operates at a temperature of 98°F in an atmosphere kept saturated by water atomizers the conditions thus being more trying than those generally encountered underground. Each miner's temperature is recorded before he enters the chamber after half-an-hour and again at the conclusion of the test, which lasts for an hour. The experimental work consists in lashing rock from one to another of a series of troughs in the cement floor of the chamber and the men are made to work at a rate at least as fast as that necessary in a mine. On completion of the test the men are graded as (a) Tolerant to heat (b) Less tolerant (c) Intolerant in accordance with the degree of febrile reaction shown. These groups are then subjected to 4, 7 and 14 days acclimatization respectively carried out below ground under the supervision of mine officials. After completing the allotted acclimatization period of reduced work the men are issued with red armlets which are worn for a further period of from 7 to 14 days, according to grade. The badge indicates that the wearer is a recruit and is not to be overworked in any way. At the end of the red-armlet period, the miner is considered acclimatized and is expected to do ordinary work.

During the two years that the heat-chamber has been in use 10 000 men have been tested. In all, only 8 cases of heat stroke have occurred and none of these in the groups classified as heat tolerant.

W P M

BROWN (Earle G.) Deaths from Excessive Heat in Kansas, 1934  
—*Public Health Rep* 1935 Apr 19 Vol. 50 No 16. pp 546-548 With 1 fig

The abnormally warm summer of 1934 was responsible for 291 deaths from excessive heat in the State of Kansas this figure exceeding by about four times the highest previously recorded in the State. It is pointed out that the number of deaths from heat in 1934 was surpassed only by that due to motor car accidents and accidental falls in the group attributed to external violence.

The employment of a special report form supplemental to the death certificate provided the authorities with a considerable body of data regarding the fatal seizures. Two waves of mortality were recorded with the peaks occurring in July and August respectively and in both months the bulk of the deaths followed on a number of days of exceptionally high temperature which varied between 106°F and 110°F. It is interesting that throughout this period the relative humidity was abnormally low.

The proportion of the State population resident in towns of over 2,500 inhabitants is 30 per cent. and nearly half of the deaths were among town dwellers. The great majority of heat fatalities—249—occurred in persons at home and only 27 were classed as industrial, of which agriculture gave 15. Of the 15 fatal seizures in public places 4 occurred in persons driving in motor cars on the highway. As would be expected the mortality fell most heavily on the older people and of the total deaths 73 per cent. were in persons of 65 years or over. But the young were not immune, and there were 14 deaths in infants aged less than one year.

W P M

CHU (J. W. H.) An Analysis of 37 Heat Stroke Cases.—*Reports National Quarantine Service* Shanghai, China. 1934. Ser. 5. pp. 81-87. With 1 chart.

This paper records a series of 37 cases of heat stroke admitted to the Chinese Infectious Diseases Hospital, Shanghai, in 1934. The summer there as elsewhere, was exceptionally hot and for a period of 26 days the mean daily temperature was approximately 10°F above the average, while the daily wet bulb temperature exceeded 80°F. During this time, the curve of the incidence of heat stroke cases closely followed the temperature curve. The commonest presenting symptom was hyperpyrexia. 27 per cent. of patients having a temperature of 107°F., and in one instance 109°F. was reached. Next in order of frequency came unconsciousness, cramp, diarrhoea, dyspnoea, and cyanosis. Over 35 per cent. of the cases ended fatally. The treatment followed recognized lines.

W. P. M.

## CLIMATIC BUBO

RAJAM (R. V) A Clinical Study of Climatic Bubo and Allied Conditions.—*Indian Med Gaz* 1934 Oct. Vol. 69 No 10 pp 546-554 With 3 figs.

A review of 183 cases of poradenitic infections coming under observation at the venereal clinic Madras General Hospital in the year 1933

The distribution of cases was as follows —

		Males	Females
Climatic bubo only		99	2
Climatic bubo with other venereal diseases		51	1
with active syphilis	6		
with latent syphilis	6 (1 female)		
with positive strong Wassermann reaction in which there was no history or clinical evidence of syphilis	14		
with positive Wassermann reaction in which there was no history or clinical evidence of syphilis	10		
with gonorrhoea	5		
with gonorrhoea and active syphilis	2		
with chancroid	8		
with infective granuloma	1		
Genito-anorectal syndrome of the same aetiology		18	8
Elephantiasis vulva with or without ulceration		—	4
		163	15

Of the males 130 were Hindus, 13 Mohammedans 3 Indian Christians 3 Anglo-Indians 1 European. The females were all Hindus. Among the cases of climatic bubo 120 were unilateral—right 64 left 56 bilateral 27. In 45 cases the iliac glands were also enlarged. Only one acutely toxic case was seen. Enlargement of the spleen never noticed. A certain number of cases showed a positive W.R. in the early stage in the absence of evidence of syphilis. Frei's test was found to show a high degree of specificity. It was positive in 21 cases exhibiting the genito-ano-rectal syndrome and in 4 cases of esthiomène. In 2 of the males suffering from the G.A.R. syndrome the test was negative. Many of the male cases appeared to have developed following the removal of poradenitic inguinal glands. This syndrome occurred in a total of 18 males 16 to 55 years of age and included 6 professional passive sodomists in 8 females 15 to 32 years of age and included 5 prostitutes. The stricture of the rectum discovered in many had the characters which should now be well recognized.

Aspiration of softened glands combined with 6 injections of milk intramuscularly or muelcos vaccine on alternate days followed by a course of founadin to a total of 50-60 cc. of the solution has yielded the best results. Coexisting other venereal disease was not uncommon and must receive appropriate treatment. This paper forms a valuable contribution to the subject the histories of the cases are good and the relationship of the poradenitis to other manifestations of this virus infection is well illustrated.

H S Srinivas

CRESTHERMAN (Clément C.) Poradéno-lymphitis ou syndrome maladie vénérienne au Congo Belge. [Poradéno-Lymphitis or Both Venereal Disease in the Belgian Congo].—*Ann. Soc. Belg. de Méd Trop* 1934 Dec. 31 Vol. 14, No. 4 pp. 412-430. With 2 figs. [Summary appears also in *Bulletin of Hygiene*.]

The author describes a number of cases of lymphogranuloma inguinale and of esthiomène in patients from the district between Stanleyville and Basoko (Belgian Congo) who were dealt with at the Baptist Mission at Yakusu. Such cases had been seen since 1920 but their true nature was not suspected until the author's attention had been directed to the possibility of their being L.I. by STANLEY's writings on the subject. The author mentions that he has also seen the fourth venereal disease caused by the organisms of Vincent's angina but not the fifth or "granuloma venereum." He gives case notes of twelve cases proved to be L.I. by Frel's skin test, for which the antigen was made locally. Amongst the cases were six with some degree of stricture of the rectum. The author comments on the comparative intractability of the condition in women.

L. W. HARRIS.

MASSIAS (C.) Maladie de Nicolas-Favre en Cochinchine. [L.I. Disease in Cochín-China].—*Bull. Soc. Path. Exot.* 1934 June 13 Vol. 27 No. 6 pp. 540-544 [11 refs.]

Some short notes of six male cases of inguinal adenitis seen at Soctrang which the author places under the denomination "maladie de Nicolas-Favre." They are, however, no more than clinical cases of climatic bubo without any proof as to their nature. A number of cases presenting lesions in and about the genito-ano-rectal area were also seen. These are very suggestive of poradenolymphatic infections but no tests were made.

H. S. S.

HAUSER (Walter) Die Behandlung der klimatischen Bubonen mit Pyrifor. [Treatment of C.B. with Pyrifor].—*Arch. f. Schiffh. u. Trop. Hyg.* 1935. Feb. Vol. 39 No. 2 pp. 68-70.

The author gives the results obtained by treatment with pyrifor in 25 cases.\* A course consists usually of 5 to 9 injections at 3 to 5 day intervals. In approximately half the cases good results were seen. In 8 of them retrogression took place without fistula formation, in 4 incision was necessary. The treatment needed 17 to 119 days, i.e. a shorter duration the author thinks than by other methods. In some cases rigors accompanied the rise in temperature. In one case treatment with pyrifor had to be discontinued on account of collapse produced.

H. S. S.

PIRRE (R. H. C.) Climatic Bubo and its Treatment.—*Jl. Roy Army Med. Corps* 1934 Oct. Vol. 63. No. 4 pp. 254-257

Some notes upon cases of C.B. treated in China and India. In early cases preference is given to protein shock therapy (T.A.B.).

The *Medical Annual* 1932, states that — "Pyrifor is a suspension of non-pathogenic organisms sold in strengths varying from 50 to 5,000 millions per cubic centimetre."

vaccine intravenously) and aspiration. In cases in which incision is necessary or sinus formation has occurred he advocates packing with B.I.P.P. The author states that he has had no experience with more recent methods and there is nothing new in this article. H S S

LEVADITI (C) & LEVADITI (Jean) Certaines formes de tabès sont elles dues au virus de la maladie de Nicolas et Favre (lympho-granulomatose inguinale)? [Are Certain Forms of Tabes due to the Virus of L.I.?]—*Bull Acad Méd* 1934 June 12. 88th Year 3rd Ser Vol. 111 No 22 pp 796-898 With 9 figs [10 refs.]

The authors recite the results of experimental work devised to test the thesis put forward by JONESCO-MIHAIESTI and his colleagues that the virus of L I injected intraperitoneally tends to localize itself in the central nervous system with the production of changes resembling those in tabes dorsalis.

In their two monkeys so inoculated while the virus could be shown to be present in the liver spleen glands and bone marrow the central and peripheral nervous system remained intact. It is believed that the changes in the nervous system described by the Rumanian workers were not due to the introduction of the virus of L.I. but to some other cause this idea being borne out by the fact that such changes had been found in non inoculated captive monkeys. H S S

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## MISCELLANEOUS.

TROWELL (H. C.) *The Medical Training of Africans.—East African Med. J.* 1935. Feb. Vol. 11 No. 11 pp. 338-353. [1 refs.]

The author notes that there is much diversity in the systems of training in the territories of East Africa, but all are built up on the belief that the bulk of the medical work will ultimately be performed by natives. He is concerned with training in Kenya. He discusses the conditions which govern training—these depend on the health scheme, the degree to which Africans can be trained, and the money and personnel available.

He gives an account of the work of GORDON VINT and others on the mental capacity of the African, with respect to his ability to profit by an advanced course of instruction and compares the findings in East Africa with those of American investigators—the conclusions of these are shown to differ.

Under aims and methods of training he describes the various types of training, of dressers, hospital assistants and health workers. Some dressers have proved competent to perform much of the nursing care of patients, but the best require frequent supervision and their knowledge is limited. The hospital assistant is trained in the wards of the native hospital to become in time a competent nursing orderly—the course lasts five years. Health workers have been trained since 1932 at the Jeanes School, Kabete, the original design being that in the morning they should act as dispensary dressers and in the afternoon as district health workers. This for reasons which are stated\* did not work and they are now trained purely in preventive medicine and made responsible to the sanitary inspector.

The author then considers the obstacles which bar progress, those of language, philosophy and character.

The lingua franca, Swahili, is foreign to both teachers and taught, and both have but a defective knowledge of it so that it is impossible to convey anything but the most simple ideas. Between the culture and philosophy of the primitive African and that of the twentieth century there is a great gulf.

"The African child is reared in a culture so totally different that it is difficult to conceive of it. He does not move in a world of cause and effect explained in scientific laws—a world whose history is known, whose evolution is gradual, where at the moment the ideals of Humanism supersede the strong edifice of materialism. The African child is reared in a world where ghosts are more real than men, a world in the control of the spirits of the dead. Magical conceptions and magical causation are the only facts of his philosophy. The pleasure or anger of the spirits are the cause of all disease, famine, death, and the whole range of natural science. That being so to discuss any phenomenon in terms of observation and deduction, is to follow a path of thought which to their minds can only be

When the author writes—It is feared that in certain cases he [the health worker] merely made a noise like a sanitary inspector on his way home—one wonders whether he was shooting the rats or propitiating the spirits of which he lives in dread.

described as insane. The world is full of dreadful forces, the spirits are lurking everywhere, one's attitude to all phenomena is not one of curiosity observation and deduction the answer can never lie that way. For the seen is never explained by the seen, always by the unseen.

If he ever really understands that it is absolutely necessary to weigh and measure the medicine because the effect is proportional to the cause, he must abandon the idea around which his life has previously revolved that medicine works by reason of some magical power that bears no relation ship to its weight or volume.

Finally practically all the failures that have occurred during or after training have been due to want of character. [A lack so well known that this statement requires no elaboration.] A G B

CONGO BELGE Fonds Reine Elisabeth pour l'Assistance Médicale aux Indigènes du Congo Belge. Rapport annuel 1933 [The Activities of Foreami in Belgian Congo in 1933].—65 pp With 3 folding maps. Bruxelles 9a Rue des Petits-Carmes [Abridged summary appears in *Bulletin of Hygiene*.]

This is the third report of the foundation named Foreami (*Fonds Reine Elisabeth pour l'Assistance Médicale aux Indigènes Congo Belge*). The first and second were reviewed in this *Bulletin* Vol. 30 p 569 and Vol. 31 p 735 [see also p 326] where some details were given of the genesis of the Institute and of its funds. The present report consists of a preface a report by Dr DUPUY Director of the Sector Bas-Congo-Kwango and another by Dr PRATI in charge of the sleeping sickness campaign in Ruanda Urundi. There are three good maps at the end of the brochure.

The program of Foreami envisages complete medical assistance to natives in rural areas in Belgian Congo. Its chief object is their increase and growth both qualitative and quantitative. It wages therefore a systematic war against morbidity and mortality and comprises the protection of the pregnant woman and young mothers health education of the people and preventive measures against endemic and epidemic disease. It visits and examines individually all the natives of a determined region and seeks out and cares for all persons attacked by diseases which it has set out to combat. It studies also the native's habitat applies the proper health measures strictly and advises and treats pregnant women and mothers as well as their babies. It is necessary therefore, to visit every hamlet and village hut by hut, to register each individual and to preserve medical files for each person and sanitary files for each locality. It provides rural dispensaries consultations for the mothers and children and hospitals for those who are gravely sick. Such action could not be carried out at once all over this huge colony. It was decided to proceed by stages to occupy one region for a sufficient time and then to move on to another. The District of Bas-Congo was the first selected with Dr DUPUY in charge and it was divided into 8 subsectors each under one or more doctors. The personnel of religious missions professional and lay as well as of commercial companies of the region was brought into the scheme. The area has now been extended to include part of Kwango and it is expected that in the course of 1935 the whole of Kwango will be under Foreami and that Bas-Congo will revert to Government care.



		Number of natives	Expenditure
			Francs
1931	..	334 799	2,388,617
1932	..	568 543	6,368,615
1933	..	634 068	9 772,298
1934 (est.)		770 000	10,894,294

(Ten million Belgian francs would in sterling amount to over £7 000.)

The table shows the progress of Foreami.

The foundation gives also an annual subsidy of 250,000 francs to fight sleeping sickness in the mandated territory of Ruanda-Urundi, 25,000 francs to the Red Cross at Leopoldville for anti-venereal measures there, and 175 000 francs to the Red Cross towards the cost of a research laboratory for leprosy in the Province of Stanleyville. The Administrative Council appeals to Belgians for donations and legacies to help on the work.

The area on which Dr Dupuy reports extends roughly from the sea to the Kwango river and is larger than Belgium. His report (p. 11-67) is stuffed with figures. It is not suitable for summary but some extracts may be given. He notes that sleeping sickness has regressed by half in two years. He refers to an experiment of two years duration in which 4 000 babies received a daily dose of quinine with such encouraging results that it is to be extended to all the babies in the sector. He is aware of the objection of the loss of early immunity. A report on this experiment will be of much interest. He refers in two places to the difficulty of bringing medical care to scattered villages or hamlets and the need for regrouping them so as to permit of proper control. The extent of the sleeping sickness problem in the sectors may be gauged from the statement that 12,285 patients were treated in the year.

Under general mortality it is noted that among the 538,143 natives registered there were 13 609 deaths or 23.2 per mille. A table is given comparing the rate at various age periods with that of Europe, presumably Belgium.

	1 day to 3 years	3 to 15 years	15 to 45 years	45 years and over
In Africa p.m.	98.81	9.58	14.33	47.12
In Europe p.m.	49.16	2.216	6.48	39.65

The infant mortality is given as 17.5 per mille.

Dr PRATT's report is a short one and does not add much to that of the preceding year [see this *Bulletin* Vol. 31 p. 736]. There were detected in 1933 850 fresh sleeping sickness cases, an index of infection of 1.3 per cent. or including old cases, 2.3. As before, the new cases are chiefly in the north not near the Tanganyika border. The chief administrative measure is a regrouping of the population at a distance from tsetse-infested places.

A. G. B.

CONGO BELGE. Rapport sur l'hygiène publique au Congo Belge pendant l'année 1933 [VAN HOOR (L.) le médecin en chef a.i.] [Report on Public Health in Belgian Congo 1933]—60 mimeographed pp With 2 maps & 2 charts.

[Belgian Congo comprises an area of 909 654 sq miles and has a native population of 9,383 000 : i.e. it is 2½ times as large as Nigeria and has less than half the inhabitants.]

Though there was a diminution here as elsewhere of financial resources the medical effectives were fairly maintained in 1933. The figures of the staff are difficult to follow but it appears that there were at least 10 medical directors 6 bacteriologists 6 sanitation officers and 109 medical officers and that the subordinate European staff numbered 151. Another table gives 143 doctors and 165 lay personnel. It seems that there is difficulty in recruiting young Belgian doctors as well as men suitable for the senior and special posts, and that progress is thus held up.

Besides the Government doctors there were five Fomulac doctors [see this *Bulletin* Vol 28 p. 763] 3 Red Cross 8 State missions 25 foreign missions 56 private or attached to commercial companies. The black personnel numbered 246. The available money which amounted to 95 million francs in 1930 was in 1933 68 millions but an additional 9 millions was furnished by Foreami [see above] this does not include the mandated territory of Ruanda Urundi.

The mortality figure for Europeans was 171 the lowest for 9 years i.e. 9.72 per mille (population 17,588) births numbered 413. The proportion of women to men has been for the last three years 41 per cent. (missionaries excluded). Of the 171 deaths the causes of 108 were known 12 were from malaria 13 from blackwater fever 55 Europeans were invalided 14 for malaria and its sequelae. The natives treated in the year numbered 580 650 the largest on record, but sleeping sickness yaws and leprosy are not included here nor those treated in rural dispensaries. From the figures of Foreami in Bas-Congo the African mortality is put at about 23 per mille. Statistics are given for Leopoldville only —

Year	Population	Births	Per 1 000	Deaths	Per 1 000	Excess	
						Births	Deaths
1929	47 000	330	8.6	930	19.5	—	550
1930	39 460	358	9.1	914	23.15	—	558
1931	34 568	378	10.9	679	19.60	—	301
1932	28,806	354	13.0	293	11.08	31	—
1933	27 094	699	25.7	327	12.08	372	—

The number of natives treated in hospital in the colony was 51 117 also a record. Figures are given of natives treated by Government missions.

#### Epidemic Diseases

*Variola*.—There were 3 088 cases 3 075 of which were *alastrum* or *variola minor* of 8 deaths 6 were due to *variola major* 283 000 natives were vaccinated with 73 per cent. of success.

*Yellow Fever*.—No cases reported this year. The result of mouse protection tests went to support the hypothesis of an old endemic

disease of the Congo basin dating back 20 years, of slow advance and without dramatic expansion [see this *Bulletin* Vol. 31 p. 831].

*Plague*.—No case at the ports and only one in the Albert Lake district.

*Typhoid*.—Only 10 cases.

*Bacillary Dysentery*.—414 cases with 104 deaths were reported, an improvement on previous years attributed to prophylactic measures and especially vaccination.

*Trachoma* appears to be not infrequent in Upper Katanga. 449 cases were treated at Elisabethville.

Of *Undulant Fever* there were 3 suspected cases.

*Infectious Jaundice*.—In the preceding year there was a small epidemic in Europeans at Stanleyville [see this *Bulletin* Vol. 31 p. 92] which laboratory examinations have since confirmed as Weil's disease. An epidemic of 614 cases in another part of the Congo was neither Weil's disease nor yellow fever.

*Malaria*.—1,230 cases and 8 deaths in Europeans. The incidence and fatality have varied little in 5 years. The disease was most prevalent in the Elisabethville Province. Many cases are of course not seen by doctors. *A. gambiae* is the chief vector. There were 55 cases of blackwater in Europeans with 9 deaths, against 72 and 19 in 1932 more than half occurred in the Leopoldville and Elisabethville provinces. The index of malarial infection in natives varied from 6 in schools where quinine was distributed to 80 per cent. No figures are given of microscopical diagnosis.

*Trypanosomiasis*.—Twelve European cases were detected in the year against 7 in 1932, 9 in the Leopoldville Province. No less than 3,572,423 natives were examined. 27,939 fresh cases were detected and 83,954 old cases were treated. The index of new infection was 0.78 per cent. (0.75 in 1932) varying between 0.16 per cent. in Stanleyville Province and 1.6 in Leopoldville Province. Over 98,000 old and new cases were treated by the Government missions. Since there is no increase of cases the situation is regarded as satisfactory. More and more cases are found to be resistant to the usual remedies, especially trypanamide. It has therefore been decided to give higher doses than 2 gm. and to employ more than one drug. A hatched chart shows the percentage of infections in the various regions. Details of incidence are given for each Province, mission, etc.

*Tuberculosis*.—21 cases among Europeans. It is suggested that the medical examination undergone before admission to the Congo Belge should be more strict. In natives 817 cases and 360 deaths the previous highest was 670 in 1931. A number of cases were also reported by the State missions and private doctors. In the Colony generally the disease increases in chronicity and the native race becomes more and more tubercularized.

Of *Pneumonia* there were 4,863 cases with 881 deaths, a fatality of 17.8 per cent.

*Syphilis*.—8,967 cases were reported in natives, of which 3,713 were primary (accidents primaires) 4,817 secondary and tertiary, 305 congenital and 192 nervous [a surprisingly large proportion of primary syphilis in natives].

*Yaws*.—42,260 cases were treated in natives and a larger number by missions and other bodies. Yaws is said to be regressing in areas where the medical occupation is "dense."

*Leprosy*.—Government doctors treated 3,331 cases.

*Relapsing Fever*—224 cases in natives chiefly in Leopoldville and Elisabethville Provinces 12 cases in Europeans. *O. moubata* is more widespread than was believed. [From the mention of this tick it is inferred that the fever was tick-borne and not louse borne.]

*Endemic Goitre*—1,951 cases were treated, 1 514 in the Stanleyville Province a number of other foci are mentioned.

Of *Amoebic Dysentery* there were 63 cases in Europeans and 2 810 in natives Mayumbe is an important focus.

Of *Ankylostomiasis* there were 24 047 cases

*Schistosomiasis*—15 cases of rectal schistosomiasis were treated in Europeans 11 of them in the Costermansville Province. In natives there were 3,358 cases of schistosomiasis chiefly from the Provinces of Stanleyville Costermansville and Elisabethville Details are given of the distribution of vesical schistosomiasis which is more widespread than had been believed. The most important foci are in Elisabethville where both forms are found.

*Filariasis*—Information is given of the distribution of onchocerciasis which depends on that of simulum

*Ulceratus Rectus*—Two foci are known in the Provinces of Lusambo and Coquilhatville respectively

Of *Tropical Ulcer* 21 457 cases were treated.

A section follows on Medical Assistance to the Natives in which the activities of Foreani private companies the Red Cross Formulas [see this *Bulletin* Vol. 28 p 763] State missions foreign missions rural dispensaries the hospital boat Belgique are described. Foreani is described elsewhere in this number (above) Details are given of the work of the rural dispensaries. Under the heading Protection of Native Children we learn that there are 118 infant welfare centres usually organizations of religious missions with an average attendance of 16,313.

Some figures are furnished for the schools of native infirmiers at Leopoldville Coquilhatville Elisabethville and Stanleyville. It appears that 22 passed the examination at the close of the 3rd year.

Under Hygiene of Towns and Stations it is pointed out that the diminution of population both European and native in conjunction with financial stringency has made the maintenance of hygienic services more difficult. At Stanleyville and Coquilhatville the *médicins hygiénistes* has given place to *agents sanitaires* an effort to put this work on the *médicins des laboratoires* having been frustrated. The essential defence of the Colony i.e. the services at the ports, Leopoldville Elisabethville and Albertville has been well maintained. Details are given of the principal places and it is noted that the Europeans of Boma have gone down from 682 in 1929 to 226 in 1933.

Under Industrial Hygiene the great reduction of workers is noted. In Leopoldville Province 10,596 were employed with a mortality of 4.7 per mille (7.2 in 1932) at the Kilo-Moto Mines 26,240 with mortality 4.5 per mille. In Elisabethville Province the effectives have fallen from 16 723 in 1928 (mortality 32 per mille) to 4,281 with mortality 7.01 here it is said that the workers were old boys of the company who were well acclimatized.

The Report closes with a number of tables. From two of them it appears that there are 331 hospital beds in the Colony for whites and 3,867 for natives.

WAKIL (A. W.) A Sanitary Review of the Egyptian Village. Its Present and Future.—*Jl. Egyptian Med Assoc* 1934. Nov Vol. 17 No. 11 pp. 872-885 With 4 figs.

A paper read at the Luxor Congress by the Asst. Professor of Hygiene Cairo.

Twelve-and-a-half millions of the estimated population of Egypt (15,200 000) live in the villages, *i.e.*, 82.4 per cent. Of these 75 per cent. suffer from one form or other of schistosomiasis, and 50 per cent. from ankylostomiasis. In one district 40 per cent. of the inhabitants of many villages have oriental sores. Pellagra is common especially among children of 5-15 years. It decreases as one goes south. Sufferers from tuberculosis have been estimated at 200 000 to 300 000 and cattle are infected in the proportion of some 40 per cent. Fortunately boiling of milk is usual. Of 11 717 children examined by the Ophthalmic Section in 32 primary schools only 921 *i.e.* 7.9 per cent., were found free from trachoma. Of patients seen at ophthalmic hospitals 8.4 per cent. are blind in one or both eyes, and in three-fourths of these conjunctival inflammation was the cause.

These are the endemic diseases, and epidemics of typhus, relapsing fever, plague, smallpox, cerebrospinal fever and measles are frequent. The death rate in Alexandria has fallen in thirty years from 33.7 to 28.3 but in the whole country it has hardly moved in this period. In the quinquennia 1901-5 and 1926-30 it was 25.3 and 25.8. Improvement has occurred in the towns but not in the villages.

The poverty and ignorance of the fellahs are measured by the fact that 72 per cent. of peasant males over 5 years of age possess no land, and only 13.7 per cent. can read and write. The insanitary state of the villages is described, and the houses shared by buffalo and donkey.

The author now turns to the future. He considers that the present Egyptian village is beyond redemption and must be replanned. A sufficient area of land must be obtained in its neighbourhood and new building prohibited in the old village. Animals would be stabled in their own sheds. He gives a plan of a one-storied house which he calculates would cost £75: the walls to be of burnt brick or masonry limewashed and the floors cemented. Assuming that 2½ million houses are wanted, a rough estimate gives 200 million pounds as the sum needed for rehousing the Fellahs. He suggests this might be spread over 50 years. Other problems are the provision of a pure water supply and conservancy. Of the possible sources of water the Nile and deep wells, he prefers the Nile but the water must be sedimented, filtered and chlorinated. For reception of excreta he discusses the pail system and the concrete vault sanitary privy as used in Tennessee: the bored hole latrine is unsuitable owing to the liability to overflow with the rise of the subsoil water.

Other suggestions for improvement are—the employment of sanitary inspectors instead of barbers to examine into deaths and vacuities and for other usual purposes; the employment of a health visitor for each village, who would replace the native midwife; the provision of a small clinic where a doctor would attend once a week; the provision of an elementary school for each village; village councils to look to the village sanitation.

A. G. B.

DREYFUSS (A.) Étude géographique et médicale de l'annexe de Laghouat. [Geographical and Medical Study of the Annexe de Laghouat].—Arch Inst Pasteur d'Algérie 1934 Dec. Vol 12. No. 4 pp 485-547 With 1 map & 12 figs. on 6 plates [Refs. in footnotes]

The Annexe of Laghouat lies due south of Algiers between  $0^{\circ} 1'$  and  $2^{\circ} 1'$  E longitude and  $32^{\circ} 9'$  and  $34^{\circ} 5'$  N latitude. The Annexe of Ghardaia, or Mizab country lies immediately to the south. [For a similar account of this see above p 62.] Here are described the country its inhabitants products native and European medical services and diseases. The author has resided there from 1932 to 1934

The country is mountainous in the north reaching 1400 metres flat in the south 700-800 metres the town which is intermediate lies at 750 metres. The climate is hot in summer and cold in winter frost being not very infrequent. The population is 21,962 formed of Arabs (about 21 000) Jews (500) and Negroes (200) the Europeans number about 600. The Arabs again are divided into the indigenous Berbers and the conquering Arab race.

*European Medicine*—There are two military medical officers who look after the military hospital and the native infirmary which is the finest in South Algeria the patients seen here each month number between four and five thousand, women forming about half. *Eye Diseases* furnish more than half the complaints in the summer especially acute conjunctivitis. Trachoma is common of 632 children examined 422 were affected. The treatment consists chiefly in washes of sulphate of copper. Syphilis comes next. All the forms described as 'Arab syphilis' are seen and other more obscure forms the cause of which is revealed by serology. Interstitial keratitis is common. Primary lesions are seldom seen but more than half the cases are congenital. The most used drug is acetylarsan. Gonorrhoea is frequent with its complications and sequelae purulent conjunctivitis and arthralgia as well as vaginitis in small children gonorrhoea is not regarded as a disease. After some remarks on rickets which seemed to be considered here as of syphilitic origin the author passes to acute gastro-enteritis of 91 babies dying in 1933 in half this was the cause. Acute respiratory infections are common attributed to scarcity of clothing in cold weather this is the second cause of infant mortality. Tuberculosis is very common one third of hospital patients have either tuberculous glands peritonitis or osteitis Pott's disease of the spine, or arthritis peritonitis or pleurisy. Pulmonary tuberculosis is common of 114 sputum examinations 30 showed *Mycobacterium tuberculosis*. The tuberculin index based on 1,811 cutis reactions is one of the highest in the Sahara, 58 per cent. 49 for children up to 15 and 70 for adults. The cause seems to lie in the return home of old soldiers and sick labourers. BCG is being administered in the Annexe.

Passing over a number of epidemic diseases we come to malaria. This does not now exist at Laghouat itself. Anopheles are not found and the splenic index in schools is nil. It is present however in an outlying district parasites having been found at the Pasteur Institute Algiers, in blood from two persons who had never left the country. Typhoid has disappeared with the provision of a supply of potable water. Typhus has always been present an epidemic in 1920 which followed a famine was deadly. Lice are so common that it is usual

for the doctor to find one on his clothing. At present the disease is not in evidence. *Oriental Sore* has several times been demonstrated. *P. papalasi* is found.

Flies are numerous in the summer and swarm on small children's eyes. The mosquitoes found are *Culex pipiens* and *Theobaldia longiareolata* and 7 species of *Phlebotomus* are reported. Scorpions and horned vipers have caused death in the Annexe but not in the author's experience. He has seen syphilitic hemiplegia and paraplegia but never tabes. He has also seen Parkinson's disease in two native shepherds.

Summing up he points out that malaria, smallpox, typhoid and typhus, formerly prevalent have disappeared, owing to measures carried out by the health and local authorities. The country is now healthy but two scourges remain tuberculosis and syphilis.

A G B

FAST (Johann). Krankheitsbilder aus Java. [Diseases seen in Java.]—*Arch. f. Schiffs u. Trop Hyg.* 1935. Mar. Vol. 39. No. 2. pp. 112-116.

The diseases discussed are (1) chronic ulcers, the result of tropical ulcer yaws or syphilis. Persons with ulcers which would not heal were treated thus—The femoral artery was laid bare as in sympathectomy\* for 10 cm. and painted with a 0.4 per cent. phenol solution. This was usually effective (presumably in leg ulcers) and became quite popular. Eventually no chronic ulcers were admitted to hospital unless consent was given to operation, which is described as amazingly effective. Other conditions described are (2) urethral stricture, very common and (3) liver cirrhosis "after malaria, which begins with splenomegaly in childhood and goes on to ascites and anaemia. recovery is rare. The rest of the paper deals with complications of childbirth.

A G B

VAN DRIEL (B. M.). De sterfte der ondernemingsarbeiders in de Buitengewesten van Nederlandsch-Indië in 1931 en 1932. (Death Rates and Causes of Death among 404,983 Estate Labourers in the "Outer Provinces" of the Netherlands East Indies in 1931 and among 318,790 Labourers in 1932.)—*Mödel. Pak. Lab. t. Medan-Sumatra.* 1934. No. 14. 175 pp. With 11 figs. [59 refs.] English summary. [Summary appears also in *Bulletin of Hygiene.*]

This report follows the lines of previous issues (reviewed at length in the *Bulletin of Hygiene* Vol. 6 p. 750-871. Vol. 7 p. 539. Vol. 8 p. 403). For the East Coast of Sumatra and Atjeh, the corrected rates of mortality on male Javanese show an improvement. The rate in 1932 was the lowest since 1927 viz. 5.80 per 1,000. The rates on Javanese women and on Chinese were lower than in 1931 but above the rates of 1927. Mortality from typhoid fever, malaria and dysentery decreased from 1930. The author attributes this rather to

According to G. JENSEN (Cannon's *System of Surgery* 3rd Edition, Vol. 3, p. 324) the operation of periaxillary sympathectomy has been advocated by R. LEROUX for ulcers and other conditions for some years. It consists in stripping the sympathetic coat of the vessels at the root of the limb. JENSEN says it is not founded on sound principles and will be abandoned. If, however, the operation is effective as appears to be the case (C. R. Acad. Sci. 1933. Vol. 200, p. 1146) it is perhaps the underlying theory that must be dropped.

a periodic movement, together with a lower rate of immigration than to more specific factors. As usual tuberculosis is the most important cause of mortality this cause is responsible for about a quarter of the mortality of Javanese males and more than a third of the mortality of Chinese. On the whole indeed, the mortality rate on Chinese is much higher than on Javanese (the respective rates per 1 000 were 11.94 and 5.8). There is only one important exception to the rule viz. cirrhosis of the liver which affects the Javanese much more than the Chinese. The Javanese are total abstainers and suffer very rarely from syphilis. Details are given of the outer provinces exclusive of the East Coast of Sumatra and Atjeh because the occupational distribution is widely different many are employed in mines. The results are similar to those found in South Africa. Thus tuberculosis and diseases of the respiratory system are now found to be more fatal among Javanese than among Chinese. The former are underground the latter surface workers.

The author remarks that it would be of much interest of course to compare our data with those obtained in other parts of the tropics. The difficulty is that as far as the present writer knows, there does not exist in any part of the tropics a statistical report on death rates and causes of death among labourers of the same bulk as ours.

[Discreditable as the fact may be to an even greater colonial power than the Netherlands we fear it is a fact.] M Greenwood

REED (E. U.) *Medical Observations in the Tropics.*—*U.S. Nav. Med. Bull.* 1934 Oct. Vol. 32. No 4 pp 463-467

The tropics in this instance are certain American administered islands in the South Sea.

After some remarks on syphilis and yaws which from his experience in Samoa, Haiti and Guam the author believes to be the same disease he turns to the relative absence of gonorrhoea in these islands and the presence of conjunctivitis. No sailor contracted gonorrhoea or syphilis in American Samoa during his tour of duty nor did he see cases in the native hospital but Samoan conjunctivitis spread by contact and flies was very prevalent the causative organism is an intracellular Gram negative diplococcus quite similar to the gonococcus. In 1923 HUNT reported that for two years there had been no severe epidemics of conjunctivitis but gonorrhoea was not uncommon. The author concludes—

It therefore seems reasonable to believe that these repeated attacks of Samoan conjunctivitis protected the Samoans against gonorrhoea of the genito-urinary tract until the recurring conjunctivitis attacks were greatly reduced in number and severity by treatment with the silver preparations.

[Further study of the organism of Samoan conjunctivitis would help to a decision whether these diseases are related or not. Gonorrhoea is rare also in some British possessions in the Pacific.] A G B

HIYEDA (Kentaro) *Distribution of Parasites and Parasitic Diseases in Manchoukuo.*—*Jl. Oriental Med.* 1934 Oct. Vol. 21 No. 4 pp 39-58. With 3 charts & 1 map [47 refs.]

The author who is Professor of Pathology Manchuria Medical College gives a short account of the parasitic diseases of China in which is found the statement—The Chinese in the epidemic area do



not consider kala azar a disease but a natural occurrence experienced by everybody."

The most important parasitic diseases in Manchukuo he writes, are amoebic dysentery, kala azar, malaria and rickettsiasis. Little is known about amoebic dysentery here. In 1933 at the Mukden hospital, of 307 dysentery cases 105 were bacillary, 75 amoebic and 21 mixed. From 21 to 38 per cent. of Manchurian labourers are stated to be cyst carriers. The author thinks that nearly half the dysentery in Manchukuo is amoebic.

For malaria he gives figures from 15 stations for 6 years, but explains that these cases were in Japanese because the Manchurians do not come to hospital. He would expect the malarial incidence in Manchurians to be higher. In two stations, Fushun and Anshan, there has been a marked increase. In Fushun the result of imperfect drainage of extensive coal mines. The malaria is described as "tertian" the carriers are *A. sinensis*.

*Kala azar*—A map shows how widespread is this disease—one of the most important endemic diseases in Manchukuo."

Of other intestinal protozoa *Entamoeba nana* is stated to be most common averaging 41 per cent. Giardiasis is found in 23 per cent. of Manchurian school-children.

Of helminthic diseases ascariasis is widespread, ankylostomiasis is common in the southern parts and rare in the north. Since the Manchurians do not go bare-foot it is believed that oral infection is common. The infection is not regarded as grave. Trichuriasis is also common. *Clonorchis sinensis* was found only twice in Mukden but in 5 per cent. of stray dogs.

Investigation was made of the part played by vegetables in the spread of parasitic infections. Eggs of *Ascaris* and *Trichuris* were found. It was concluded that lettuces, which are not easily washed, are most dangerously contaminated. A. G. B.

CILENTO (R. W.) Australia's Orientation.—*Health Bull.* Melbourne. 1933. July-Dec. Nos. 35 & 36. pp. 1039-1068. With 6 figs. [17 refs.]

Australia's orientation in Dr Cilento's view should be and will be to the north, or as he puts it from the sub-tropics to the tropics of that continent.

Dealing with the history of settlement in Australia he indicates the struggle between tradition and experience, tradition holding the settlers to the coast and enterprise and subsequent experience taking them inland to raise sheep and grow wheat—enterprises which, he shows depend on rainfall as illustrated by the isohyetal lines given on his map. All the early colonization was in the south, and when the Australians expressed opinions adverse to the colonization of the north they overlooked the fact that southern Australia is really sub-tropical and not comparable with England. This is demonstrated by superposing the map of the country, latitude for latitude, on Europe and Africa, Asia and America in turn. Europe is touched at the Spanish peninsula but almost the whole of Australia lies on northern Africa. Similarly in Asia, China, Indo-China and Burma are covered, and in America, Mexico from Florida to Panama. "Latitude for latitude we find Australia superposed not upon Europe but upon northern Africa—upon south-eastern Asia—and upon Central America

and the hotter parts of the United States. One-third of Australia has a rainfall of less than 10 inches but practically all this arid area lies south of the tropic of Capricorn.

BARKLEY basing his estimates on the figures found west of the Mississippi anticipates for Australia a population of about 30 millions of which 11·3 millions will occupy Queensland and 5 millions Western Australia: a 13 and 14-fold increase in these States. The population of Queensland has increased in 87 years from 22 300 to nearly a million.

The author thinks that the development of Tropical Australia is inevitable, and again meets the objections raised on the head of climate.

The actuarial opinion is cited that there is no need for life assurance offices to treat proponents who live in N Queensland differently from those who live in other parts of Australia. The Commonwealth statistician pointed out in 1927 that for 15 years the infant mortality for the whole country was 7 per cent. higher than that for Queensland. A table of the average issue of wives resident in Australia at census of 1921 shows a higher figure for Queensland in each age group than for the whole of Australia. An examination of 2,080 N Queensland children for height weight chest circumference mentality and nutrition revealed no differences from southern children.

The authenticated figures of the Commonwealth Statistician demonstrate quite conclusively that white men live and thrive within the tropical portion of Australia at any rate and have done so for three generations and that white women can, and do accompany them without any loss of fertility mentality or physique.

The evidence from Queensland shows that there is nothing in climate to prevent the development of our tropical regions by white labour and colonization is actually progressing there at present at a more rapid rate in some areas than in any other part of Australia. Where in the more barren areas there are drawbacks owing to remoteness of markets poverty of soils unsatisfactory distribution of seasonal rain, and lack of transport facilities development must be slow and costly but the introduction of coloured labour would offer no solution and would multiply difficulties.

The dense populations of Eastern Asia are a more valuable asset to Northern Australia as a market for produce than as a source of labour.

One more quotation—Australia is really a tropical and sub-tropical land cleverly coerced into the production of the products of temperate climates free to a large extent from endemic diseases, and increasingly populated by a white race of high standards and culture which during three generations has demonstrated its fitness for residence in the tropics. It seems to me that we may look forward with confidence to successes in the tropical North equal to those which have so transformed the sub-tropical South.

A G B

DÍOS (R. L.) DE SOMMERVILLE (E. T. W.) BONACCI (H.) ALDAO (A.) & BARBA (R.) Paludismo y parásitos intestinales en el Territorio de Misiones [Malaria and Intestinal Parasitism in Misiones.]—*Rev Inst Bacteriológ.* Buenos Aires. 1934 Nov. Vol. 6 No. 4 pp 458-505 With 2 graphs 2 maps & 9 coloured plates.

The territory of Misiones (Argentina) lies south-east of Paraguay. The authors examined a number of blood films for malaria parasites and faeces for helminthic or protozoal infestation. [Evaluation of the

results of the former is somewhat difficult for the figures vary. In one place it is stated that 4,959 specimens were examined, in another 5,489 and on this last the authors percentages are based. In a detailed protocol of 20 localities the total examined is 4,985. As this is the most detailed we will adhere to it.] Of the 4,985 specimens 879 or 17.6 per cent. were positive. 710 contained *P. vivax* i.e., 80.7 per cent. of those positive, and 123 or 13.9 per cent. *P. falciparum* there were 50, or 5.6 per cent. of mixed infections. quartan was not found at all [it will be noted that these total 883]. In the authors protocol summing up the results there were 1,024 positive out of 5,489 or 18.6 per cent. and of these 786 (78.7 per cent. of the positive) were benign tertian 174 (17 per cent.) subtertian and 64 (6.2) mixed.

As regards the second part of this article the number of faecal specimens examined is not stated but 166 were found positive. In a more detailed table 11 districts are mentioned and the percentage findings of helminthic ova alone and combined, are given. Protocol findings comprised only *E. coli* and *Giardia lamblia*. The percentage figures alone based on so small a number conveys little information of value.

H H S

CLARK (Herbert C.) The Gorgas Memorial Laboratory and Problems engaging its Attention.—*Trans. College of Physicians of Philadelphia* 1934 Vol. 2. No. 2. 4th Ser pp. 140-149. [19 refs.]

The Gorgas Memorial Laboratory is the tropical subdivision of the Gorgas Memorial Institute which is situated on the sea coast of Panama City. It has now been five years at work and this paper gives an account of its activities.

Malaria control and equine trypanosomiasis have engaged most of the attention of its staff. The author who is Director estimates that the Caribbean negro loses 40 per cent. of his efficiency if left in unsanitated conditions and without medical care. He mentions, however the difficulties with which tropical fruit companies meet in combating malaria.

It was believed that with the close of the construction period in the history of the Panama Canal the cost of maintenance in mosquito control would gradually fall due to the permanent obliteration of water surfaces and to drainage. It now proves that as a result of the presence of the artificial bodies of water known as Gatun Lake and Miraflores Lake the need for mosquito control will increase rather than diminish so that the control of malaria must be approached as something to be indefinitely continued.

Five native villages on the Chagres river in the midst of large anopheline breeding beds are now under study with two others as controls. The antimalarial measures are—mosquito-proofed quarters, short radius mosquito control, and compulsory monthly blood-film surveys followed by treatment of those parasitized with atabrin and plasmoquine. In 4 years the parasite rates have been reduced to about a quarter of the original but it is difficult to make a further reduction.

*Trypanosomiasis*.—Twelve human cases of Chagas disease have been studied, none of them harmful and all found accidentally. The *T. trypomastix* infection of horses and mules described by DARLING (1910) is of importance. It is treated with success in some half of the cases by naganol and tartar emetic. It is transmitted by the vampire bat, *Desmodus rotundus microps* (see this Bulletin Vol. 30, p. 120) which will absorb 16 cc. of blood at a meal. The animal

carriers are cattle 4½ per cent of those ranging with equines are infected.

*Relapsing fever*—As recorded elsewhere a spirochaete found in a wild monkey was transmitted to man through ticks as well as direct [see this *Bulletin* Vol. 29 p 208]

Reverting to the malaria sanitation of the Canal the author refers to two new features which have recently appeared—a number of native settlers and the two Lakes above mentioned, one of which has 165 square miles of surface and a shore line of about 1 000 miles. In the last weeks of the dry season one side becomes a massive breeding bed and the author suspects that interrupted night flights will carry the mosquitoes to the terminal points of the Zone i.e. a total flight of 15 miles. The settlers are abundant along the line of flight and their parasitic index is about 25 per cent. Trapping experiments are being made along the supposed line of flight. Another disturbing event is the arrival of three fresh anophelines *A. albistarsis* *A. bachmanni* and *A. strodesi*.

This is a sample of the work done at the Gorgas Memorial Laboratory from which 47 publications have already been put forth A G B

MACKIE (Thomas T) *Tropical Medicine in New York City—Amer Jl Trop Med* 1935 Jan. Vol. 15 No 1 pp 59-65

Though New York is the headquarters of the International Health Board (Rockefeller Foundation) and of its Yellow Fever Research Laboratories and Columbia University is affiliated with the Porto Rico School of Medicine and though tropical diseases are often seen in the large foreign-born population as well as in returned missionaries and emissaries of commerce, affording a large and relatively unexplored opportunity for the study of these diseases there is no hospital or clinical group giving service to patients thus suffering and hence no facilities for teaching. The author seeks to arouse the interest of the medical profession in America which at present may be compared with that of the medical practitioners of London when MANSON began his work at the Seamen's Hospital towards the close of the last century

A G B

RUSSELL (Frederick F) *The Educational Background for the Practice of Tropical Medicine.—Amer Jl Trop Med* 1935 Jan Vol. 15 No 1 pp 1-9

The author gives a brief account of MANSON's career with special reference to his teaching in China and in London the foundation of the London School of Tropical Medicine and its later consolidation with the London School of Hygiene he describes appreciatively what has been done in the elimination of beriberi and the control of malaria in British Malaya he indicates the lack of training in hygiene and public health in the medical graduate of to-day and thus leads to this conclusion—

The combination of curative and preventive practice which confronts the medical man in the tropics indicates clearly that the student should have all training possible in hygiene and public health subjects not adequately presented to undergraduate students.

To make the tropics healthy for Europeans and natives alike tropical medicine as a graduate subject, should be taught in close association with schools or departments of hygiene and public health

A G B

VAN TRICHT (B.) *European Children in the Tropics.* [Correspondence.]  
—*Brit. Med. J.* 1935 Mar 23. p. 620.

Dr JAMES GARDNER wrote in the *British Medical Journal* of December 1 1934 —

"Why is it that English people cannot live in the coast towns of Java the whole year round, but have to go up to the hills part of the year, and have to send their children home to England for their health, whilst Dutch couples will go out to Java, live in the coast towns all the year round, and rear and educate their children there, and maintain their health without sending them home to Holland?"

Dr van Tricht writes from an experience of 20 years practice in Batavia. The principle of the Dutch colonizers, he says, has always been to keep up family life. As a rule they keep their children with them till they are 14 or 15. That the British do not do the same is the result of prejudice. The Englishman does not like his children to be born in the tropics and wants his sons to be educated at a public school. In Dr van Tricht's judgment there is no medical aspect to the question. A G B.

BLACKLOCK (D B.) *House Diseases in the Tropics.*—*Lancet.* 1935 Mar 2. pp. 526-528. [33 refs.]

This was a Chadwick Lecture delivered in October 1934. The house diseases are, malaria and blackwater yellow fever, relapsing fever, plague, typhus and kala azar.

In *malaria* the house may be structurally defective so that it cannot be properly screened or it may be sited within flight range of the anopheline vector or—a special case—anophelines may breed in water exposed within it. (CIGLIOLI's papers on quartan malaria and blackwater as house infections have been overlooked—see this Bulletin Vol 30 p. 97.)

In *yellow fever* neither structure nor site is in question but the presence in or near the house of vessels containing water does, it may be to the absence of a proper piped supply.

In tick-transmitted *relapsing fever* it is the structure that matters but an improved type of house may harbour the tick vector more than the unimproved. Eg the African native's house is a temporary affair and can be abandoned in case of sickness whereas the Arab makes a more substantial residence which gives good harbourage to the vector. In the louse-borne kind overcrowding and personal hygiene are in question.

In *plague* the methods of construction and the materials are of importance with reference of course to rats. Here again a better house may be worse than a poorer one which gives less harbourage. In India plague prevention is not a matter of expenditure but of domestic hygiene.

In *typhus* as in louse-borne relapsing fever personal hygiene and habits are the important factors. In the endemic form it is the rat that matters.

In *kala azar* the house connexion is not so clear because the precise method of spread is still in doubt. The experience of DONOS PERRI and ROGERS that coolies removed to new lines 400 yards from the old remained free from the disease whereas of 50 who remained in the old line 18 per cent. died of kala azar is striking, and there is

similar later evidence to the same effect. Whether it is the site or the structure or the habits of the inmates is uncertain

[There is nothing new here but the presentation is fresh and the importance of housing conditions in the tropics will bear fresh stress.]

A G B

MÜHLENS (P) *Forschungsarbeiten des Hamburger Tropeninstituts und ihre Bedeutung für die Medizin und Hygiene der warmen Länder* [Researches of the Hamburg Tropical Institute and their Importance for the Medicine and Hygiene of Hot Countries.]—Reprinted from *Med Welt* 1934 No. 39 12 pp

The Hamburg Tropical Institute was founded in 1901 and has trained 2196 doctors. There are 60 beds in the Tropical Hospital. The author gives an account of the principal researches conducted at Hamburg and in the tropics by members of the Institute. The deprivation of colonies in 1919 has not brought the work to an end for it has continued in South and Central America and elsewhere.

A G B

KNOWLES (R.) & BASU (B. C.) *Mosquito Prevalence and Mosquito-borne Diseases in Calcutta City—Records of the Malaria Survey of India* 1934 Sept. Vol. 4 No 3 pp 291-319 With 11 charts & 1 fig [38 refs.]

This paper deals with the breeding places of *A. stephensi* in Calcutta and their relation to meteorological conditions and similarly with the breeding of *A. aegypti* and *C. fatigans* with *A. stephensi* in relation to malaria, which is so puzzlingly infrequent in Calcutta with *A. aegypti* in relation to dengue and *C. fatigans* in relation to filariasis.

The essentials apart from the graphs are contained in the summary

1 During a period of four years the density of breeding of *Anopheles stephensi* in the centre of Calcutta city has been kept under close observation in an area one square mile in extent around the Calcutta School of Tropical Medicine. This species of mosquito pupulates in almost every receptacle for water storage throughout the city especially in masonry tanks and overhead galvanized iron cisterns on the roofs for the filtered and unfiltered water supplies. Out of 11 927 examinations during four years no less than 33 per cent. gave positive results.

2 The correlation of the monthly incidence of *A. stephensi* breeding with the meteorological conditions in the city is shown (the latter figures being from the means of twenty years records at Alipore). The maximum breeding occurs in July and the minimum in April.

3. During the same four years the density of breeding of *Aedes aegypti* in the same area has been under observation. The chief breeding sites are the same as those for *A. stephensi*. Out of 11 927 examinations of such sites no less than 41 per cent. gave positive results. The greatest intensity of breeding was found during July and August, and the lowest in February and April.

4 The breeding of *Culex fatigans* throughout the same area was observed for two years. The chief breeding sites are the same as those of *A. stephensi* and *A. aegypti*. Out of 4 339 examinations of suspected breeding sites 8 per cent. gave positive results. The greatest intensity of breeding was found in November and the lowest in July.

5 Many residents of Calcutta city acquire malaria during visits to the mofussil. There is continuous and heavy importation of malaria into the city by immigration from heavily endemic areas in Bengal. The local

strain of *A. stephensi* can be very readily infected experimentally with malaria. Meteorological conditions for malaria transmission are suitable over a large part of the year. Yet at present malaria is but little endemic in the city. What are the reasons for this discrepancy?

"6. The chief reason for the low endemicity in Calcutta appears to be that the maximum density of *A. stephensi* breeding (July-August) fails to coincide with the chief incidence of malaria cases (October-November), and especially of gametocyte carriers (December). Details are given with regard to all three species of malaria parasite, and conditions in Bombay and Calcutta are contrasted.

"7. The maximum peak of *Aedes aegypti* breeding is in July and August and this corresponds to the maximum intensity of fresh infections with dengue (August and September). Here the correlation is almost perfect. This accounts for the devastating epidemics of dengue which so often sweep the city and cause enormous financial loss.

8. New admissions for filariasis are at a fairly uniform rate throughout the year (general filaria rate 9.5 per cent.). The most favourable period for transmission is during the monsoon (July-September) when the intensity of breeding of *Culex fatigans* is at a very low level. The peak for *Culex* breeding is in November when conditions for filariasis transmission are rapidly becoming unfavourable. This want of coincidence keeps the filariasis rate at a relatively low level.

"9. The cure for this state of affairs is the provision of a continuous water supply of sufficiently high pressure to prevent mosquito breeding in the reservoirs, cisterns etc. throughout the city. It is the low pressure and intermittent character of this water supply which is responsible for the prevalence of mosquito-borne diseases in Calcutta."

The following passage is found under Remedial Measures:-

Malaria is not apparently a very serious danger to Calcutta city yet we have already one virulent mosquito carrier—*Anopheles stephensi*—breeding in almost every other water storage receptacle in the city together with the recent introduction of a second, and even more virulent carrier, *Anopheles sundanensis* (*A. ludlowi*). The future is quite uncertain and it would not be safe to anticipate. Further enquiry is urgently called for (and is at present in progress).

Dengue is a perpetual nuisance in Calcutta and from time to time it assumes a severe epidemic form. The mosquito which transmits the disease is known, its breeding places in the city have been described, and its eradication ought to be possible. Dengue must cause a very big financial loss to the commercial industries of Calcutta annually.

Filariasis in Calcutta city is a disease which especially affects the Anglo-Indian and Hindu communities. It is a cause of very much suffering and economic loss among the poorer Anglo-Indian and among Hindu communities. The mosquito which transmits it can be eradicated if measures be taken against the other two species responsible for mosquito-borne diseases in Calcutta.

"The cure for this state of affairs is neither mosquito-brigades nor larvicides, neither kerosene oil nor Paris green. It is the provision of an adequate high pressure and continuous filtered and unfiltered water supply to the city. This is no new recommendation. It was urged by James (1912), Christophers (1915), Iyengar (1920), Basu (1930) and Correll (1932). It is abundantly clear that the main breeding places of mosquitoes in Calcutta city are the reservoirs of filtered and unfiltered water. These constitute such danger as may occur of epidemic malaria from *Anopheles stephensi* breeding of the frequent and harassing epidemics of dengue which sweep the city of the very great amount of suffering among the poorer class Anglo-Indians and among Hindus from filariasis. Finally if by any chance yellow fever was introduced into the city conditions would probably be more terrible than anything ever recorded in Panama or Central and South America."

PARKER (R. R.) Recent Studies of Tick-borne Diseases made at the United States Public Health Service Laboratory at Hamilton, Montana.—Fifth Pacific Science Congress pp 3367-3374

Laboratory activities at Hamilton Montana have been concerned mainly with the four recognized disease conditions associated with the bite of the Rocky Mountain wood tick *Dermacentor andersoni* Rocky Mountain spotted fever tularaemia, Colorado tick fever and tick paralysis. This paper is concerned chiefly with the first and second both of which have come lately into prominence R.M. fever as having been recognized in several central and eastern States as well as in south-west Canada tularaemia as having been identified in northern countries of Europe and Asia and in Japan.

Rocky Mountain fever is now known in 14 eastern and Mississippi States as well as in 13 Rocky Mountain and Pacific coast States. It is probable that these recently detected foci are not fresh introductions of the virus but that it has long been present in the arachnid and mammalian fauna. It may be that the virus is present in a low grade phase incapable of provoking other than mild or inapparent infections and that the virulence in individual ticks may on occasion be raised to such a level as to provoke recognizable infections. These questions are now under study by means of the rabbit tick chosen because it consistently carries low-grade virus and is the only tick which occurs wherever spotted fever is endemic with a range extending still further. Present evidence goes to show that ticks are the only carriers and the studies made since 1928 incriminate *Dermacentor variabilis* *D. occidentalis* *D. parumapertus* *marginatus* *Rhipicephalus sanguineus* *Amblyomma americanum* and *A. cajennense* as possible natural carriers and *D. occidentalis* *R. sanguineus* and the two species of *Amblyomma* as possible agents of transmission to man. It is considered probable that the virus is equally well adapted to tick species occurring in other continents.

Colorado tick fever.—In many parts of the Rocky Mountain region most often in Colorado and Wyoming the febrile reactions so designated follow the bite of *D. andersoni*:

"This disease is of a remittent type and is commonly characterized by the occurrence of two febrile periods each of two to four days duration, with a remission period of one to several days between. The onset is sudden and the fastigium is often reached within the first 24 hours. There is no rash. Symptoms other than fever are malaise chilly sensations severe headache non-productive conjunctivitis photophobia, and generalized muscular and joint pains with particularly severe aching in the lumbar region. The malaise is usually intense. Constipation is the rule. The temperature often reaches 104° to 105°F or over but may not exceed 101° to 102°F. The pulse rate is frequently 120 to 130. In most instances, though not always the symptoms are more severe during the first febrile period. It is claimed that occasional cases are seen with one or three febrile periods instead of two. The recurrence of symptoms has sometimes been attributed to a too early attempt to become active on the part of the patient. It is non fatal.

The onset is more sudden than in mild cases of spotted fever the pulse rate accelerates more rapidly and the fastigium is reached more quickly. The initial malaise and general muscular pains and backache are usually more intense. Also there is no rash. As noted above all attempts to reproduce the infection in laboratory animals by blood inoculation (usually easily accomplished from typical cases of spotted fever) have consistently failed while the sera from blood samples taken during both illness and



convalescence have not agglutinated proteins X organisms in significant titre."

For the section on Tularaemia which contains a summary of the numerous findings in that disease, the paper must be consulted.

A G B

YORKE (Warrington) & MURGATROYD (Frederick) Biological Problems in Chemotherapy—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935. Mar 8. Vol. 28. No. 5 pp 435-457 With 4 graphs [32 refs.]

The discovery of a technique by means of which trypanosomes may be kept alive *in vitro* for at least 24 hours has enabled certain chemotherapeutic problems to be reinvestigated. Trivalent arsenic and antimony compounds have in comparison with pentavalent compounds a surprisingly high trypanocidal activity both *in vivo* and *in vitro*. This suggests that the therapeutic action of the trivalent arsenicals and arsphenamine compounds is dependent on the trypanocidal action of the unchanged drugs, while that of the pentavalent compounds is associated with some previous change, probably reduction, in the body of the host. Nevertheless pentavalent are preferred to trivalent compounds in the treatment of trypanosome infections. This is probably due to a number of factors. When trivalent arsenicals are injected into rabbits the serum is at once endowed with an enormous trypanocidal titre. This high titre does not, however last long. When pentavalent compounds are injected the trypanocidal titre develops much more slowly. Trivalent arsenicals are also excreted more rapidly in the urine, while pentavalent compounds such as trypanamide, though rapidly giving rise to a high trypanocidal titre in the urine, are much more slowly excreted. After an injection of trypanamide into a rabbit, for instance, the trypanocidal titre of the urine only reaches zero after a day or more. A further difference between tri- and pentavalent arsenical compounds is that reduced trypanamide and neoarsphenamine diffuse rapidly into and out of red blood corpuscles and are unchanged in the process. Trypanamide also diffuses into red blood corpuscles but is to some extent reduced by the haemoglobin into its highly trypanocidal trivalent form. Other tissues also probably play a part in this reduction.

The essential characteristic of drug resistance is found to be a change in the parasites whereby they do not fix the drug applied *in vivo* as do normal parasites. The development of a resistant strain is fundamentally a mutation, i.e., a gradual change in all or certain individuals resulting from the stimulus of frequent exposures to suitable concentrations of a drug. When once a strain of trypanosomes has become arsenic resistant it retains the character indefinitely. It is not lost when passed for prolonged periods through laboratory animals by means of the syringe nor by numerous cyclical transmissions through the natural intermediate host. The importance of this concept is seen in the fact that arsenic resistant strains of trypanosomes are being obtained in considerable numbers from African natives, probably as a result of the wholesale atoxification of patients which is now being carried out by itinerant medical missions. Although it is easy to produce strains of trypanosomes resistant to aromatic

arsenicals and antimomals it is fortunately difficult to produce strains resistant to Bayer 205. Experiments are described to show the importance of the size, spacing and number of doses of a drug in producing resistant strains.

G M Findlay

BUCHANAN (J. C. R.) & SANDERSON (Iain) *Ulcers in the Native African. A Further Investigation.*—*Trans Roy Soc Trop Med & Hyg* 1935 Mar 8. Vol. 28. No. 5 pp 505-510 With 1 diagram.

This is a continuation of a paper by CONNELL and Buchanan noticed in Vol. 31 p 337 of this *Bulletin* in which it was stated that 'zipp' (bipp with zinc ointment substituted for bismuth) and a plaster case formed a satisfactory treatment.

Data relative to the patient or the ulcer are given in a table. This shows *inter alia* that while 56 members of the hospital native staff had a Hb percentage of 93.5 in 89.5 per cent. of the ulcer cases the Hb was under 80.

A diagram shows a leg in four aspects on which is dotted the sites of 641 ulcers. These dots merge over the tibia in front the tendon of Achilles and the malleoli, showing graphically that the main ulcer-bearing areas are situate in areas poorly supplied with blood and exposed to injury.

Three groups of patients were treated (1) ambulatory 67 cases, as in the first paper with zipp under plaster weekly injections of arsenic or bismuth and mercury and pot. iod. by mouth (2) 55 cases local treatment as (1) but in bed in hospital with a special diet including cod liver oil, yeast and iron (3) 36 cases as (2) but with zincera substituted for zipp once the ulcer is clear (zincera is beeswax 80 parts to zinc oxide 20 parts, heated till soft spread on lint and closely applied). The results are shown in a table. The dietetic treatment improved the general condition without accelerating healing. In the third group there was such acceleration and it is this treatment both in and out of hospital which they recommend for up-country use. The time occupied in healing was 25.2 to 36 days according to the area of the ulcer.

A G B

CLUNTE (T.) & EVA (Alokihakau) *Tropical Ulcer in FIJI.*—*Fiji Ann Med & Health Rep for Year 1933* pp 34-37

In 1933 the incidence in Fiji of this condition assumed almost epidemic proportions. Clinically it resembles the ulcerative dermatomycosis of Castellani. There was usually a history of a scratch by sensitive grass. There was no tendency to burrowing. The patients came from institutions and road gangs, which suggests to the authors a dietetic factor for in these bodies white bread and sugar are used to the exclusion of native foods. Treatment was by Dickson Wright's method, i.e. strapping with elastoplast at a cost of 1s. 9d. per week the patient following his vocation and the average course being two to three weeks. No figures are given of the numbers treated.

A G B

BREKMAN (C. H.) An Ointment for Use in the Treatment of Ulcers.—*East African Med J.* 1934. Oct. Vol. 11 No. 7 p. 233.

The author thus describes his ointment —

"The ointment is composed of —

Cod liver oil	..	...	...	3 drams
Eusol	..	...	...	2 ounces
Vaseline	...	..	...	1 ounce
Ung. zinci	...	...	...	1 "

"The cod liver oil is put in a bottle with the eusol and well shaken together

"The mixture is then worked into the vaseline and ung. zinci on a porcelain plate.

It has been found useful in the clean stage of the ulcer and can be left on for three days which is an economy in labour and dressings."

A. G. B.

CARMAN (John A.) A Note on the Use of Tinfoil in the Treatment of Abrasions and Ulcers.—*Jl. Trop. Med. & Hyg.* 1934. Dec. 1. Vol. 37 No. 23. pp. 376-377

The author uses tinfoil in superficial abrasions, superficial burns after the initial pain and shock have been alleviated, and ulcers with clean granulating surfaces where skin-grafting is not justified or is refused. The surface is cleaned with saline or boracic, a sheet of "silver paper" is bandaged in position and left undisturbed for 3-7 days. The author does not claim originality for the treatment.

A. G. B.

GIORDANO (Mario) Un caso di antrum in Tripolitania. (A Case of Antrum in Tripolitania).—*Ann. di Med. Nat. e Colon.* 1934. Sept.-Oct. 40th Year Vol. 2 No. 3-4. pp. 529-533. With 2 plates. English summary (2 lines)

The case was typical and its chief interest lies in the fact that only four cases have previously been reported in Tripolitania. The patient was a negro 27 years of age, who first noticed the condition 3 years ago. The author believes that the disease is not very rare, but patients do not all come for treatment and on the other hand some that do are wrongly diagnosed. This in fact, was diagnosed as "atrophic ulcer of the left little toe" and the W.R. proving positive (though the Kahn and Sachs Citochol tests were negative) the addition "of syphilitic origin" was made.

H. H. S.

INGANG (S.) & ALEXANDER (E. R.) Iodide Therapy for Relief of Pain in Antrum. Report of a Case.—*Arch. Dermat. & Syph.* 1934. Oct. Vol. 30 No. 4 pp. 508-509

"A case of antrum [in a negro from Trinidad] in which severe pain of about ten weeks duration was the chief complaint is presented. A few hours after a single intravenous injection of 31 grains of sodium iodide this symptom disappeared. It had not returned fourteen days later, when the patient was last seen."

A. G. B.

KOUWENAAR (W) MAASLAND (J H.) & WOLFF (J W) Onderzoekingen over het rhinosclerom op Sumatra. III IV en V [Rhinoscleroma in Sumatra.]—*Geneesk Tijdschr v Nederl Indië* 1934 Sept 25 Oct. 9 & 23 Vol. 74 Nos. 20 21 & 22. pp 1285-1304 1330-1342 1447-1454 With 60 figs. on 10 plates.

### III Kliniek van het rhinosclerom. [Clinical Conditions.] [KOUWENAAR.]

By a study of 53 definite cases the clinical symptomatology of this deforming disease has been assembled. Numerous photographs are included.

The symptoms are summarized as follows —1 The first subjective symptoms are itching sometimes pain and later bleeding at the nose. 2. Infiltrations next become visible in the skin of the nose the upper lip and the interior of the nose These can extend to the neighbouring localities are hard as bone, bluish red, usually fairly symmetrical bleed easily when affecting mucous membranes and are often very painful. 3 Extensions take place to pharynx soft palate and tonsils. The uvula frequently is destroyed with marked cicatricial contraction. The lachrymal sac may become involved and a fistula may form in this situation. If the eustachian tube is affected there is tinnitus and deafness. 4 In the Batak lands of Sumatra as compared with that of Eastern Europe rhinoscleroma exhibits a much greater localization to nose upper lip and palate. 5 The lymph nodes below the jaw are enlarged. 6 This affection is a slowly progressive one which does little harm to the general health. 7 In some cases it is more rapid with production of deforming tumours of the nose and upper lip. 8 Arrest of the process at any time was not observed. Contraction of the tissue with the formation of fibrous tissue may decrease the size of the tumours. Ulceration may later take place and the condition come to resemble gangosa. 9 Women are more frequently affected than men. 10 Clinical symptoms do not appear before puberty and develop usually between the 20th and 35th year 11 It is possible that true bacillary carriers occur

### IV Bacteriologie. [Bacteriology] [WOLFF]

The bacterium which is incriminated as the causal agent of rhinoscleroma was first described by FRISCH It belongs to the group of capsule bacteria is named *Klebsiella rhinoscleromatis* and is closely allied to the ozaena bacterium *Klebsiella ozaenas* The specific bacillus has been isolated frequently from the rhinoscleroma nasal lesions affecting the Bataks of Sumatra and is here subjected to bacteriological analysis of which the detail is as follows —

Gram negative bacilli, with rounded ends mostly capsulated non motile, producing no gas in any medium indole-negative not liquefying gelatin, nail-head appearance in stab culture endo-plate colony slimy white or extremely pale rose agar colony slimy sometimes irregularly contoured Rothberger-Oldenkop unchanged no coagulation of milk even after boiling turbidity in broth, sometimes a slimy ring at the edge acid formation (sometimes slow) in glucose lactose unchanged acid in mannite and maltose slow acidification of saccharose reduction of litmus absent inhibition of growth by bile litmus whey violet to violet blue methyl red reaction positive (red) Voges-Proskauer reaction negative

The *Klebsiella rhinoscleromatis* does not, while the *Klebsiella ozaenas* and *K. pneumoniae* do invert amygdalin. These organisms are

serologically differentiated. The specific organism was obtained also from contacts with and the family of patients suffering from rhinoscleroma. The *Klebsiella ozaena* was also met with in the nose flora of Bataks. An investigation of the nasal flora of Bataks outside the region in which patients were found furnished no cases with the specific organism. A point of interest in the investigation was the great frequency of a faecal nose flora among the Tobak and Karoland Bataks.

V De waarde der complementbindingsreactie bij het rhinosclerom-  
onderzoek. [Value of Complement Fixation Reaction in Rhino-  
scleroma.] [VOLF] ]

A complement fixation reaction would if it were sufficiently specific, be a valuable means of making rapid survey of a population for rhinoscleroma along with clinical and bacteriological examination and of detection of early cases. The present research goes to confirm its specificity although group reactions may be obtained in rhinoscleroma patients with ozaena antigen. Considerable importance is attached to the method of preparing the antigen if clear cut positive results are to be obtained. The method employed was to filter a fresh suspension in normal salt solution of a 24-hour culture through cotton wool, heat the filtrate 1 hour at 80°C. keep it in the ice chest over night pipette off the supernatant suspension and bring the suspension to a standard opacity for use as test antigen. It is possible that still more specific results may be obtained by using an ether extract and, still more important a preparation obtained which can be used for about a month. The salt suspension requires to be freshly prepared. In the actual test an excess of complement is used.

The reaction was found to be positive in 92.5 per cent. of the manifest rhinoscleroma cases and in nearly 100 per cent. of the bacteriologically positive cases. Non-specific reactions occasionally appear which represented in the authors series of control persons, a proportion of about 1.1 per cent. A much higher percentage (8.7) of positive reactions was, however obtained by confining the control observations to families and to inmates of the same house or village. Some of these were probably carriers or early cases with no clinical symptoms.

W F Harry

SMITH (E. C.) & ELMES (B. G. T.) Malignant Disease in Natives of Nigeria: an Analysis of Five Hundred Tumours.—*Ann. Trop. Med. & Parasit.* 1934 Dec. 20 Vol. 28, No. 4 pp. 461-512. With 71 figs. on 18 plates. [24 refs.] [Summary appears also in *Bulletin of Hygiene.*]

So many vague and unsubstantiated statements concerning the incidence of malignant disease in the less civilized races of man have been current, that the collection of data provided in this paper is especially welcome. The examples of cancer in natives here described have been collected from all over Nigeria wherever a medical officer has penetrated.

As the authors point out there are some essential obstacles to the study of cancer occurring among primitive races. Men attend the hospitals more readily than women and the comparative incidence of the disease in the two sexes cannot be ascertained. Again, with the exception of some non-adults, it is impossible to know the age of a native patient. Nevertheless, and in spite of such inherent drawbacks,

the authors have collected data of great interest and value. They establish indisputably the fact that natives of Nigeria are afflicted with cancer and thus supply yet one more refutation of the oft repeated though rather foolish statement that it is a disease of civilization. Not the least noteworthy part of their paper concerns the nature and sites of the malignant growths. If the melanotic tumours are counted as sarcomas the carcinomas and sarcomas occurred in approximately equal numbers—carcinoma, 225 sarcoma 220 other tumours 55 including mixed parotid tumour (18) endothelioma (17) adamantinoma (13) cylindroma (2) perithelioma (2) teratoma (2) chorionepithelioma (1)

That the incidence of cancer in the various regions of the body differs in the various races of man is well recognized and the phenomenon is strikingly illustrated in these cases from Nigeria. Of skin tumours there were 94 and of these 39 originated in the foot, 30 being melanomata. There were 55 cases of tumour of the liver of which

32 were undoubtedly of primary hepatic origin cirrhosis being present in 17 of these primary cases. Among 49 tumours of bone, no fewer than 28 involved the jaws and of these 13 were adamantinomas. The orbit was a not uncommon site of cancer being responsible for 30 of the 500 cases analysed. Of these 30 orbital tumours, 10 were round-celled sarcomas occurring in children under 10 years of age. Another rather frequent source of malignant growth was the salivary system 29 tumours being recorded as affecting the parotid region. There were 25 cases of mammary carcinoma, one of which was in a girl of 15 and three were in young adult males. Curiously enough in a country where infection with *Schistosoma haematobium* is common, only one tumour of the bladder was seen—a carcinoma—and in this instance there was no evidence of a schistosome infection. The authors saw no instance of cancer of the pharynx, and only one case—in an old man—of cancer of the oesophagus.

They mention a squamous carcinoma of the finger in which the history is suggestive of a possible occupational factor in connection with the aetiology of the condition the patient having been an indigo-worker for many years. Judging from the numerous facts collected by the authors in this paper the native races of Africa appear to offer a fine field for original cancer research. *H Burrows*

CHATTERJEE (Tarapada) Epidemic Dropsy—*Calcutta Med Jl* 1934  
July Vol. 29 No 1 pp. 7-16.

This paper contains a full summary of our knowledge of epidemic dropsy as it occurs in Bengal.

The following etiological factors are of importance. Epidemic dropsy is almost exclusively confined to Bengalis in Bengal. No Marwari nor European has ever been affected with the disease. Epidemics occur about the middle or end of the rainy season and as winter comes on the disease disappears. Males and females are equally affected but the author has never seen the condition in a child of less than 8 years. One attack of epidemic dropsy does not confer immunity nor does it render persons more liable to a second attack. Though the disease occurs in households, etc. it should not be regarded as infectious.

The actual cause of epidemic dropsy is to be sought in the peculiarities which distinguish the Bengalis from other races living in the same

district. Such conditions as sanitation and the eating of fish, meat and flour can be excluded. Two factors remain viz. (1) The Bengalis take parboiled or steamed polished rice while the Marwaris do not use rice at all or if they do only polished "atap" rice. (2) Marwaris do not use mustard oil for cooking but only for preserving certain articles of food. Facts are given which suggest that mustard oil and parboiled or steamed rice may be causative factors. Nevertheless, the author quotes his own personal experience, which points to the presence of another unknown factor. He and other members of his family were attacked with epidemic dropsy in 1932. As soon as the first symptoms appeared they all left home, but took their food (including rice and mustard oil) with them. Most of them were cured in a few days, but as soon as the author returned home the disease recurred. The only changed factor in this instance was water. According to the author rice and mustard oil prepare the soil, and microorganisms in water produce the actual disease.

The usual *post mortem* findings of the disease are described and under the heading of symptomatology the following may be noted—Oedema of the legs and other parts is, of course, the chief symptom but serous effusions are rare. Palpitation and dyspnoea occur in about 50 per cent. of cases. Cardiac failure may be acute and rapidly progressive. In addition to the usual skin manifestations, pigmentation occurs in nearly all cases and the hair frequently falls out. Glaucoma is present in about 5 per cent. of cases and haemorrhoids are sometimes met with. If the patient be removed to a place free from the disease on the very first appearance of symptoms death is rare. 2 to 5 per cent. of sufferers die from heart failure.

There is no specific treatment and vitamin preparations have no effect. Removal of the patient from his former surroundings, omission of mustard oil and rice from the diet and boiling drinking water are the most successful measures. If it is impossible to exclude rice from the diet only the "atap" variety should be allowed.

A. D. Bigland

MASSIAS (C.) Myosites suppurées observées en Cochinchine. [Suppurative Myositis seen in Cochinchina.]—*Bull. Soc. Path. Exot.* 1934 Oct. 10. Vol. 27 No. 8. pp. 768-770

A brief account is given of ten cases in Annamites, in which the site of inflammation was the thigh muscles, buttocks, lumbar muscles, deltoid or calf and of three cases in which more than one group was affected. All were treated by free incision and irrigation with a chlorine solution. Blood culture was never positive. In nearly all instances a staphylococcus was present. This organism plays a considerable part in Indo-China, where epidermitis, boils, abscesses of the scalp in children, pyuria, are frequent. Myositis is much less common. It can be explained only by a blood infection in persons with a staphylococcal skin lesion.

A. G. B.

HUARD (P) & RENUCCI (N) 33 observations de myosites. [33 Observations of Myositis.]—*Bull. Soc. Méd.-Chirurg. Indochine.* 1934 Nov Vol. 12. No. 9. pp. 825-860.

The 33 cases of myositis described case by case were staphylococcal in 26 instances, streptococcal in two paratyphoid in one and in four

the nature was not determined. Treatment was chiefly by lavage with bacteriophage.

The senior author returns to this subject [23 observations were reviewed in this *Bulletin* Vol. 30 p. 808] What follows concerns the staphylococcal cases alone. Some diagnostic errors are discussed. Development was often acute but sometimes sub-acute and cold. Treatment he says has been transformed by bacteriophage. Almost invariably its injection is followed promptly by cessation of inflammation and when absorption does not take place a small incision suffices for cure. The treatment must be applied exactly with no fault of technique. The focus of suppuration has to be determined, not always an easy task. When the trocar has entered the cavity it must be emptied completely so that the trocar must not only be in the right place but be large enough to evacuate all the debris. Once empty the cavity is washed several times with bacteriophage and is then emptied entirely. Puncture plus lavage is renewed 2-4 times. The phage is rarely given by the veins and never under the skin. If a fistulous opening is present the phage is not used. After surgical cure orthopaedic treatment is often needed followed by physiotherapy.

By this treatment serious complications are avoided and recovery is rapid. [The authors do not give the source of the phage or any detail beyond what is told here.]

A G B

MASSIAS (Charles) *Pathologie tropicale. La melloïdose. [Melloldosis].*—Reprinted from *Gaz des Hôp.* 1934 Oct. 13 Vol. 107 No 82. pp 1449-1452. [33 refs.]

A very good account is given in this general review of melloïdosis, its history the clinical features of its acute, subacute and chronic manifestations, its diagnosis the differential characters of its causal bacillus and its epidemiology.

How protean in its appearance the disease may be is evident from the list of some of the diseases with which it has been compared or confused—septicaemic plague malignant malaria cholera, typhoid fever typhus broncho-pneumonia pulmonary abscess galloping phthisis, abscess of the liver pyelonephritis osteitis and subcutaneous multiple abscess. Blood culture alone will provide the diagnosis in acute cases and pus culture is indispensable in chronic cases. The main pathological lesions are miliary granulations with necrotic centre in all organs. These may increase in size as the disease continues and appear as caseous foci and abscesses. A useful table is given of the common and differential characters of the bacillus of Whitmore and the glanders bacillus. Some of these may be given as—

(1) *Common*—gram negative aerobic, growing on ordinary media, brown pigment on glycerinated potato and crossed fixation of complement reaction. (2) *Differential* by pairs for *Pf whitmori* and *Pf mallei* respectively—motile and non-motile cultures profuse and sparse colonies rarely oily and none but oily pellicle on broth abundant and absent milk coagulated on the 4th day and the 10th day gelatin liquefied and non liquefied highly and feebly pathogenic for rodents feeble and very high pathogenicity for the equidae cuti-reaction rarely positive to mallein and rarely positive to whitmorin.

Under epidemiology the views of STANTON and FLETCHER are accepted that rats suffer from epizootics and are probably the reservoirs



of the virus. Human infection is brought about by contamination of food with rat dejecta.

W F Harvey

JAMES (Clifford) Chronic Maxillary Sinusitis (Suspected and Un-suspected) in the Tropics.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935 Apr 17 Vol. 28. No. 6. pp. 635-644. With 1 map & 1 chart. [11 refs.]

The author finds this condition common in that part of the tropics where his practice lies, the islands of Choiseul in the British Solomons and New Britain in the Mandated Territory of New Guinea, both with hot and moist climates. Among the 60 cases studied the diagnoses had been pulmonary tuberculosis, influenza, asthma, chronic bronchitis, chronic malaria, sarcoma of the maxilla, fibrositis many of which were only complications.

The complications may be serious, including extension of inflammation to ear eye orbit and brain by inhalation by the sinus acting as a focus of infection causing toxæmia and affection of joints or fibrous tissues. Of 30 complications mentioned in his paper 18 occurred in his own cases. Once the condition is diagnosed treatment is effective. The chief symptoms in descending order of prevalence were headache, most severe in the morning and mostly frontal chronic cough fever influenzal attacks caused by temporary blocking of the ostium of the sinus asthma fibrositis ear complaints, either from extension or reflex other symptoms were only occasional. There was almost always a nasal voice and sometimes a nasal discharge. For diagnosis he employed direct examination of the nose with or without cocaine and postural tests and puncture, each of which is described. Puncture was positive, i.e., revealing excess of mucus or pus or muco-pus, when nasal examination was negative in one-third of the cases. There was no case of dental origin. Treatment is by wash-outs or radical operation.

A G B.

ALLEN (F R W K.) Five Cases of Rhinosporidiosis, Four in Females.—*Indian Med. Gaz.* 1935 Feb. Vol. 70. No. 2 pp. 76-77

It is interesting to note that of the five cases of rhinosporidiosis which are here placed on record, four were in females. The author considers that rhinosporidial infections may not be uncommon in rice-growing districts. It is possible that the spores are inhaled when rice is being husked. Recurrences are common even after removal of the polypoidal nasal lesions unless great care is taken to remove all the tumour together with its pedicle.

W F Harvey

LATHAM (D V) Gillan's Oedema.—*East African Med. J.* 1935 Feb. Vol. 11 No. 11 pp. 358-360.

The author describes a case which he regards as Gillan's oedema [see page 71]. The patient was a girl of 4 years who had all the symptoms given by GILLAN and in addition a hookworm infection. She received calcium lactate and glucose and made a complete recovery. Afterwards the hookworms were banished by carbon tetrachloride but only after a third attempt.

The author believes this disease to be hitherto undescribed.

A G B.

- ARMY (S) GAUFAR (M.) & NOSHOKATI (H.) Observations on Anaemia in Egypt.—*Jl Egyptian Med Assoc* 1934 Sept. Vol. 17 No 9 pp 739-754
- & — Observations on Anaemia in Egypt.—*Jl Trop Med & Hyg* 1934 Oct 15 Vol. 37 No 20 pp 311-318 With 1 chart

These practically identical papers deal with 150 cases of hypochromic microcytic anaemia in Egypt, associated with ancylostoma in 24 cases bilharzia 17 mixed 37 splenomegaly 8 pellagra with or without parasites 57 chronic dysentery 3 ascariis 2, achlorhydria without parasites 2.

*Ancylostoma*.—Severe haemoglobin below 30 per cent in 16 with lowest 10 red cells usually between 2 and 3 millions with lowest 1 120 000 corpuscular resistance and icteric index normal of 18 cases 2 had achlorhydria and 6 hypochlorhydria there were haemic murmurs harsh and marked, not usually disappearing on treatment, with marked improvement in the anaemia.

*Schistosomiasis*.—Haemoglobin not less than 40 in urinary not less than 25 in intestinal cases the red cells being not less than 3 and 1 8 millions respectively fragility and icteric index normal hypoacidity commoner in intestinal infection

*Splenomegaly*.—Haemoglobin not less than 45 and red cells than 3 millions usually cured by iron without reduction in size of the spleen.

*Pellagra* without parasites 12 who had haemoglobin above 55 red cells 4 millions or more, colour index usually below 1 gastric acid usually below normal. They improved rapidly except for the nervous symptoms on ordinary hospital diet.

*Simple achlorhydric anaemia*.—Reduced iron gave very good results improvement being however somewhat more rapid when dilute hydrochloric acid was added

In treatment the best results were obtained with reduced iron 2 grams thrice daily after food, combined with 2 to 8 cc. of [? dilute] hydrochloric acid in water Liver increased slightly the red cell numbers but not the haemoglobin arsenic diminished the latter vitamins were of no particular value blood transfusion was given in urgent cases, but unless followed at once by iron administration the temporary benefit was lost Cases are cited to show the following — Failure of a man with haemoglobin at 25 to benefit from deworming till iron was given deleterious effect of arsenic on haemoglobin, cure of anaemia without expulsion of worms but if administration of iron is stopped and the parasites are still present the anaemia recurs That is why anthelmintics are essential.

Clayton Lane

- CAMERON (J. A. P.) Two Cases of Gout recorded with Commentary —*Malayan Med Jl* 1934 Dec. Vol. 9 No. 4 pp 206-208. With 2 figs.

1 A male Cantonese *et.* 38 20 years resident in Malaya, had history of pain and swelling in the joints for 3½ years. Tumours removed from the sole dorsum of feet and trochanter consisted of chalky matter and white creamy material found to be practically pure acid urate crystals. X-ray photo of knee joint showed osteo-arthritic lipping The blood uric acid percentage was 6.37 mgm. as compared with the normal 1-3 mgm.

2. In the second case with an eight years history the changes—disorganization of articulations with bony ankylosis—were those of rheumatoid arthritis and the blood uric acid was 5.45 mgm. per cent.

The Editor states that gout is "not uncommon" in Malaya the etiology is obscure.

A. G. B.

CHOPRA (R. N.) & GHOSH (Sudhamoy) Some Common Indigenous Remedies.—*Indian J Med Res* 1934, Oct. Vol. 22, No. 2 pp. 263-270. [21 refs.]

The authors give a description of their studies on the chemical composition pharmacological action and therapeutic properties of some of the common remedies used in Indian indigenous medicine. Since the result was to show that the quantities of physiologically active substances contained were insufficient to produce marked effects it will be sufficient to give a list —

*Picrokiza khoros* Benth. N.O Scrophulariaceae.  
*Erythrina indica* N.O Leguminosae the Indian coral tree.  
*Sesuviera stylatica* N.O Liliaceae a fibre plant.  
*Pongamia glabra* N.O Leguminosae  
*Hydrophila spinosa* N.O Acanthaceae.  
*Bryophyllum calycinum* Salisb. N.O Crassulaceae.  
*Rheum emodi* N.O Polygonaceae one of the rhubarbs.  
*Solanum indicum* N.O Solanaceae.

A. G. B.

KENNEDY (Walter P) The Polynuclear Count in an Iraq Population.—*Trans. Roy Soc. Trop Med & Hyg* 1935 Mar & Vol. 23 No. 5 pp. 475-480 With 3 figs.

The author starts by a brief exposition of the Arneth count and refers to the work of W. E. COOKE who together with E. H. POWDER has probably done more work on this subject than anyone else. He then gives the average count and index for Britain and states that it is more useful to express the result as a single index, and for this purpose the weighted mean gives a very sensitive measure of the state of the count. The average weighted mean of the above series [of COOKE and POWDER] is 2.74 with a standard deviation of 0.44, but unfortunately for the average reader he does not define the term "average weighted mean." Most people are agreed that infection usually [but not always] brings about a shift to the left and in order to interpret what constitutes a shift to the left it is essential to know what are the normal limits for the district in which the test is made. It certainly differs in the tropics from what obtains in temperate climates, and, moreover the reviewer when studying this question 20 years ago found that there were differences between the white man and the native in the same country. BREXEL and PRINCELY have shown that the index differs between native adults and children in New Guinea [see this *Bulletin* 1916, Vol. 7 p. 336].

As a preliminary to possible work in the future the author has examined 121 samples from inhabitants of Iraq to establish as near as he can the normal in that country. He took them from three representative groups—Kurds from Kirkuk, Dulaimi from Haffka, and Jews from Sandur and found a decided shift to the left as compared with British figures. Though there are several infections not severe enough to prevent a man working and such a man when asked if he was in good health would reply in the affirmative, the author

does not accept these cryptic infections as the sole cause of the difference in the count. The possible influence of environmental factors is a question requiring further investigation. In the tropics certainly and it may be, in other places also the possible disturbing factors rob the Arneth count of much of its reputed value as an indicator of morbid conditions.

H H S

CATANZI (A.) Recherches parasitologiques et expérimentales sur la sporotrichose les blastomycoses et l'actinomycose en Algérie. [Parasitological and Experimental Researches on Sporotrichosis, Blastomycosis and Actinomycosis in Algeria.]—*Arch. Inst. Pasteur d'Algérie* 1934 Sept. Vol. 12. No 3 pp 351-366 With 3 text figs. & 6 figs. on 1 plate.

This is an account of some fungi isolated, in Algeria, from human disease and from water. The clinical features and morbid anatomy are not given.

(1) *Sporotrichosis*.—A culture of *Rhinocladium Beurmanni* was recovered from a nodular sporotrichosis of the lower limb. It had little or no pathogenicity for white mice, and it agreed with the descriptions by DE BEURMANN and GOUGEROT of the French strains of this species.

A fungus identified as *Sporotrichum biparasiticum* Bubak was cultivated from a sample of well water. Descriptions of its growth characters and spore measurements are given. It proved to be pathogenic for mice and other animals by inoculation, subcutaneously or intravenously and showed much greater virulence than the culture of *R. Beurmanni*. Subcutaneous inoculation gave rise to a gumma which broke down after about eight weeks and discharged on the surface. Cure followed and there was no tendency towards a generalized infection. Intraperitoneal inoculation into rabbits, mice or new-born guinea-pigs caused a peritoneal sporotrichosis sometimes with foci in the spleen and liver and death. The fungus appeared in the lesions usually as masses of tangled filaments with rounded or oval elements  $2.5\ \mu$  to  $4.5\ \mu$  in diameter. The fungus could be cultivated from the pus or lesions but attempts to transmit the infection from animal to animal by inoculation of morbid material failed, except in one instance when a local lesion resulted.

The serum of infected animals contained no demonstrable antibody and after recovery the animal was susceptible to reinfection.

(2) *Blastomycosis*.—Two new fungi are described. The first, a yeast fungus belonging to the genus *Candida* Berkhout, was isolated from blastomycosis of the forearm. A description is given of the growth characters on various media, fermentations etc. and the fungus has been named *Candida Montpellieri* n. sp. The description leaves the reviewer in doubt as to the justification for placing the fungus in the genus *Candida* and a similar doubt may have affected the authors for they named it at first "*Cryptococcus*". The identity cannot be confirmed as the culture has been lost.

Intravenous injection of large quantities of the culture into a rabbit was without apparent effect but subcutaneous inoculation caused a local gumma which later broke down and discharged. Cultures recovered from the animals were not more virulent than the parent culture. Intravenous inoculation evoked a high titre of agglutinin in a rabbit's blood but did not protect the animal against the effects of

subcutaneous inoculation. The agglutinating serum had no effect on "*Monilia albicans*."

The second fungus from Blastomycosis was isolated from a lesion of the lower extremity. It appeared in the tissues as bodies 4.0  $\mu$  to 10.0  $\mu$  by 2.0  $\mu$  to 6.0  $\mu$ , grouped in little masses or in short chains, usually in close relation to giant cells. The fungal elements were brownish and unstamable. A culture was obtained by puncturing an unbroken gumma and the fungus was identified as a *Hormodendron* Bonorden 1857 and was named *Hormodendron algeriensis* n. sp.

Subcutaneous inoculation, into a rabbit, of a culture in hay infusion caused a voluminous abscess but no generalization followed. Pigeons and mice were apparently resistant.

(3) *Actinomycosis*.—There were three cases of actinomycosis, two affecting the face and one pleuropneumonic. The "grains" were greyish-white about 0.5 mm. in diameter soft and irregular in shape, they were made up of slender mycelial filaments about 1.0  $\mu$  in diameter. Gram positive but not acid fast. Only the grains from the lung showed club-formations. Culture, in all cases, yielded the same species of actinomyces the anaerobic *Cohnstreptholarius* Israël Kruse 1896. Animal inoculation with the cultures or "grains" gave negative results.

J. T. Dineen.

SHREWSBURY (J. F. D.) The Genus *Monilia*.—*Jl. Path. & Bact.* 1934. May. Vol. 38. No. 3. pp. 313-354. With 32 figs. on 9 plates. [27 refs.]

This article gives an account of a careful study of various species of fungi which have been assigned to the genus *Monilia*. The author describes the morphology characteristic of the type and some of the departures from it which several of the species present. He next considers the staining reactions, cultural characters on solid and liquid media, biochemical properties in relation to action on litmus milk, their proteolytic and saccharolytic powers and general fermentative action and ends with a discussion as to which of the species examined belong strictly to the genus. Those investigated were Mackey's *M. Monilia pilosus*, *M. albicans*, *M. candida*, *M. krusei*, *M. pinoyi*, *M. tropicalis* and Marrett's *M.* It is shown that some at least of these, *M. krusei* Cast. for example have no right to a place in the genus. It will be seen that the paper is largely a systematic study and a most praiseworthy attempt to bring order out of the chaos into which this at present, somewhat arbitrary group has fallen.

H. H. S.

SALAN (M.) Sternal Puncture. (A Preliminary Note).—*Jl. Egyptian Med. Assoc.* 1934. Oct. Vol. 17. No. 10. pp. 846-850. With 1 fig.

The author uses for sternal puncture a lumbar puncture needle made of hard steel which with its stylet is cut to 3 cm. length. A moveable shield fits round the needle with a screw to fix it at the required distance [cf. KASSIRSKY this Bulletin Vol. 31 p. 659]. This varies from 0.4 to 1.0 cm. according to age and size of patient. The middle of the sternum opposite the third space is the best place for puncture. No incision and no local anaesthesia are needed. He discusses the value of puncture in the diagnosis of anaemias and splenomegalia. He has used the method in a series of 92 cases without untoward effect.

A. G. B.

BRUMPT (E) Au sujet des changements de propriétés biologiques des germes chez divers hôtes vecteurs vicariants. [Changes of Biological Properties of Microbes in Different Vector Hosts]—*Bull Soc Path Exot* 1934 Nov 14 Vol. 27 No 9 pp 830-831

The text of Brumpt's paper was the failure of an attempt by LE CHUTTON and BOURGAIN to convert a strain of murine typhus into boutonneuse fever by passage through *Rhipicephalus sanguineus* they were unable to transmit the strain by the progeny of the tick. Brumpt points out that intermediate hosts whether normal or vicarious do not seem to modify the biological properties of germs which they transmit. Thus *Spirochaeta duttoni* has the same characters whether it is transmitted by *O. moubata* as in Central Africa or by *O. erraticus* as in Dakar whereas *S. hispanica* though likewise transmitted by *O. erraticus* has retained its peculiar characters such as its pathogenicity for the guineapig. The virus of exanthematic typhus which has developed in fleas is not transformed into murine typhus and that of Rocky Mountain fever transmitted from louse to louse for a period of 5 months also keeps its own characters. *Trypanosoma cruzi* is equally virulent whether transmitted by *Triatoma Rhodnius* or *O. moubata*. For this reason Brumpt cannot admit the unicity hypotheses of those who think that the various forms of typhus are all due to one virus which is transformed in passage through louse flea tick or mite or of those who suppose that *T. rhodesiense* loses some of its virulence and becomes *T. gambiense* by a change of vector to *G. palpalis*.

A G B

ANDERSON (Nelson Paul) & AYRES (Samuel) Jr Light Sensitive Dermatoses.—*Jl Amer Med Assoc* 1934 Oct. 27 Vol. 103 No 17 pp 1279-1285 With 7 figs. [41 refs.]

There is reason to believe that disturbed sulphur metabolism plays a part in the production of light dermatoses. It has been shown for example that the lethal action of ultra violet light on paramoecia is diminished by the interposition of a solution of cystin an amino-acid containing sulphur. It is notable too that the protective epithelial tissues such as skin hair and nails contain a greater sulphur content than do other tissues.

Haematoporphyrin has a powerful light sensitizing power when injected experimentally. But it has not been shown that it is an underlying cause of light sensitivity. Indeed it has only been found in the urine of a small proportion of cases of hydroa aestivale and further porphyrin in the urine has been found in many cases which were not light-sensitive nor was it present in the authors cases of light sensitivity. In these cases no other photo-dynamic substances could be found in the urine.

The irritative effect of sunlight on lupus erythematosus is well known for it often follows severe sunburn. An account is given of a dietetic treatment of that condition but the cause of its effectiveness is not known. Various drugs including eosin acriflavine and methylene blue are light sensitizers. Their usefulness in therapeutics is problematical. Sunlight is a factor in the production of many cases of vitiligo and light plays a part in the production of the skin lesions of pellagra although light is not the only factor involved. Fagopyrism

is a disease occurring only in lightly pigmented cattle which have ingested buckwheat which contains a light sensitizing substance.

Some figures illustrate the effects of treatment in some dermatoses.

R. G. BERNARD.

- CHOPRA (R. N.) GHOSH (Sudhamoy) & DUTT (Ashutosh). Some Incorporations of Indian Indigenous Medicines. Part I. *Asian Biomed.*—*Indian J. Med. Res.* 1934 Oct. Vol. 22, No. 2, pp. 235-258.
- CLEMENTS (F. W.). The Relation of Diet to Tropical Ulcer: a Preliminary Report.—*Med. J. Australia.* 1934, Apr. 21 21st Year Vol. 1, No. 14 pp. 520-522.
- CORMACK (R. P.) Some Subjects for Medical Research in East Africa.—*East Africa Med. J.* 1934, Dec. Vol. 11, No. 9, pp. 275-283.  
A paper worth perusal but unsuitable for summary.
- DEVASAGAYAM (A.) Notes on Some Intestinal Affections of Tamil Caste.—*Malayan Med. J.* 1934, Dec. Vol. 9, No. 4, pp. 200-204.
- DONATELLI (Leonardo). Ricerche farmacologiche sull'olio di chenopoda. Nota seconda.—*Pediatrics.* 1935, Feb. 1, Vol. 43, No. 2, pp. 161-178.  
With 16 figs. English summary (6 lines).
- GORGAS MEMORIAL INSTITUTE. Annual Report of the Gorgas Memorial Institute 1933 (GRAYSON (Cary T.) MARTIN (Franklin) & CLARK (Herbert C.J.). 2nd Congress, 2nd Session. Document No. 215 House of Representatives 8 pp.
- KIKUTHI (Walther). Neue Wege in der Behandlung der Tropenkrankheiten.—*Klin. Woch.* 1934, Nov. 10, Vol. 12, No. 45, pp. 1283-1295.
- KITABATAKE (Eitaro). Parasitic Diseases among Immigrants in Africa West, Kinsba and in Denshobai Farm, Eiko, Manchoukwo.—*J. Oriental Med.* 1934, Feb. Vol. 22, No. 2, [In Japanese pp. 369-377 With 2 figs. English summary p. 32.]
- ROUWENHAAR (W.) MAASLAND (J. H.) & WOLFF (J. W.). Onderzoekingen over het rhinocerosoorn op Sumatra.—*Geneesk. Tijdschr. v. Nederl. Indië.* 1934, Sept. 11, Vol. 74, No. 19, pp. 1187-1200 With 1 map & 8 figs. on 4 plates.
- ROUWENHAAR (W.) MAASLAND (J. H.) & WOLFF (J. W.). Onderzoekingen over het rhinocerosoorn op Sumatra.—*Geneesk. Tijdschr. v. Nederl. Indië.* 1934, Nov. 6, Vol. 74, No. 23, pp. 1494-1513 With 1 plate. [30 refs.] English summary.
- LEAKE (Jude Geydner) & PARSONS (Helen Tracy). The Relationship of Dermatitis in Chickens to Lack of Vitamin B<sub>2</sub> and to Dietary Egg-White.—*Austral. J.* 1934, Vol. 28, No. 6, pp. 2109-2115 With 1 text fig. & 4 figs. on 1 plate. [24 refs.]
- DE LEON (W.) DE JESUS (P. L.) & RAMOS (J. M.). Weights of Visceral Organs of Filipinos in Different Diseases.—*Philippine J. Sci.* 1934, Aug. Vol. 44, No. 4, pp. 485-532.
- VAN LOON (J. Potter). Een geografisch-pathologische bijdrage tot het gultreventriagetak. Onderzoek met de doodsonderzoekende bij Javanen en Chinezen.—*Geneesk. Tijdschr. Nederl. Indië.* 1934, Dec. 25, Vol. 74, No. 28, pp. 1736-1748. With 2 figs. [34 refs.]
- MARROW-BARR (P.). Whither Tropical Medicine? An Epitome of Scientific Activities in British Tropical Possessions, together with a Consideration of the Position which Tropical Medicine occupies in Scientific Medicine at the Present Time.—*Proc. Roy. Soc. Med.* 1934, Nov. Vol. 28, No. 1, pp. 57-66 (Sect. Trop. Dis. & Parasit. pp. 1-10).
- O'CONNOR (F. W.). Concern of the United States with Tropical Diseases.—*Amer. J. Pub. Health.* 1935, Jan. Vol. 25, No. 1, pp. 1-10.
- PRINCE (J. C.). Matières colorantes injectables.—*Bull. Soc. Méd.-Chir.-Indochine.* 1934, Aug.-Sept. Vol. 12, No. 7, pp. 704-712. With 5 charts.

- PRICE (A. Grenfell) The White Man in the Tropics.—*Med J Australia* 1935 Jan. 26 22nd Year Vol. 1 No. 4 pp 106-110
- SCHWARTZ (Joseph L.) The Practice of Medicine in American Samoa.—*U.S. Nav Med Bull* 1935 Jan. Vol. 33 No 1 pp 27-33 With 3 figs on 2 plates.  
An account of surgical practice.
- STAUDER (E.) Die Seuchenbekämpfung in Deutsch-Ostafrika.—*Med Welt* 1934 Nos. 39 & 41 18 pp
- UHLERHUTH (P.) Neue Fortschritte auf dem Gebiet der Antimonbehandlung von Tropenkrankheiten.—Reprinted from *Therap & Gegenwart* 1934 No. 10 6 pp
- VON WIKULLIL (L.) Badgastein in the Treatment of Tropical Diseases.—*J Trop Med & Hyg* 1935 Mar 15 Vol. 38. No 6. pp 74-78
- ZIEHMANN (Hans) Neues aus dem Gebiete der Infektionskrankheiten der exotischen Pathologie, Parasitologie und Hygiene.—*Med. Klin* 1935 Jan. 25 Feb 1 & 8. Vol. 31 Nos. 4 5 & 6. pp. 121-124 153-154 186-188.



## REVIEWS AND NOTICES

REDAELLI (P) BASERGA (A.) GIORDANO (A.) SORGE (G.)  
 PARADISO (F.) & FIORENTINO (A.) ZANGRI (G.) PIAZZA (G.)  
*Ricerche e studi sulla leishmaniosi viscerale del Mediterraneo.*  
 [Studies on Visceral Leishmaniasis of the Mediterranean.]—191 pp.  
 With 7 plates (2 coloured) & 1 text fig. 1933. Catania Società  
 Medico-Chirurgica di Catania. [Lira 30.]

The publication contains a series of eight articles by various authors on canine and infantile kala azar as it occurs in Catania. The first and most comprehensive of these is a detailed study of the pathology of canine kala azar based largely on naturally infected dogs which had been taken to Catania from Malta by ADLER for the purpose of sandfly feeding experiments. The information given is mainly confirmatory of previous work. It is worthy of note, however that apart from the well known generalized distribution of leishmania throughout the internal organs in histiocytes the parasites occur fairly uniformly in these cells in all parts of the skin, even in animals showing no visible skin changes and also in the mucosa of the nose, mouth and oesophagus, as well as in that of the entire intestinal tract. In the second article attention is drawn to the changes in the bone marrow of infected dogs, while in the third emphasis is laid on the fact that occasionally parasites occur in megacaryocytes. The fourth article records the experimental infection of the spermophile (*Citellus citellus*) with a canine strain of the kala azar parasite and gives some details of the histopathology of the infection in this animal. The fifth article is a review of recent work on the subject of sandfly transmission of kala azar while the last three are devoted to a consideration of the infantile disease, particularly the success of intramuscular treatment with neostibosan and fusidin and the more prolonged rate of excretion of antimony when the organic compounds are given intramuscularly a method of administration which appears to reduce the toxic effects by forming deposits from which the drug is slowly absorbed.

C. M. WYMAN.

# TROPICAL DISEASES BULLETIN.

Vol 32 ]

1935

[No 8

## LEPROSY

MCHINLEY (Earl B) *The Etiology of Leprosy*—Reprinted from *Medicine* 1934 Dec. Vol. 13 No 4 pp 377-504 With 12 figs. [525 refs.]

This is in itself a comprehensive review of the bacteriology of leprosy for the past sixty years with 525 references, which should be read by all interested. The author concludes that there is still no absolute proof that Hansen's bacillus is the cause of leprosy although no one doubts it for it is not generally accepted that organism has been cultivated nor has typical leprosy as seen in man been reproduced in lower animals. He is hopeful that his tissue cultures may yet prove successful, and the work of REENSTERN himself and others on inoculation of monkeys is promising. Similarly the chemistry of the lepra organism is also much more deficient than that of the tubercle bacillus.

L. Rogers

- i. NOLASCO (J O) *Mycobacterium leprae* in Deep Organs in Fifteen "Quiescent" and "Arrested" Cases of Leprosy not demonstrated in Smears at Necropsy—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 705-713
- ii. HUIZENGA (Lee S.) *The Application of Sterilization in Leprosy*—*Ibid* pp 783-790
- iii. HOANG-PHO *Un cas de paralysie générale d'origine lepreuse* [*G.P.I. of Leprotic Origin.*]—*Ibid* pp 721-723.
- iv. LAI (Daniel G) *A Bacteriological Study of Certain Immune Regions in Skin Leprosy*—*Ibid* pp 725-727
- v. REISS (F) *Tuberculoid Leprosy, a Clinical Entity or a Histopathological Reaction.*—*Ibid* pp 699-704 With 6 figs. on 3 plates.

Of the 12 papers in this volume seven noted by title only on pp 554 & 555 relate to work of the same writers that has already been reviewed in this *Bulletin*. The following are the main points in the remaining papers.

i. J O NOLASCO in continuation of previous work reports on the post mortem examination for lepra bacilli in the tissues of 15 more arrested cases of leprosy. The organisms were not found by direct smears but in 12 of them histological examinations showed the micro-organisms associated with typical foamy cells. In the remaining three the infection was

considered to be overcome, and in others the bacilli were believed to be undergoing intracellular digestion within the foamy cells, so they may have been dead. The importance of a follow up of paroled cases is emphasized.

II. L. S. HUIZENGA reports on the presence of anhidrosis and alopecia in 200 lepers. They are nearly always found in active cases, and are attributed to destruction of the glands and the nerve ends by pressure of leprosy infiltration. The face and extremities are most affected, but the general health does not suffer much.

III. HOANG-PHO reports a case of general paralysis in a leper in whom he was unable to find evidence of syphilitic infection.

IV. Daniel G. LAI has made a bacteriological examination of the skin of certain regions reported by HOPKINS to be usually immune to evident leprosy lesions, and in an examination of 83 cases he found that lepra bacilli were commonly present in small numbers as compared with adjacent infiltrated areas of the skin.

V. F. REISS has given, in addition to chaulmoogra preparations, sodium thiosulphate, which PALDROCK and POOMAN had found to have some action on lepra bacilli. He reports on seven cases, five of which showed marked and rapid improvement on the combined treatment, which he therefore suggests may be found by further work to be of value.

L. R.

LEPROSY REVIEW 1935. Jan. Vol. 6. No. 1. pp. 1-49 With 12 figs. (1 map) on 4 plates.—Quarterly Publication of the British Empire Leprosy Relief Association, 131 Baker Street, London. W 1 [2a.]

In this number G. R. RAO reports a trial of brilliant green, trypan blue and Boinet's blue in 20 leprosy cases at Purulia with no appreciable effect on either the course of the disease or on the lepra bacilli.

Gordon A. RYRIE writes on the management of reactions following either over dosage or abrupt cessation of prolonged hydnicarpus treatment concurrent disease such as syphilis, sepsis or helminthic infections or possibly such foods as shell-fish, curries, etc. drugs such as KI or emotional stress. Cessation of hydnicarpus treatment for a full month after subsidence of the reaction is advised. Further comments on Dr. ROSE's article (*ante* p. 328) and reprints of papers already dealt with in this *Bulletin* are included.

L. R.

LEPROSY REVIEW 1935 Apr. Vol. 6. No. 2. pp. 51-89. With 7 figs. (5 on 2 plates) 1 plan & 1 map.—Quarterly Publication of the British Empire Leprosy Relief Association, 131 Baker Street, London W 1 [2a.]

The first paper in this number is a valuable description of the well-known methods of examining leprosy lesions for the causative bacillus for diagnostic purposes by that very experienced pathologist, H. W. WADE, which should be read in the original by those interested.

Spencer B. MCNAIR contributes a review of eye, ear, nose and throat work at the Carville Leprosarium, which is fortunate in having a specialist staff. A number of operations have been performed for the relief of ectropion. The electric canterly is advised in the treatment

of infiltrated areas about the limbus of the eye and ulcerated areas in the larynx. Corneal infiltration and indocyclitis are major eye problems for which he advises atropine twice daily salicylates for pain and subcutaneous or intramuscular injections of foreign protein in the form of diphtheria antitoxin haemoprotein of Brooks or a milk preparation aohn. In chronic keratitis gold sodium thiosulphate intravenously foreign proteins and instillations of 20 per cent. chaulmoogra oil and dioline into the conjunctival sac are recommended. The electric cantery is used in leprosy lesions of the nose followed by spraying 30 per cent. chaulmoogra oil in olive oil or chlorotone inhalant. For stenosis the affected turbinate bone is removed. Tonsillectomy has frequently been performed. Tracheotomy may be required for laryngeal obstruction. Ear lesions are limited to the external portions.

R. G. COCHRANE commences in this number an account of his recent tour in the West Indies. In Jamaica under the Leper Asylum Law of 1896 pauper and indigent lepers were segregated and others were allowed to live at home under certain restrictions. The number in the asylum has averaged about 120 in spite of an increasing population so he thinks the disease is diminishing but the law may require modification and endemic foci should be sought for and the infected dealt with in leper colonies with land to cultivate. A special medical officer should be sent to the Trinidad Leper Settlement for study so as to be able to recognize early cases.

Barbados has compulsory segregation but the numbers isolated have fallen during the decade 1924-34 from 173 to 75 and 55 more discharged cases receive monthly allowances and are prohibited from certain forms of work. The asylum is prison like and requires ground around it. From the admission records the distribution appears to be patchy and surveys are needed to find and deal with the foci of infection to hasten the disappearance of the disease from the island.

The remaining papers are reprints including the report on the Uganda settlement which appeared in the *East African Medical Journal* (Ante p 331)

L. R.

LIE (H P) *The Curability of Leprosy—Internal J1 Leprosy*  
Manila. 1935 Jan-Mar Vol. 3 No 1 pp 1-22. With  
8 figs. on 2 plates. [12 refs.]

This interesting historical paper on the treatment of leprosy in Norway from the time that DANIELSEN commenced work at the Bergen Hospital in 1839 brings out the foresight of that great worker in advocating attention to the patient's general health, the use of counter irritants, a gold preparation the production of reactions by potassium iodide which he eventually recognized as harmful and the use of *Ol. gynocardiae*—as chaulmoogra oil was then erroneously termed. Dr Lie also records that a number of patients were found to be cured and free from lepra bacilli at later autopsies, and he emphasizes the tendency of the infection to die out in oldstanding cases although this was infrequent, in 8 per cent. only in nodular cases. He also points out that nodular patients who appear incapable of overcoming the bacilli may be completely cured when for whatever reason they are made to react. Here lies the most important problem regarding the therapy of leprosy namely to bring about a reaction at as early a stage as possible.

L R

COCHRANE (R. G.) The Epidemiology and Prevention of Leprosy.—*Internat. J. Leprosy* Manila. 1934 Oct.-Dec. Vol. 2 No. 4 pp. 385-394

In view of the increasing number of early cases of leprosy now seen, and the tendency of many of them to abort if the patients, mainly children, are kept under good conditions, the author thinks such may be watched without treatment, which should be reserved for active cases, together with isolation in an institution, or in huts in the patients' villages, of infectious cases. This will simplify prophylaxis, in which propaganda should play an important part. The analogies between leprosy and tuberculosis are also stressed. L. R.

ATKEY (O. F. H.) Leprosy Control in the Southern Sudan. A Compilation from the Annual Reports for 1928, 1929 and 1931 on the Medical and Health Work in the Sudan.—*Internat. J. Leprosy* Manila. 1935 Jan.-Mar. Vol. 3 No. 1 pp. 73-79

This article has been compiled from official reports that have already been dealt with in this *Bulletin*. The conclusions are come to that many early cutaneous cases remain stationary and do not require segregation but that measure is very beneficial in highly infective cases. Treatment certainly tends to keep the disease from advancing though not spectacularly curative. Improvement in food and conditions of living are most important measures. Bush dispensaries and providing treatment near the patients with a central camp for highly infective lepers, are of value. L. R.

HOLLENBECK (H. S.) Leprosy in Angola.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935 Apr. 17 Vol. 28 No. 6 pp. 653-698.

Leprosy is widespread in Portuguese West Africa, mainly in the nerve form and appears to have increased on the plateau in recent years following deficient nourishment in partial famine years due to deficient rainfall. In 1925 the American Mission to Lepers supplied chaulmoogra oil for treatment in small colonies and camps with striking success from the first, for all the patients showed marked improvement in a few months. The early ones were discharged symptom-free in 18 months, and there were no relapses in those kept under observation for 9 years. In some more advanced cases 2 to 3 years' treatment produced steady improvement, and all but two became symptom-free nodular cases responding about as well as nerve cases. The treatment is so popular that a large proportion could be treated if funds were sufficient. L. R.

GOURVILLE (E.) La lèpre au Soudan. [Leprosy in the French Sudan].—*Bull. Soc. Path. Exot.* 1935 Jan. 9 Vol. 28 No. 1 pp. 7-10

Among 19,283 young men examined during recruitment in the French Sudan 401 or 20.8 per mille were found to be infected. In 1928 under compulsory segregation 30 lepers were isolated, but general hiding of cases occurred and the results were "deplorable." Voluntary home treatment was then sanctioned and in three years there were 31 in the lazaret but 271 enrolled for treatment with freedom. Indisputable amelioration was obtained in a large number by means of intravenous injections of emulsions of chaulmoogra oil, together with

general treatment with Fowler's arsenical solution and codliver oil a combination superior to the first oil alone. Marriage of lepers with healthy persons, and certain dangerous employments are forbidden. Obedience to the rules and assiduous attendance for treatment surpassed expectations. L. R

- i. STRACHAN (P. D.) *Leprosy and Leprosy Treatment in Basutoland.*—*Internat Jt Leprosy* Manila. 1934 Oct-Dec. Vol. 2. No. 4 pp 431-439
- ii. DYKE (H. W.) *Leprosy in the Bechuanaland Protectorate.*—*Ibid* pp 441-442.
- iii. JAMISON (R.) *A Note on Leprosy in Swaziland.*—*Ibid* p 443

i. In Basutoland the lepers are isolated in the Maseru asylum with about 600 patients and 1,500 acres of land and with a convalescent village of 40 to 50 discharged cases. With greater activity the patients have increased recently to 730 and fewer very advanced ones are now admitted. Intradermal injections are readily accepted but many cases have become arrested without active treatment which has been very variable in degree so analysis is difficult. The present isolation policy is very expensive.

ii. This brief note records that in dry Bechuanaland (200 000) only 25 lepers have been seen in five years and the number is estimated at 40 to 50 or 0.2 per mille. They are so scattered that regular treatment has not proved to be practicable.

iii. In Swaziland (125 000) the incidence is also low with not more than 120 cases, or about 1 per mille. Local isolation in huts is now attempted and nearly all the cases are of the nerve type for the author has only seen two nodular cases in many years work. L. R

- DEL TORO CANO (Fernando) *El problema de la lepra en Marruecos occidental español.* [*Leprosy in Spanish Morocco*].—*Medicina Paises Calidos* Madrid. 1935 Feb Vol 8 No 2 pp 85-103 With 1 map 10 figs. & 1 chart. [22 refs.]

Twenty cases are referred to in this article 9 of the nodular type one macular two mixed and eight others are mentioned but not the type. The proportion is said to be 1 per 14 000 population in Western Morocco or half as many again as in Spain (1 in 25 000). The nodular type is said to predominate. The disease is indigenous and not imported from Spain but some are said to have contracted their infection in the French territory. Before adequate prophylaxis can be effected a leper census should be taken and a leprosarium ought to be established for dealing with patients found and immigration of lepers from other nations should be prohibited. There is a map showing the districts affected of the 20 cases four were in Ceuta, five (a sixth doubtful) in Tetuán two each from Jolot Beni Manzor and Guezana and one each from four other districts. H H S

- MUIR (E.) & CHATTERJI (K. R.) *The Record of a Leprous Village with a Scheme for a Statistical Survey.*—*Leprosy in India* 1935 Jan Vol 7 No 1 pp 4-18. With 1 fig & 1 map

This is an important record of a careful survey of a leprous Muslim Bengal village. It gives two family trees showing five generations in both of which the disease began in the third generation since

which 13 infective and 5 uninfected cases have occurred in one family and 2 and 3 respectively in the other. A plan of the house infections is also given. Of the 23 cases in 48 years 19 survive, including 10 infective ones, who are now all isolated voluntarily in the village. The spread of the disease was apparently due to family relationship and closeness of residence no less than 15 of the patients having probably been infected by one case. There is usually an average period of 6 years between the appearance of the first symptoms and the development of an infective stage but, omitting one case, the average time was  $3\frac{1}{2}$  years. The value of such a careful survey with resulting voluntary isolation of all the infective cases is obvious, and schedules are given to assist surveys.

L. R.

- i. SASTRA (I.) A Note on Leprosy Work in the Salem District—*Leprosy in India*. 1935 Jan. Vol. 7 No. 1 pp. 23-25.
- ii. — Notes on Leprosy in Japan—*Ibid.* pp. 26-32.

i. This brief note records the progress of widespread dispensary treatment in the Salem District of Madras. The author concludes that "treatment alone has a very great value in the control of the disease" and should not be discouraged by those who advocate segregation measures.

ii. This is a brief description of Japanese leper institutions seen during a short visit to the country.

L. R.

- HANG (T I) & WILSON (R. M.) Statistical Data of 709 Korean Cases of Leprosy—*Internal J. Leprosy* Manila. 1934. Oct-Dec. Vol. 2 No. 4 pp. 447-451.

An analysis showed 59 per cent. males and 41 per cent. females. In 30.3 per cent. the patients had lived with other lepers, brothers being the most frequent relationship. The disease was contracted in the first decade of life in 11 per cent. In the second in no less than 52 and in the third in 25 per cent. leaving only 12 per cent. over the age of 30 years. Poverty and deficiency of protein in the diet predisposed. Neural cases were 45 cutaneous 43 and mixed 11 per cent. Treatment was by chaulmoogra oil intramuscularly with an average of 64 injections per case in 1933 with the result that 44 per cent. were arrested without deformities, and 42 per cent. more with deformities, with about equally good results in nerve and cutaneous cases so the results of treatment are encouraging.

L. R.

- LEX (H S.) The Statistical Observation of the Leprosy at Taikoo Lopo Hospital—*Japanese J. Dermat. & Urol.* 1934 Dec. Vol. 38 No. 6. [In Japanese pp. 651-657 English summary p. 113]

Among 450 cases seen at Taikoo, Korea, 427 were classed as early with disturbance of sensation in 86.7 per cent., anhidrosis in 18.7 per cent., pemphigus in 32.8 and depigmentation in 21.7 per cent. The lesions were mostly found where mechanical pressure occurs frequently and the patients mainly between the ages of 12 and 20 years, the disease beginning in the spring and affecting farmers most.

L. R.

WAYSON (N. E.) & RHEA (Theodore) *Leprosy Observations on its Epidemiology in Hawaii*.—*Public Health Bull No 312* Wash. 1934 Sept 32 pp With 7 figs. [15 refs]

This is an interesting statistical study of the incidence of leprosy in the Hawaiian Islands, with tables and charts of data since they were more accurately kept from 1890

After a brief discussion of the history of the disease data are given regarding the variations in the mixed population which show a decrease of pure Hawaiians and increase of half breeds. The incidence of the disease shows a steady decrease in the admission rates during the last five decades from 3.6 per mille in 1890-1900 to 1.3 per mille in 1920-30 especially among the younger ages this is attributed to or coincident with general biological and environmental influences which are evidenced by falling death rates from other causes rather than as a result of specific control measures. No evidence of definite racial susceptibility was found and the sex ratio was 1 female to 1½ males, although up to the eighth year the ratios are practically equal and the later excess in males is unexplained. Children under 15 are more frequently affected than older ones especially in families with more than one case. Adolescence and pregnancy favour its development. Family incidence showed 3 or more cases in 10 per cent. and 2 or more in 30 per cent. of households. Among 420 families there were 600 admissions, or 20 per cent. of the total members and 43 per cent. came from 14 families. Among a number of admissions between the ages of 10 and 15 the leprosy condition had often been recognized three or more years before admission. The period of incubation could not be ascertained, and it is probably influenced by the degree of exposure to infection for leprosy appears to be highly communicable under certain conditions. Poverty and diet deficient in animal proteins predispose for the disease was most prevalent in rural conditions among families who had no milk or butter and inadequate vegetables and fruits while calcium and vitamins B and C were also deficient.

L. R.

MACLEOD (J. M. H.) *Leprosy in Great Britain. The St. Giles Homes for British Lepers*.—*Internat. Jl Leprosy* Manila. 1935 Jan.-Mar Vol. 3 No 1 pp 67-70 With 3 figs. on 1 plate.

This is a very brief account of the St. Giles homes for British lepers. At a guess there are from 50 to 100 cases in Great Britain, almost all contracted in some part of the Empire abroad. The home was started in 1913 in a remote part of a home county by adding to farm buildings and it is usually fully occupied by 12 male and 2 female lepers.

L. R.

COCHRANE (R. G.) *Leprosy in England*.—*Internat. Jl Leprosy* Manila. 1935 Jan.-Mar Vol. 3. No 1 pp 71-72.

This brief note is on similar lines to the above but mentions that although infections are rare in this country the author has heard of three and possibly a fourth but he subscribes to the general view that conditions in England do not tend to cause the spread of leprosy. The latent period may sometimes extend to a number of years, and



cases are often overlooked by medical men in this country for want of clinical experience until they have reached the second or third stage of the disease, when the prognosis is poor  
L. R.

MURK (E.) The Relationship of Skin and Nerve Leprosy.—*Indian J. Med Res* 1934 Oct. Vol. 22 No. 2 pp. 383-392.

This is a histological study of early lesions with a view to elucidating the relations of skin and nerve lesions, from which the following conclusions are drawn.

The infection spreads along the vascular plexuses of the sub-papillary and subcutaneous tissues up to the cutaneous nerve branches from the skin the extension of the disease being lessened by natural and acquired resistance and favoured by any form of lowered resistance. The degree of cellular response is in proportion to the number of lepra bacilli in the tissues with more rapid spread in young children and debilitated subjects, and less in older subjects with greater resisting powers in whom it may cease to progress as long as the general health is good. The dermal nerves may show the highest number of bacilli owing to the lower resistance of nerve tissues. As subliminal injections increase immunity it is suggested that injections of suspensions of *M. leprae* in the form of leprolin may further increase the resistance, especially if injected around lesions showing cellular response, and also perineurally. Injections of 1 in 10 and 1 in 20 Hansen's leprolin intradermally into the macules and around their margins appear to be promising, intervals of one or two months being sufficient in some cases. They should not however be used in advanced cases with low resistance except in those negative to Hansen leprolin, but positive to Stefansky's leprolin when the latter may be used. The leprolin test is also of great value as a guide to discharging advanced nodular cases who should be kept under observation until a moderately strong reaction is obtained to Hansen's leprolin.  
L. R.

ITAKURA (Teiju) Zahnärztliche Untersuchungen bei Leprakranken. I Bericht Befunde neber Zahnausfall, Weibheitszahnausbruch und Zahnkaries besonders bei leprakranken Formosa-Chinesen (Folien Stamm) [Dental Studies in Leprosy]—*Tamkai Jipin Zasshi* (Jl Med Assoc Formosa) 1935. Feb. Vol. 34. No. 2 (358) [In Japanese pp. 195-211 [31 refs.] German summary pp. 211-213.]

Data are recorded from a study of the dental changes in 162 Formosa lepers, who did not show very striking differences from those of normal persons. The longer the duration of the disease the worse the dental conditions. The average loss of teeth in the lepers was 3.64 or apart from the wisdom teeth 1.81 and there was no difference between nerve and nodular cases. The average number of carious teeth in lepers was 2.40 and there were more in women than in men and in nerve than in nodular cases. In summing up the author says that he found no great difference between the teeth of lepers and healthy persons, but it is interesting to note that there was proportionately more severe disease of the front teeth of the upper maxilla than of the other teeth of lepers.  
L. R.

BARGEHE (Paul) Zur Leprafrage. [The Leprosy Question.]—*Muench Med Woch* 1935 Jan 10 Vol. 82, No 2, pp 56-57

The author deals further with the results of his cutireaction in leprosy in relation to epidemiology and immunization. A sterile extract of lepromata rich in bacilli is injected intradermally and the results are given in four classes. 1. Those who have never come into contact with lepers give a negative reaction as there has been no opportunity for the formation in the system of antibodies. 2. Those who have lived for long in contact with lepers but have remained healthy give a positive reaction because as the result of infection they have developed antibodies which have destroyed the infection. 3. Persons who have developed active bacteriologically positive leprosy give a negative reaction because they have developed antibodies insufficient to overcome the infection. 4. Persons who have lost all active symptoms of leprosy and passed into a quiescent recovered stage give a positive reaction because they have developed sufficient antibodies. He also maintains that by giving 2 to 4 or more intradermal injections of his leprolin immunity can gradually be produced, and he thinks this may prove of value in combating the disease. L. R

MUIR (E.) & CHATTERJI (K. R.) Factors influencing the Spread of Leprous Infection.—*Indian Med Gaz* 1934 Sept. Vol. 69 No 9 pp 495-500 With 3 figs. & 6 charts.

The first part of this paper deals with the leprolin test on the lines of his previous ones. In the second part the author records with diagrams the incidence of leprosy in six affected families and he points out that of 17 persons in house contact with lepers up to six years of age 10 had already become infectious cases all from persons classed as infectious. The young who are usually positive to the leprolin are much more susceptible than non reacting adults owing to lower resisting power. L. R

TISSEUIL (J) Quelle est la durée minima d'incubation de la lèpre? [Minimum Incubation Period of Leprosy]—*Bull. Soc Path Exot* 1935 Feb 13 Vol. 28, No 2, pp 60-62.

Infection in infants has been studied to find the shortest incubation period and in several cases this has been found to be only three months owing to the great susceptibility of young children. L. R

CHRYSTO (Sulpicio) Early Leprotic Changes in Children and their Bearing on the Transmission and Evolution of the Disease. II.—*Monthly Bull Bureau of Health* Manila. 1934 Dec. Vol. 14 No 12. 34 pp [18 refs.]

This paper is a continuation of a previous study of 40 cases in the Philippines [this *Bulletin* Vol. 31 pp 5 & 866] and confirms the data of the earlier one. The most common lesions noted are multiple depigmented areas or macules in 35 per cent of the cases minute papular vesicular eruptions in 42.5 per cent, and in 41.6 per cent of cases formerly without nerve symptoms small areas of anaesthesia have developed. Since the last report 27.5 per cent of the lesions

have remained stationary 20.0 per cent. have slightly advanced, 35 per cent. moderately and 17.5 per cent. markedly so. In all only 22.5 per cent. have progressed to typically leprous manifestations.

L. R.

LARA (C. B.) & DE VERA (R.) Clinical Observations with Reference to Leprosy in Children of Lepers.—*Jl. Philippine Islands Med. Assoc.* 1935 Mar Vol. 15 No. 3. pp. 115-129.

These workers have examined 240 children of leper parents and 78 control ones for skin lesions suspected by CARRUTO to be early leprosy and, with the exception of enlarged cutaneous nerves, contracture of the fingers and flushing of the legs, they met with them also in the children of non-leper parents, the hairy pale areas being found in 50 per cent. of the latter class. The depigmented areas, goose-flesh condition and the neurotrophic changes were also found in similar aged children of non-leper parents the last in even greater numbers than in the children of lepers, but markedly ichthyotic condition of the legs was more common in the latter class. The total incidence of suspected lesions among the children of lepers was far less than CARRUTO reported.

L. R.

WADZ (H. W.) & LE ROUX (J. J. de Pré) A Leprosy Case Progress Chart.—*Internat. Jl. Leprosy* Manila. 1935 Jan.-Mar. Vol. 1 No. 1 pp. 33-42. With 3 figs. & 1 folding chart.

This chart will be of value in enabling systematic clinical records to be made of leprosy cases.

L. R.

TÔYAMA (Ikuzo) & ISHIZU (Shun) Ueber den leprösen Haarausfall (Klinische Untersuchung) [Loss of Hair in Leprosy]—*Jap. J. Dermat. & Urol.* 1935 Jan. Vol. 37 No. 1 [In Japanese] pp. 56-65 With 22 figs. [19 refs.] German summary pp. 9-10.

This is an elaborate tabulated analysis of the incidence of loss of hair in leprosy patients, of whom 20.8 per cent. showed no loss of hair and 79.2 did show such loss. The eyebrows were affected in 80 per cent. the head in 69 the beard in 43 the axilla in 50 and the pubic hairs in 47 per cent. Females suffered slightly more often than males except as regards the head. The proportion affected increased with the age up to 50 and later fell. In nodular cases 99 per cent. were affected, in macular cases 84 and in nerve cases only 71 per cent.

L. R.

STEIN (A. A.) The Skin Temperature in Leprosy.—*Internat. Jl. Leprosy* Manila. 1934 Oct.-Dec. Vol. 2 No. 4. pp. 403-411 With 3 figs.

The author concludes from his study that the skin temperatures are usually higher in dermal leprosy owing to the vascularity of infected tissue, especially in young lesions and reacting ones. In neural leprosy the temperature may be higher over macules, but it is generally lower over other lesions, and the anaesthetic areas have a lower temperature.

L. R.

FÉRON (J) *Lèpre et neuro-fibromatose. [Leprosy and Neurofibromatosis.]—Bull Soc Path Exot* 1934 Dec. 12. Vol. 27 No 10 pp 912-916 With 2 figs.

This is a brief report of case of leprosy and Recklinghausen's neuro-fibroma being met with in the same subject. L. R

FOX (Howard) & KNOTT (James) *Leprous Nodules of the Male Genitalia. —Internat J Leprosy* Manila. 1934 Oct.-Dec. Vol. 2. No 4 pp 445-446 With 1 plate.

This is a brief illustrated account of an advanced nodular leprosy case with well marked lesions on the penis and scrotum. L. R

MOISER (B) *Analysis of 722 Cases of Leprosy and their Treatment. —Internat J Leprosy* Manila. 1934 Oct.-Dec. Vol. 2. No 4 pp 423-429

This paper deals with 722 cases of leprosy treated in 1931-34 at the Ngomahuru Leper Hospital of Southern Rhodesia all negroes except one, and including 80 children all but one infected before admission. Conjugal infections were 6.8 per cent Neural cases formed 45 cutaneous 2 and mixed 53 per cent. of the total. Regular occupation and exercise is provided by gardening etc. Aepol and ethyl esters form the specific treatment chiefly the latter in the iodized form as it is less irritant 10 cc. being injected once a week intramuscularly and intradermally and with one or two weeks remission after seven weeks treatment. Trichloroacetic acid is applied to nodules and raised macules. The results show among N1 cases 55 discharged arrested and 38 likely to be so soon, or 95 per cent. of good results. Of 106 N1-C1 cases 8 are discharged, 77 improved, and a total of 46 per cent have become bacteriologically negative and most of them will probably be discharged in time. So it can be said that over 90 per cent. of our early cases can be arrested—and called cured if we do not quibble about the word. Only 14 were purely cutaneous and 1 is discharged and 6 others improved. Improvement in some degree has been shown in all except the advanced N3-C3 type which are few and their treatment is of doubtful value but occasionally an apparently hopeless case shows remarkable improvement. Microscopical examinations are made four times a year and give the best indication regarding progress for with improvement the bacilli become less deeply stained, scattered and dotted. The work is still deficient as regards following up discharges and examining contacts of known cases which is a much better way of getting early cases than a general survey L. R

- i. MONTEL (M. L. R.) *Poussées de lépromes furunculoides au cours du traitement par le bleu de méthylène. [Furunculosis in Methylene Blue Treatment.]—Bull. Soc Méd-Chirurg Indochine* 1935 Jan. Vol. 13 No 1 pp. 9-12.
- ii. DOROLLE (P) & NGO-QUANG-LY *Lèpre mixte et polynévrite à marche aiguë. Traitement par le bleu de méthylène. Guérison rapide de la polynévrite Arrêt et régression de l'évolution lépreuse.—Ibid* pp 16-20

i. Montel records that the methylene blue treatment in leprosy predisposes to the development of pustules and acne over the lesions

but he does not consider this a contraindication unless prolonged and extensive as he thinks it favours the resolution of the lepromatous lesions. The condition is favourably influenced by lugol intravenously or by codonate of calcium.

f. This is a report on an advanced mixed case of leprosy showing great improvement in all respects under methylene blue treatment.

L. R.

DUBOIS (A.) WESTERLINCK (H.) & DEGOTTE (J.) Essais thérapeutiques dans la lèpre. Le bleu de méthylène [Methylene Blue in Leprosy].—*Bull. Soc. Path. Exot.* 1935. Feb. 13. Vol. 28. No. 2. pp. 63-67

The treatment of 15 lepromatous negroes by Montel's methylene blue solution intravenously is reported on with totals of 3 to 6 gm. of the drug. The results were completely negative, and they suggest that possibly the photodynamic action of the drug deposited in the skin lesions may be inhibited by the pigment of black races, although against this they point out that RYRIE obtained negative results with this dye in the Orient.

L. R.

LÉPINE (P.) & MARKIANOS (J.) Action directe du bleu de méthylène sur le bacille de Hansen dans l'organisme humain. [Action of Methylene Blue on Hansen's Bacillus].—*C. R. Soc. Biol.* 1935. Vol. 118. No. 1. pp. 9-10

In view of MONTEL's results from intravenous injections of methylene blue the authors have tested the action of the dye on lepra bacilli by puncturing lepromatous lesions after intravenous injections of the dye, and staining the bacilli and cells in the exudate by Ziehl's method. After the first injections no changes in the number of staining properties of the organisms were noted, but even before the lesions showed obvious changes apart from the blue staining some of the bacilli showed an irregular granular aspect and later they stained blue, and not red, by the Ziehl method. These changes increased to indicate a direct action of the dye in producing progressive degeneration of the microbes.

L. R.

MARCHOUX (E.) & CHORDRE (V.) Action du bleu de méthylène sur les lépromes in vivo. [Action of Methylene Blue on Lepromes].—*Bull. Acad. Méd.* 1935. Jan. 8. 89th Year 3rd Ser. Vol. 112. No. 1. pp. 10-12.

The authors have investigated the action of methylene blue on lepromes by injecting intravenously rats infected seven months previously with rat leprosy and sacrificing them for microscopical examinations after varying intervals. The stain is reduced in living cells to a colourless product but the lepra bacilli retain the blue colour which may serve to convey an active substance into them, although the dye itself is not lethal to the organisms.

L. R.

NICOLAS (C.) Bleu de méthylène et lèpre. [Methylene Blue and Leprosy].—*Bull. Soc. Path. Exot.* 1935. Jan. 9. Vol. 28. No. 1. pp. 10-11.

The author reports favourable results from intravenous injections of methylene blue, although it failed in cases in which such a chancrologia

preparation as hydranol had not proved successful. The dye treatment is less painful and more acceptable to the patients than hydranol.

L. R.

SICÉ (A.) & MOREAU (P.) De la surveillance de la fonction rénale au cours du traitement prolongé de certains lépreux par le bleu de méthylène [Renal Functions under Methylene Blue Treatment.]—*Marseille-Méd* 1934 Nov 25 Vol 71 No 33 pp 637-642.

The authors report that they have confirmed the good results of MONTEL from the methylene blue treatment of leprosy but they record two cases in which after prolonged injections of the drug albuminuria was produced due to irritation of the kidney parenchyma during the excretion of the drug

L. R.

i. FRÉVILLE (L. H.) Note relative à quelques essais d'injections intraveineuses de solution iodo-iodurée dans la lèpre. Premiers résultats. [Intravenous Injections of Potassium Iodide in L.]—*Bull Soc Méd-Chirurg Indochine* 1934 Oct Vol 12. No 8. pp 750-758

ii. MONTEL (M. L. R.) A propos de la communication de Fréville quelques essais d'injections intraveineuses de solution iodo-iodurée dans la lèpre—*Ibid* pp 759-760

i. After methylene blue injections suppuration of the crural glands accompanied by fever appeared and was treated by intravenous injections of four doses of 4 to 10 cc. of I 1 gm. KI 2 gm. in 300 cc. distilled water with the result that suppuration and fever subsided completely. In two other cases of febrile reactions similar good effects were obtained.

ii. Montel confirms the above and adds that he treated another reacting case with injections of eosinate of caesium with success after three doses.

L. R.

LAGROSA (M.) ALONSO (J. M.) TIONG (J. O.) & PARAS (A.) Treatment of Acute Leprous Neuritis with Iodized Wightians Ethyl Esters (with Report of Cases)—*Jl Philippine Islands Med Assoc* 1935 Feb Vol 15 No 2 pp 87-94

Fourteen cases with thickened and inflamed nerves and great pain were treated by the injection along the course of the nerves and sometimes into them of from 1 to 4½ cc. of iodized ethyl esters with rapid amelioration of the pain frequently followed by improvement in sensation and contractures of the fingers. Four other cases injected with dilester from Fiji did not do so well

L. R.

MONSERRAT (Carlos) Does Chauveau's Treatment Influence the Shifting of Serologic Findings in Lepers as obtained by the Wassermann, Kahn, and Vernes Reactions?—*Philippine Jl Sci* 1934 July Vol 54 No 3 pp 343-363 With 6 figs

The Wassermann, Kahn and Vernes reactions have been investigated before and after treatment in 84 lepers in all, 46 of whom had received no chauveau's injections. There was a general agreement of the three tests both before and after treatment but the Wassermann reactions were weaker than the others. Reactions were more frequent

in those over 30 years of age, in those positive bacteriologically and in the mixed type. Prolonged chaulmoogra treatment may cause a marked decrease in the reactions, without necessarily improvement for a time and neosalvarsan has a similar effect and is beneficial. Chaulmoogra oil may also reduce the reactions in monkeys infected with syphilis or yaws, and in both cases the Verne reactions were changed more promptly than the others. 17.8 per cent. of the lepers gave plus reactions with all three tests. L. R.

STÉVENEL (L.) L'épuration des huiles de chaulmoogra n'est-elle pas une erreur thérapeutique? Réflexions au sujet des injections intraveineuses d'huile. [Possible Disadvantage of refining Chaulmoogra Oil].—*Bull Soc Path Exot.* 1935. Jan. 9 Vol. 29. No. 1 pp 14-18.

The author suggests that the original chaulmoogra oils may be more active than preparations made from them on account of the former containing impurities such as sterol, which he thinks is more active than the oil, so the latter should be injected intravenously in a fine emulsion. [The reviewer sent to India for trial fine hydrous emulsions which were considered to be promising.] L. R.

EMERSON (George A.) & ANDERSON (Hamilton H.). Acute Toxicity of Ethyl Chaulmoograte.—*Proc. Soc. Experim. Biol. & Med.* 1934 Nov Vol. 32 No. 2 pp. 289-291

A study has been made in rats of the toxicity of single doses of a number of ethyl ester chaulmoograte preparations with the following results —

" Examination of the tabulated data indicate that (1) purified ethyl chaulmoograte preparations are more toxic than the ethyl esters of the total fatty acids of chaulmoogra oil, presumably because of higher content of ethyl chaulmoograte (2) iodizing ethyl chaulmoograte with 0.5 per cent. iodine has little effect on toxicity (3) addition of 4 per cent. crocote increases the toxicity commensurate with the amount of crocote present (4) the degree of unsaturation of crude ethyl chaulmoograte is not a sufficiently sensitive index of toxicity to be reliable and (5) if subcutaneously administered ethyl chaulmoograte exerts its toxic effect through liberation of Na chaulmoograte into the circulation, the summation of rates of hydrolysis and diffusion cannot much exceed that causing a disappearance of 2 millimols per Mol of the injected ester per hour since Na chaulmoograte kills rats in intravenous acute doses of 0.1-0.125 gm./kg. L. R.

COLE (H. L.) Note on the Decomposition Products in Chaulmoogra Oil.—*Internat. J. Leprosy* Manila. 1935. Jan.-Mar. Vol. 2 No. 1 pp. 81-82.

In this brief note the author points out that in the course of his earlier work at Cullion he often noted a syrupy oil as a by product in the analysis of chaulmoogra oils, a decomposition product formed more rapidly in the presence of light and air and under tropical conditions. Pure hydrosulphuric acid was transformed much more rapidly than pure chaulmoogric acid. L. R.

EMERSON (George A.) ANDERSON (Hamilton H.) & LEAKE (Chauncey D) A Pharmacological Comparison of Na-Hydnocarpate ("Alepol") and Na-Dichaulmoogryl- $\beta$ -Glycerophosphate ("Chaulphosphate")—Reprinted from *Arch Internat Pharmacodyn. et Thérapie* 1934 Vol. 48. No 2 pp 247-254 [18 refs.]

The authors state that a water soluble chaulmoograte in the form of sodium gynocardate was first used for the general systemic treatment of leprosy by L. ROGERS with desirable results by the intravenous method but with the drawback of blocking the veins which is only partly overcome by MUIR's technique alepol is the best of such preparations. With a view to further improvement the synthesis of soluble chaulmoogrates without the undesirable effects of soaps has been undertaken by Richard WRENSHALL in Hawaii and they have been tested on rat leprosy in comparison with alepol. The best of these is sodium dichaulmoogryl- $\beta$ -glycerophosphate called for convenience Chaulphosphate as it has a low and reasonably constant toxicity in animals, especially intravenously this is important because a definite correlation between available chaulmoogric acid and the beneficial effect in rat leprosy has been noted. Slow hydrolysis may have the same result as constant small injections of sodium chaulmoograte. The new preparation has a lower iodine number is four to ten times less toxic than alepol, is not haemolytic and highly unsaturated and probably more active. Chaulmoogric acid is liberated from it. The use of this drug in rat leprosy compared favourably with alepol, and it has already been given to six volunteers intravenously in total amounts of 175 mgm./kgm. in two weeks in a 3½ per cent solution

L. R

DE SOUZA ARAUJO (H. C.) The Brazilian Chaulmoogra *Carpotroche brasiliensis* A Review—*Internat J Leprosy* Manila. 1935 Jan-Mar Vol 3 No 1 pp 49-66 With 15 figs. on 6 plates. [37 refs.]

A botanical description of *Carpotroche brasiliensis* is first given and the geographical distribution and mode of culture described. Recorded chemical analyses of the Sapucaiaha oil derived from the seed are discussed and its commercial products enumerated. Special fatty acids have been described by MACHADO under the terms carpotrochic and carpotrochinic acids, but DA SILVA found only chaulmoogric and hydnocarpic acids as in other chaulmoogra oils.

L. R.

MONTEL (M) & TRUONG-VAN-QUE. Essais de traitement de la lèpre par les injections intraveineuses de résorcine. (Treatment of Leprosy by Intravenous Injections of Resorcin.)—*Bull Soc Path Exot* 1935 Mar 13 Vol 28. No 3 pp 167-169

Intravenous injections of resorcin, 40 cgm. up to 1.15 gm. in lepers had no toxic effect and appeared to improve the general health of the patients except in one cachectic case in which albuminuria ensued. In four nodular cases no benefit resulted, and in three early cases only slight temporary reduction in the infiltration of the lesions was noted, so a more active treatment had to be adopted.

L. R



THIEUX (J.) Traitement de la lèpre par injections intraveineuses d'eau distillée [Treatment of Leprosy by Intravenous Injections of Distilled Water.]—*Bull. Soc. Path. Exot.* 1935. Mar. 13. Vol. 23. No. 2. pp. 169-171.

The author reports two cases in which intravenous injections of distilled water apparently had a beneficial effect, especially as regards a feeling of well being and on sensory symptoms. L. R.

LOEWENSTEIN (E.) The Cultivation of the Leprosy Bacillus. Preliminary Communication.—*Internat. J. Leprosy* March 1935. Jan.-Mar. Vol. 3. No. 1. pp. 43-47.

Many years work on the cultivation of the leprosy bacillus has convinced the author that the presence of saprophytic diphtheroids and other organisms in symbiosis with that of leprosy make such tissues unfavourable for obtaining pure cultures of the latter so he has attempted to do so from the blood of lepers. It should be citrated and dehaemoglobinized by the addition of sterile distilled water and centrifuged three times. The deposit is then treated with 1 cc. of 15 per cent. sulphuric acid for five minutes and again washed twice, and glycerine egg and other media to which fish broth has been added inoculated. In two out of five cases a pure culture of acid-fast bacilli, and in two both tubercle and leprosy bacilli were obtained. The growth is so slow that it takes up to six months to get visible colonies. They produced acid and were not infective to guinea-pigs. L. R.

LOWE (John) A Note on the Application of Tissue Culture Methods to Leprosy Research.—*Leprosy in India*. 1935. Jan. Vol. 7. No. 1. pp. 18-22.

This is a brief review of former work on attempts to grow the leprosy bacillus in tissue cultures by SALLA, TIMOFEEVSKY and by McKEOWN and VERRIER. Lowe reports that he has failed to confirm the work of the last two but thinks further trials are required. L. R.

DUVAL (Charles W.) Morphological and Tinctorial Behavior of *M. leprae* during its Adaptation to an *in vitro* Habitat.—*Proc. Soc. Experim. Biol. & Med.* 1934. Dec. Vol. 32. No. 3. pp. 498-503.

In view of very varying morphology attributed to the *M. leprae* in cultures the author has studied its changes in *in vitro* tissue cultures of leprosy material by staining portions in different ways at various intervals of time in the course of six months culture. The globi first disappear and the bacilli become more rounded at the ends. The granules or beads may be seen at either pole producing a diphtheroid appearance while others have 4 to 6 granules. Free granules may be seen at times, but not after the bacilli gain the power of saprophytic growth. The acid fast characters are retained throughout and they are positive to Gram's stain. Loeffler's methylene blue shows the intra- and extracellular granules to be metachromatic. L. R.

POOMAN (A.) Die McClure-Aldrich-Quaddelprobe bei Leprösen.  
 [The McClure-Aldrich Wheal Test in Leprosy]—*Arch f Schiffss-  
 u Trop Hyg* 1935 Mar Vol 39 No 3 pp 121-123  
 [10 refs.]

The author reports on trials of the McClure Aldrich intradermal wheal test (Q R.Z.) in 14 cases of leprosy one of whom was a recovered patient. Two cc. of physiological salt solution is injected intradermally, and also Q R.Z. antigen. In healthy persons absorption takes 60 to 90 minutes or in the author's controls an average of 58 minutes. In 7 nodular lepers the time was from 17 to 39 minutes in 4 maculo-anaesthetic cases 25 to 48 minutes in 1 mixed case 27 minutes and in 1 tuberculoid case 17 minutes. L R

HOFFMANN (W. H.) & BAEZ (Pedro Ramos) Allergic Erythematous Eruptions in Leprosy—*Internat. J! Leprosy* Manila. 1935 Jan-Mar Vol 3 No 1 pp 23-32. With 2 figs. on 1 plate.

This is a brief report of two cases showing Herxheimer's reaction. It is followed by a theoretical discussion in which the authors assume the occurrence of a pre-bacillary period which may produce sufficient toxin to create a state of sensitivity and this may later give rise to an allergic reaction when a large number of bacilli are destroyed and their toxins liberated, to produce a congestive and anaphylactic eruption. L R

PARMAKSON (Paul) Ueber die eosinophilen Zellen im Blutbilde der Leprakranken [The Eosinophiles in Leprosy]—*Dermat Woch* 1935 Mar 9 Vol. 100 No 10 pp 285-288. [13 refs.]

From the examination of the blood of 24 lepers the author concludes that eosinophilia is not characteristic of leprosy for in active untreated cases he found a fall in the number of eosinophiles and normal counts or a slight increase in latent cases. The fluctuation in their numbers is determined by variations in other infections of the patients. Successful treatment is followed by some increase. L R

OTA (Masao) & ISHIBASHI (Takeo) Complement-Fixation Reaction of Lepers' Sera with Bacillary Antigens—*Internat J! Leprosy* Manila 1934 Oct.-Dec. Vol. 2. No 4 pp 413-422.

The authors complement fixation tests agree with those of others in showing that different strains of acid fast bacilli cannot be distinguished by their means. On the other hand they found that Ota and Sato's Bg strain in particular gave a very high percentage of positives with leper's sera and almost negligible ones with non-leprosy sera. Illustrative tables are given and the technique is described. They think that with the isolation of the chemical elements of the bacteria it may become possible to differentiate the bacilli also and they believe the ether-soluble elements are most concerned in such specificity. L R

**BULKIN (A.)** *The Complement Fixation with Leprous Antigens in Leprosy.*—*Med. Parazit. & Parasitic Dis.* Moscow 1933. Vol. 4 No. 1-2. [In Russian pp. 36-38. English summary p. 38.]

The author describes the results of the complement fixation test with 101 samples of serum (84 from cases of leprosy and 17 from non-leprous ones including 3 cases of syphilis and 1 of tuberculosis). Bacterial, testicular and complex (bacterial + testicular) antigens were employed. The highest percentage of positive results was obtained with the bacterial antigen, the lowest with testicular while the tests with all the non-leprous sera were negative. C. A. HEAR.

**MILASCH (G. P.)** Ueber die Veränderung des elastischen Gewebes bei Lepra. [Changes in Elastic Tissue in Leprosy].—*Vierteljahrsschr. f. Path. Anat. u. Physiol.* 1934 Vol. 292. No. 2. pp. 216-219. With 1 fig.

This is a brief paper describing and illustrating the disintegration of the elastic fibres in the skin of a proliferating leproma. L. R.

**BLACK (Sam H.) & ROSS (Hilary)** Blood Cholesterol in Leprosy. A Study of the Total and Free Cholesterol, Cholesterol Esters, Van den Bergh Reaction, and the Complement Fixation Test.—*Public Health Rep.* 1935. Jan. 11 Vol. 50. No. 2. pp. 60-61 [15 refs.]

The blood of 200 lepers and of 20 healthy young adults was examined for total and free cholesterol, cholesterol esters and the percentage of esters, and the sera used for the van den Bergh reaction and the complement fixation test. The esters were higher in lepers and highest in those retrograding. Serum bilirubin was positive in 136 cases. There was no correlation between complement fixation and the cholesterol. L. R.

**RODRIGUES DE ALBUQUERQUE (A. F.)** Sur l'isolement d'un bacille acido-résistant d'un lépreux. [Isolation of Acido-Resistant Bacillus from a Leprosy].—*C. R. Soc. Biol.* 1935. Vol. 115. No. 7. pp. 713-716.

Cultures were made from two leprosy nodules removed from a patient titrated in a sterile manner with salt solution and inoculated on glycerine jelly and broth Petroff's and Petragnam's media. On the last after eight days whitish yellow colonies of an acid-fast bacillus were obtained which retained their characters to the third subculture. L. R.

**GILLER (M. R.)** Une méthode sérique simple différenciant la lèpre et la syphilis (note préliminaire). [Differentiation of Leprosy and Syphilis Serologically].—*Bull. Soc. Path. Exot.* 1934 Dec. 12 Vol. 27 No. 10. pp. 915-917.

By the formal-gel and the reaction of Metnick's leprosy and syphilis give similar reactions except that toxin-antigen gives a positive result with syphilitic and a negative one with leprosy sera. L. R.

- i. BERNY (P) La bacillurie chez les rats lépreux. [Rat Leprosy]—*Bull Soc Path. Exot* 1934 Dec. 12. Vol. 27 No 10 pp 910-912.
- ii. PRUDHOMME (R.) Action des rayons X sur les lépromes des rats.—*Ibid* pp 917-920
- iii. BERNY (P) Conservation de la vitalité du bacille de Stéfansky chez le cobaye.—*Ibid* 1935 Jan. 9 Vol. 28. No 1 pp 5-7
- iv. PRUDHOMME (R.) Influence du pH sur la conservation du bacille de Stefanski en bouillon glycérolé.—*Ibid* pp 11-14
- v. THIROUX (A.) Essais de chimiothérapie de la lèpre du rat.—*Ibid* pp 18-21

i. The first of this series of short papers on rat leprosy records observations of Berny to show that bacilluria does not normally occur in the disease but it may be induced by administering novarsenobenzol, but not by potassium iodide

ii. Prudhomme reports that radiation at the site of inoculation of rat leprosy bacilli does not prevent infection although it retards its evolution. Cells parasitized by the organism are more rapidly destroyed by X-rays than normal cells but bacilli set free by destroying the cells retain their vitality for at least ten days

iii. Berny has investigated the period of survival of Stefansky's bacillus when injected into guineapigs which are immune to infection and found that they remained infective for rats up to 39 days but died between 39 and 45 days.

iv. Prudhomme has tested the influence of pH on the survival of Stefansky's bacillus in glycerine broth and concludes that it only flourishes in a pH between 6 and 7 with an optimum of 6.4

v. Thiroux reports on the treatment of leprosy rats with controls by injections of some new chemotherapeutic preparations of nickel cobalt and arsenic supplied by Professor FOURNEAU and M. TRÉFOUËL. Only temporary retardation of the development of the leprosy lesions was noted especially after the use of nickel, and the subsequent evolution of the disease was as complete as in the controls L R

BERNY (P) Un séjour de 24 h. *in vitro* dans le bleu de méthylène à 0,5 p/o n atténue pas la virulence du bacille de Stéfansky [Attempted Attenuation of Stefansky's Bacillus by Methylene Blue.]—*Bull Soc Path. Exot* 1935 Feb 13 Vol. 28. No 2. pp 58-59

The action of methylene blue *in vitro* on the rat leprosy bacillus has been tested by making a bacillary emulsion from an intraperitoneal leprosy removed from an infected rat and mixing with an equal volume of a 1 per cent. solution of the dye. After keeping at blood heat for 12 to 24 hours the emulsion was injected into six rats only two of which survived the dose and he found months later both had developed rat leprosy so the strong solution of the dye had no effect in attenuating the organism. L R

LAMB (Alvin R.) The Effect of Malnutrition on the Pathogenesis of Rat Leprosy—*Amer J Hyg* 1935 Mar Vol. 21 No 2. pp 438-455 With 6 figs.

The author points out that there is some general relationship between diet deficiencies, especially such as produce beriberi and the

distribution of leprosy this has led him to study the question experimentally in rats inoculated with material from rat lepromata, either subcutaneously or intra-cardially on normal and on deficient diets. The subcutaneous inoculations of rats on diets of varying deficiencies generally yielded negative results, but after intracardiac inoculation rats on diets deficient in vitamin B complex, and with somewhat low protein showed extensive increase in the lepromatous lesions in the liver more particularly as compared with the controls, and to a less extent with regard to the spleen, lungs and lymph nodes. Similar changes were found in fourth generation rats on a diet less deficient in vitamin B.

L. R.

CHOUVROUX (Nine) & PELTIER (Maurice). Sur l'ultravirus de la Lèpre murine. [The Ultravirus of Rat Leprosy].—*C. R. Acad. Sci.* 1935 Feb. 25 Vol. 200. No. 9 pp. 785-787

The question of the occurrence of an ultravirus filterable stage of the organism has been reinvestigated to determine if any visible bacilli are present in the filtered material which gave rise to rat leprosy on inoculation into those animals. Chamberland bougies L3 and L2 were used, and the filtrates were subject to a 40 volt-cm current for an hour and a half and then the fluid on the anode poles, which attract any particles, was examined minutely with the result that in four of six experiments a small number of bacilli were demonstrated. This indicates that a few of Stefanaky's bacilli had passed through the filters and explained infection of rats by such filtrates, and not by the ultravirus of Markianos.

L. R.

AFANADOR (A.) Evolution de la formule leucocytaire chez le rat lépreux. [The Leucocyte Formula in the Leprous Rat].—*Bull. Soc. Path. Exot.* 1935 Feb. 13 Vol. 28. No. 2 pp. 67-70

Healthy rats show a high proportion of lymphocytes, but in rat leprosy with the development of the disease they tend to be replaced by polymorphs and large mononuclears, especially when suppuration takes place.

L. R.

BOCHOUROV (G. C.) Nouveaux cas de lèpre diagnostiquée au Congo Belge chez un Européen.—*Ann. Soc. Belge de Méd. Trop.* 1934. Dec. 31 Vol. 14 No. 4 pp. 389-392. With 2 figs.

BORETT (R. W.). Case of Leprosy treated by Intravenous Injections of Methylene Blue.—*East African Med. J.* 1935. Feb. Vol. 11. No. 11 pp. 356-358.

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DUTTA (Nirmal Chandra) An Encouraging Result obtained by the Use of E.C.C.Q. in the Early Stage of Leprosy—Anaesthetic Type.—*Indian Med. Gaz.* 1934 Dec. Vol. 69 No. 12. pp. 665-680

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- HOFFMANN (W. H.) & RAMOS BARR (Pedro) Los brotes fluxionarios de la alergia en la lepra.—Reprinted from *Jl d. Chmicos* 1934 July 15 No 13 28 pp. With 2 figs.
- HUIZENGA (Lee S.) Anhidrosis and Alopecia in Leprosy A Report on Two Hundred Cases.—*Far Eastern Assoc Trop Med Trans. Ninth Congress, Nanking China 1934* Vol. 1 pp 715-720
- LOWE (John) A Note on the Staining of *Mycobacterium leprae* in Tissue Sections.—*Indian Jl Med Res* 1934 Oct. Vol. 22. No. 2. pp 313-316
- MONTIEL (M. L. R.) Traitement de la lèpre par le bleu de méthylène en injections intraveineuses.—*Far Eastern Assoc Trop Med Trans Ninth Congress, Nanking China 1934* Vol. 1 pp 753-775 [13 refs.]
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- MONTIEL (R.) & TRUONG-VAN-QUE. Le "rouge neutre" en injections intraveineuses dans le traitement de la lèpre. (Note préliminaire).—*Bull Soc Path Esot.* 1934 Oct. 10 Vol. 27 No. 8. pp 715-718
- OTA (M.) SATO (S.) & ISHIBASHI (T) Contributions à la sérologie et à la thérapie de la lèpre.—*Far Eastern Assoc. Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 729-740
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- REISS (F) The Therapeutic Value of Sodium Thio sulphate in the Treatment of Leprosy.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 777-781
- RINKHO (Leonidio) A lepra é capaz de alterar as impressões digitais.—*Folha Méd* 1934 Sept. 25 Vol. 15 No 27 pp 315-316
- RINKHO (Leonidio) La lèpre est capable d'altérer les dessins papillaires des empreintes digitales.—*Bull Acad Méd* 1934 Dec. 18. 88th Year 3rd Ser Vol. 112. No 41 pp 821-822.
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- SOULE (M. H.) Cultivation of *Mycobacterium leprae* III.—*Proc Soc Experim. Biol & Med* 1934 June. Vol. 31 No 9 pp 1187-1199
- SOULE (M. H.) Bacteriology of Leprosy IV Bacteremia.—*Proc Soc Experim. Biol & Med.* 1934 June. Vol. 31 No. 9 pp 1200-1201
- WADE (H. W.) A Case of Neuritis of the Lateral Femoral Nerve.—*Internat. Jl. Leprosy* Manila. 1934 Oct.-Dec. Vol. 2. No. 4 pp. 451-454
- WADE (H. W.) Tubercloid Leprosy and its Classification.—*Far Eastern Assoc Trop Med. Trans Ninth Congress Nanking China 1934* Vol. 1 pp 685-697 [34 refs.]
- WALKER (Ernest Linwood) & SWANNERY (Marion A.) Cultivation of Facultative Acid Fast Bacteria from Filtrates of Leprosy.—*Proc Soc. Experim. Biol & Med.* 1934 June. Vol. 31 No 9 pp 1162-1163

## THE TYPHUS GROUP OF FEVERS.

Rising (D). The Typhus Group of Fevers.—*Jl. Egyptian Med. Assoc.* 1935. Mar Vol. 18. No. 3 pp. 147-161 [10 cols.]

The first part of this paper consists of a brief summary of present day knowledge of the typhus group of fevers. An up-to-date and comprehensive table is given.

In the early months of 1933 a large number of cases of typhus occurred in Egypt. Blood was taken from a typical case on the 6th day of fever and injected into two guinea-pigs both developed fever after an incubation period of 13 days. The virus was passaged to other guinea-pigs. In no case was the Weil-Mooser reaction noted in any of the infected guinea-pigs. Rabbits inoculated intraperitoneally with brain emulsion of infected guinea-pigs developed agglutinins for OX19 to a titre of 1/250. Inapparent infections were produced in rats. The virus was the "classical old world epidemic typhus."

One hundred and thirty wild rats and mice were captured in Cairo and examined but no strain of typhus virus could be isolated from them.

An interesting *Haemophilus bacillus* resembling *Rickettsia* was isolated from some of the wild rats and is described. D. Harry

JOURNAL OF THE ROYAL ARMY MEDICAL CORPS. 1935. Mar Vol. 64 No. 3. p. 187—The Typhus Group of Fevers.

The classification as displayed in attached table and based on the serological reactions of the typhus fevers is suggested by FEIL as preferable to classification according to the vectors. [In this table São Paulo typhus is shown as "undetermined" but the sera of cases of this disease have been shown to agglutinate X19 in high dilution and VL (Lima) in a similar manner]

Typhus Group of Fevers

Subgroup	Type X19	Type XK	Type undetermined
Names of disease	Classical epidemic typhus Tabardillo endemic typhus (Brill's) of U.S.A. and Australia, Greece, Syria Machana, Malaya (shop typhus) and Tonkin (fièvre nautique)	Japanese river fever (Tsutsugamushi fever of Japan, Malaya and Dutch East Indies) Malay scrub typhus, Scrub typhus of East Indies	Spotted fever of Rocky Mountains São Paulo endemic typhus, Fièvre boutonneuse, Fièvre érythémateuse, Tick bite fever of S. Africa, India tick typhus
Vector	Lice and rat fleas	Mites	Ticks
Reservoir of virus	Rats Man	Field mice and rats	Rodents Dogs Ticks
Agglutination	X19+++ X2+ XK—	X19— X2— XK+++	X19+ X2+ XK+

D. H

JAMB (L.) & AUJALEU (E.) Les fièvres typho-exanthématiques ou rickettsioses. [The Typhus Fevers or Rickettsioses.]—*Arch. Méd et Pharm Milit* 1935 Mar Vol. 102. No 3 pp 445-498. [154 refs.]

This able paper consists of a full review of the subject of the typhus fevers. Historic typhus Brill's disease (endemic typhus) bouton neuse fever Rocky Mountain fever Japanese River fever and tropical typhus are all reviewed from the clinical and epidemiological aspects and the different types are contrasted and compared.

The one main common feature in all is the presence of Rickettsia. The Weil Felix reaction is also referred to and a bibliography of over 150 periodicals is appended. D H

RONSE (Marguerite) Contribution à l'étude du typhus exanthématique [Contribution to the Study of Typhus.]—*Ann Inst Pasteur* 1935 Mar Vol. 54 No 3 pp 341-382. With 7 figs. [47 refs.]

The conclusions of this comprehensive paper are to this effect —

1 The virus of endemic typhus can infect other rodents besides rats notably the grey mouse dwarf mouse field mouse and the dor mouse of these the field mouse and the dwarf mouse were most susceptible.

2. Besides rodents hedgehogs and pigeons were also infected with the virus.

3 In addition to infection by the bite of ectoparasites rodents can be infected by the digestive route either by feeding on infected parasites or by devouring the carcasses of animals which have died of the disease as a rule the disease acquired in this manner is less severe than that following injection of the virus or the bite of ectoparasites.

4 The Weil Felix reaction was found to be positive in rats mice and pigeons.

5 The author found that it was not possible to cultivate the virus in conjunction with moulds or fungi as SILBER had suggested.

6 Acting on the resemblance between Rickettsia and Bartonella a drug Solganal B which has been found useful in the treatment of Carrion's disease was given a trial on animals infected with typhus but with little or no effect on the course of the fever D H

NICOLLE (Charles) & GIBAUD (Paul) Non-transmission au rat, par ingestion du virus typhique historique contenu dans des poux infectés. [Rat not infected by Ingestion of Lice containing Historic Typhus Virus.]—*C R Acad Sci* 1934 Nov 26 Vol. 199 No 22 pp 1169-1170

Some research workers have suggested that the rat virus of typhus when carried to man by the rat flea may become a human virus and be passed from man to man by the louse if this be so Nicolle enquires

How is the human virus re transferred to the rat. One method might be by the rat swallowing infected lice and becoming infected through intestinal absorption in the same way that rats become readily infected by eating rat fleas infected with the murine virus.

The authors carried out a series of experiments by feeding lice on typhus patients and subsequently feeding these infected lice to rats



## THE TYPHUS GROUP OF FEVERS.

RIDING (D) The Typhus Group of Fevers.—*Jl. Egyptian Med. Assoc.* 1933. Mar. Vol. 18. No. 3. pp. 147-161 [10 refs.]

The first part of this paper consists of a brief summary of present day knowledge of the typhus group of fevers. An up-to-date and comprehensive table is given.

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Vector	Lice and rat fleas	Mites	Ticks
Reservoir of virus	Rats Man	Field mice and rats	Rodents Dogs ? Ticks
Agglutination	X19+++ X2 + XK -	X19- X2 - XK +++	X19+ X2 + XK +

D. E.

also negative results no *Rickettsia* were seen and injection of emulsion of the lice into guineapigs was negative. D H

NICOLLE (Charles) & GIROUD (Paul) *Faits expérimentaux contraires à l'hypothèse de la transformation naturelle actuelle du virus typhique murin en virus historique donc à l'unité actuelle de ces virus.* [Experimental Observations opposed to the Hypothesis of Transformation in Nature of Murine into Historic Virus.]—*Arch Inst Pasteur de Tunis* 1935 Jan. Vol. 24 No. 1 pp 47-55

The authors agree that the two typhus viruses human and rat have a common origin and that the rat virus is the older of the two. But they do not consider that at the present time it is possible to change the one virus into the other in the laboratory or that this process goes on as some people think, from time to time naturally. Other workers have announced that they have succeeded in changing the rat virus into the human and *vice versa* but Nicolle points out that this so-called change has been carried out in the guineapig, an animal which has no place at all in the story of typhus in nature, however useful it may be as an experimental indicator of infection in the laboratory. The guineapig is an intruder in the typhus story, an interloper.

It is true that a rat virus may lose its power of producing scrota reaction in the guineapig and that a human virus may acquire it, but that only concerns the guineapig and does not change the human virus into the rat virus or *vice versa*.

If the rat virus can be changed into the human virus then it should be readily taken up by lice and the human virus by fleas. Experiments were carried out with this in view.

Lice were fed on monkeys which were infected with the rat virus of Tunis but none became infected. Fleas were then fed on guineapigs which were infected with the virus of human typhus but none became infected. Also rats were fed on lice which had been fed on typhus patients and contained *Rickettsia* but again none of the rats showed any sign of infection inapparent or otherwise.

These negative results, as the authors say, are certainly not in favour of the argument that the human virus can be changed readily into the rat virus or the rat virus into the human, and suggest that the two viruses are not identical. D H

CIUCA (M) BALTRANU (J) & CONSTANTINESCU (N) *Contrôle expérimental de la forme inapparente du typhus exanthématique chez l'homme.* [Experimental Control of the Inapparent Form of Typhus.]—*C R Soc Biol* 1934 Vol. 117 No. 31 pp 514-516.

An outbreak of typhus occurred in a hostel in which 20 young people were in close association. 6 cases were reported, the other 14 inmates showed no sign nor symptom of illness but the sera of all gave a positive Well-Felix reaction at 1/100 to 1/300 dilution. 3 cc. of blood was taken from each person and inoculated intraperitoneally into guineapigs, in two instances a typical typhus reaction was obtained.

An emulsion was made from the brain of one of these infected animals and injected into a chronic nerve patient, no reaction

followed but guineapigs were infected from the blood of this man and the strain of virus was passaged to other guineapigs and to rats. These animals after the fever were shown to be immune to a second injection of the virus.

D. H.

NICOLLE (Charles) & SPARKOW (Hélène) Sur la signification des réactions scrotales observées chez les cobayes inoculés avec le virus typhique. [On the Significance of the Scrotal Reactions observed in Guinea-pigs inoculated with the Typhus Virus.]—*Arch. Inst. Pasteur de Tunis* 1935. Jan. Vol. 24. No. 1. pp. 65-69

The authors again point out that the typhus viruses are not the only agents which may cause orchitis in guineapigs. The glanders bacillus is of course well known in this respect but should rarely be confused with typhus. On the other hand infections with bacilli allied to paratyphoid B are common in guineapigs and also in wild rats and give rise to a condition which resembles closely the scrotal reaction produced by typhus virus. The authors insist that in typhus research no scrotal reaction should be accepted as positive until cultural experiments have shown that there is no bacillary infection. The neglect of this precaution in the past has given rise to errors. Another agent which produces a scrotal reaction in guineapigs that has already been mistaken for the typhus reaction is the spirochaete of sodoku or rat-bite fever. Wild rats in some districts are heavily infected with this parasite and it is readily inoculated into guineapigs. The reaction, however is more severe and prolonged than that of typhus and should reveal the presence of the parasite.

D. H.

NICOLLE (Charles) A propos de six cas de typhus murin contractés au cours de recherches. [Six Cases of Murine Typhus contracted in the Course of Research.]—*Arch. Inst. Pasteur de Tunis* 1935. Jan. Vol. 24. No. 1. pp. 99-113. With 3 charts.

The paper opens with some general remarks on the risks run by investigators generally in research laboratories, risks which are not fully appreciated by the public who benefit by these researches.

It is noted that since 1909 in spite of the fact that a great deal of work has been done in the author's laboratory at Tunis on house-borne typhus, only one case of laboratory infection has occurred. But in the short period since 1931 in which flea-borne typhus has been investigated six cases have occurred. It is comparatively easy to avoid infection by lice in a well run laboratory but at certain seasons of the year in Tunis there is such a rapid multiplication of fleas on the experimental animals and on captured wild rats in the laboratory that it is difficult to avoid infection spreading among the animals and to the personnel. Two measures of prevention are suggested. (1) destruction of ectoparasites of the animals. (2) protection of personnel by means of a special vaccine. Full notes and temperature charts are given of the six cases.

D. H.

MEDULLA (Candido) Le malattie del gruppo tifo esantematico che si osservano in Cirenaica. [The Typhus Group of Fevers seen in Cyrenaica.]—*Arch Ital Sci Med Colon* 1935 Jan 1 Vol. 16 No 1 pp 7-39 With 22 figs. (1 map) English summary (2 lines.)

The author analyses 49 cases of typhus fever observed during 14 years 1921-34. He divides them on clinical grounds into four types according to the duration of the fever, the character and extent of the rash, the involvement of the nerve centres, and the Weil-Felix reaction.

Type 1 corresponds, says the author, with the common Mediterranean form, type 2 with boutonneuse fever, type 3 with mild endemic exanthematic typhus, and type 4 with the classic exanthematic typhus. Twenty-six of the cases were of the first type, a comparatively mild form with fever for 10-11 days, no cerebral involvement, and absent Weil-Felix reaction; there were five of the second type and more in each of the other two. In the first ten years 19 cases were seen, all in the second half of the year, most in September-November, and nearly all were of types 1 and 2; from 1931-34 types 3 and 4 predominated and cases occurred in every month of the year except July, most in May. The article is illustrated with charts of cases and with a map showing the distribution in Cyrenaica. H H S

RHODES (W F) Typhus-like Fevers in the Union of South Africa.—*South African Med J* 1934 Nov 10 Vol. 8, No. 21 pp 797-799

The author refers to the three types of typhus which are known to occur in South Africa—

1 *Epidemic type*.—This may be very severe and fatal in the native population, occurs in the winter and is louse-borne. The Weil-Felix reaction is positive in some cases in high dilution up to 1/20 000.

2 *Tick bite fever*.—Tick borne with primary sore and adenitis. Weil-Felix reaction positive but not noted till about 4th week, i.e. in convalescence. XK also agglutinated.

3 *Endemic type*.—Occurs in the summer, not due to lice, probably due to rat flea. Weil-Felix reaction noted as early as 6th day and up to a dilution of 1/4 000. D H

PIPPER (Adrianus) & DAU (Helen) South African Typhus.—*J Hygiene* 1935 Feb Vol. 35 No 1 pp 116-124 With 2 figs. [29 refs.]

In 1933-34 some 40 cases of sporadic or endemic typhus occurred in Pretoria and were investigated by the authors. The majority of the cases were mild but one or two patients were severely ill with all the symptoms of classical typhus. There was no evidence of contact infection and lice and ticks could be definitely excluded as vectors of the disease.

The Weil-Felix reaction was carried out in 30 cases, OX19, OX2 and OXK emulsions being employed; all 3 varieties were agglutinated but in varying degree. The most interesting feature of the results was that X19 and X2 were on the whole agglutinated in higher dilution than OXK and OX2 reacted at least as well as OX19.

Five cc. of blood taken from a patient at the height of fever was inoculated intraperitoneally into a guineapig and fever followed. The virus was passaged in guineapigs. Occasional swelling of the testicles was noted and other symptoms of typhus infection. This virus was compared and contrasted with the viruses of tick bite fever and louse borne typhus fever.

The new Pretoria virus immunizes against itself and against the virus of tick bite fever but not against the virus of louse borne typhus (S.A.) Also the virus of tick bite fever did not immunize against the Pretoria virus whereas the virus of louse borne virus did protect against the new virus. The virus isolated from these cases of sporadic typhus was compared with a virus previously isolated from rats in Potchefstroom and the conclusion is that they are identical. 17 sera of cases of louse borne typhus were tested against the 3 varieties of Proteus X19, X2 and XK. Although the reactions were somewhat indefinite yet all 3 varieties were agglutinated and again X2 in as high dilution as X19 contrary to what usually occurs in European classical typhus. D. H.

SERRETTIS (O) La fièvre exanthématique murine à Istanbul (Murine Typhus at Istanbul).—*Bull. Soc. Path. Exot.* 1934 Nov 14 Vol. 27 No. 9 pp. 831-833

Severe epidemics of true typhus occurred in Turkey during the war and this disease is still met with. Recently cases of boutonneuse fever have been described and in the present paper the writer records the first two cases of endemic or murine typhus in the country. The clinical symptoms were typical of this disease and the Weil-Felix reaction was positive for X19 in both cases. Guineapigs inoculated with the blood of one of the cases reacted with fever and typical orchitis.

Turkey may now be added to the countries where flea-borne typhus occurs. D. H.

RAGIOT (Ch.) & DELBOVE (P) Typhus endémique bénin en Cochinchine (Endemic Typhus in Cochinchina).—*Bull. Soc. Path. Exot.* 1934 Nov 14 Vol. 27 No. 9. pp. 881-889.

In 1908 typhus fever (classical) was described by YENIX in Indo-China and in 1921 an epidemic of this disease occurred in Hanoi. One case of tsutsugamushi disease has recently been fully reported, and in this paper several cases of endemic typhus are described. The clinical features were as usual except for the fact that bronchopneumonia was present as a complication in most of the cases (see SACRE, below). There were no deaths.

The Weil-Felix reaction in two of the cases was as follows —

X19 (Metz)	X19 (Syria)	XK
1/500	1/500	1/300
1/500	1/500	NIL

All 3 varieties of Proteus X were agglutinated but X19 in higher dilution than XK. No primary sore was ever detected. D. H.

OZAKI (Y) & OHTSUKA (I) Epidemiological Observation on the So-called "Manchuria Fever" in the City of Hsinking Manchoukuo in 1933—*Jl Oriental Med* 1935 Feb Vol. 22. No. 2. [In Japanese pp 319-332 With 2 figs. [14 refs] English summary pp 26-27]

One hundred and twenty four cases of Manchurian fever (typhus) were investigated the majority in Japanese. Typical Rickettsia were found in house rats and rat fleas caught in the houses of patients and also it is stated an intermediate type of the virus in body lice

D H

ZINSSER (Hans) Varieties of Typhus Virus and the Epidemiology of the American Form of European Typhus Fever (Brill's Disease) — *Amer Jl Hyg* 1934 Nov Vol. 20 No. 3 pp 513-532. [14 refs.]

This paper is an amplification of the shorter paper by the same writer which is summarized on page 154 (above). The first part is devoted to a discussion of the two typhus viruses human and murine and the author points out that although there are many points of resemblance yet they are not identical but are separate varieties or types of the typhus virus.

He has carefully investigated three strains of virus isolated from cases of Brill's disease in Boston and has found that all definitely belong to the human type

A very thorough epidemiological survey of Brill's disease has been carried out in New York and in Boston and it has been established that 94.8 per cent. of the cases have occurred among immigrants from European countries where typhus fever is epidemic or endemic at least 90 per cent. of these people were Polish Jews. The interesting points concerning Brill's disease as originally observed by Dr BRILL himself and confirmed by the present investigation are that the disease is a mild form of typhus that it does not spread by contact and that it is not carried by lice to these points can now be added that the disease is apparently not occupational and is not carried by the rat flea.

It has been definitely established recently that the endemic typhus fever of the Southern States of North America and of Mexico is carried to man by the rat flea and that the rat is the reservoir of the virus. Zinsser is of opinion that Brill's disease is different and that the reservoir of the virus in this disease is man himself Brill's disease he considers is the result of recrudescences of infections with the human virus the original infection having been acquired in Europe. Many of the people who developed Brill's disease in New York had been from 10 to 30 years in the City

[It is not clear whether it is suggested that these people had had definite attacks of fever in Europe or were infected without developing fever the virus remaining latent without producing a lasting immunity and the disease developing when this partial immunity broke down]

D H

- BAKER (J N) McALPINE (James G) & GILL (D G). Endemic Typhus.—*Amer Jl Public Health* 1934 Oct. Vol. 24. No. 10. pp. 1068-1073. [16 refs.]
- & —. Endemic Typhus in Alabama.—*Public Health Rep.* 1935. Jan. 4 Vol. 50 No. 1 pp. 12-21 With 1 fig. [13 refs.]

These papers open with a discussion of the typhus problem from the historical and epidemiological point of view. They deal with the history of typhus in Alabama.

Endemic typhus was first reported in Alabama in 1922 by MARY and HAVENS as the result of positive Weil-Felix reactions [see this *Bulletin* Vol. 21 p. 662]. Since then some 60 to 80 cases per year have been recorded almost entirely in the towns in the south and south eastern parts of the State but in 1932 there was a sudden rise to 237 cases with 11 deaths, and in 1933 some 823 cases with 35 deaths. From urban centres the disease has spread to purely rural areas. The seasonal occurrence however has remained constant throughout, with the summer and early autumn months accounting for most of the cases. Although the number of cases has increased, the mortality rate, about 5 per cent. has not. Much of the mortality is in the older age groups a contributing factor being a concurrent disease of the lungs, heart or kidneys. The Weil-Felix reaction is almost invariably positive with Proteus X19. Rat destruction and rat proofing of stores and houses are the measures of control recommended. D H

- LORANDO (N). Les réflexes rotuliens dans le typhus endémique [Knee Jerks in Endemic Typhus].—*Bull. Soc. Path. Exot.* 1935 Jan. 9 Vol. 28. No. 1 pp. 37-39

The authors have tested some 10 cases of endemic typhus and in all have noted absence of knee jerks. They suggest that this may help in the differential diagnosis from boutonneuse fever. D H

- HELMAN (J). The Use of Whole-Blood from Convalescent Cases in the Treatment of Typhus Fever.—*South African Med. Jl.* 1934 Oct. 27 Vol. 8. No. 20. p. 760. With 2 charts.

During an outbreak of severe typhus fever patients were treated by injections of whole blood from convalescent cases, with apparent benefit.

40 cc. of blood was given intramuscularly at the first injection and 20 cc. at a later period in the fever. The treated patients showed a marked improvement in the general condition after a day or two. Convalescence was rapid and no complications followed. Two charts of treated cases are given. D H

- VARELA (Gerardo) GAY (M A Parada) & AGUAYO (Mandel). Experimentes avec le sérum contre le typhus exanthématique. [Experiments with Anti-Typhus Serum].—*C R Soc. Biol.* 1934 Vol. 117 No. 31 pp. 436-438.

This serum was prepared by repeated intravenous injections of a horse with emulsions of killed *Rickettsia* obtained from irradiated rats. The horses were bled and the serum concentrated. It was found to protect guinea-pigs against the homologous Mexican virus but not

against the European epidemic virus. It is proposed to test the serum in the treatment of cases of the disease and also as a prophylactic measure.

D H

CIUCA (M.) BALTRANU (J.) & CONSTANTINESCO (N.) Contribution à l'étude expérimentale du typhus exanthématique. *Maladie inapparente du chat* [Inapparent Typhus in the Cat].—*C. R. Soc. Biol.* 1934 Vol. 117 No. 31 pp. 511-513.

Cats were fed on the brain and spleen of guineapigs infected with typhus virus (blood of case of fever) no reaction was noted no fever and no positive Weil-Felix reaction the animals were killed after an incubation period of 6 days and emulsion of the brain inoculated into guineapigs. These animals reacted with fever and when tested later were shown to be immune to the virus.

This experiment was done on three occasions with similar results.

D H

KLIMENTOWA (A. A.) Les rats comme réservoir du virus du typhus exanthématique. [Rats as Reservoir of Typhus].—*Arch. Sci. Biol.* 1934 Vol. 35 Ser. B No. 2. [In Russian pp. 603-610 [20 refs.] French summary pp. 610-611.]

Fifty-four rats captured in Leningrad were killed and with emulsions made of the brain 18 guineapigs were inoculated intraperitoneally. From one group of guineapigs a virus was isolated which produced fever in the guineapigs but without an orchitis these animals were later immune to inoculation of rat virus but were not immune to the inoculation of the human typhus virus.

D H

LÉPINE (P.) Absence habituelle du typhus murin chez les souris capturées à Athènes. [Absence of Murine Typhus from Athens Mice].—*C. R. Soc. Biol.* 1934 Vol. 117 No. 35 pp. 848-849.

The author has already shown that when cases of endemic typhus are occurring in a district of the town the virus of that disease can be readily isolated from rats in that district. He now finds that it is not possible to isolate the virus from mice captured at the same time and in the same district. The white rat is more susceptible to the virus of typhus than is the wild rat and although the wild mouse is not susceptible the white mouse can be infected.

D H

DURAND (Roger) & HOMBOURGER (Katia) Sensibilité de la souris à un virus typhique chinois et au virus de la fièvre pourprée. [Susceptibility of the Mouse to a Virus of Typhus from China and to the Virus of Rocky Mountain Fever].—*Arch. Inst. Pasteur de Tunis* 1935 Jan. Vol. 24 No. 1 pp. 70-76. With 2 charts.

NICOLLE and others have already shown that the murine typhus can be passaged in mice practically indefinitely whereas the historic virus dies out after one or two passages. The methods followed in the present investigation were similar to those employed by NICOLLE and LAIGRET [this *Bulletin* Vol. 30 p. 883].



**Conclusion.**—The mouse is susceptible to the Chinese virus but only reacts with an inapparent infection and the virus can only be passaged once or occasionally twice—this virus therefore is a true typhus virus. Mice are highly susceptible to the virus of Rocky Mountain fever which can be passaged indefinitely in these animals. D. H.

KASAHARA (S.) YOSHIDA (S.) & OKAMOTO (I.). Nachweis der Rickettsien in verschiedenen Organen der mit mandchurischen und japanischen endemischen Flecktyphusvirus infizierten Mäuse [Demonstration of Rickettsia in Various Organs of Mice Infected with Manchurian and Japanese Endemic Typhus Virus].—*Zent. f. Bakt. I. Abt. Orig.* 1935 Mar 18. Vol. 133. No. 73. pp. 406-411. With 5 figs.

Three strains of virus were employed, mice were first infected from guineapigs and the virus was then passaged in mice using large doses of virulent material. The mice were killed when infected and the various organs sectioned and stained and examined for Rickettsia. These organisms were readily found not only in the tunica and omentum but also in cells in the liver spleen kidneys lungs, adrenals and endocardium. These cells were peculiar in many ways and the authors call them Rickettsia cells. It was noted that the virus passaged through mice did not lose its virulence for guineapigs. D. H.

VAUCCEL (M.) & HASLE (G.). Un cas d'affection du groupe "typho exanthématique" révélé par la maladie expérimentale du cobaye. [Case of Fever of Typhus Group revealed by Guinea-pig Inoculation].—*Bull. Soc. Méd.-Chirurg. Indochine* 1935. Jan. Vol. 13. No. 1. pp. 25-29. With 4 charts.

A soldier developed fever with marked nervous symptoms and extreme delirium. No rash blood culture negative Weil-Felix reaction negative. Diagnosis encephalitis death on 8th day. Blood taken during the fever was inoculated into 2 guineapigs after an incubation period of 4 days both developed fever with slight enlargement of the scrotum the virus was passaged. A true typhus virus (Pekin) was obtained and two of the animals which had recovered from the fever were inoculated both developed fever and died. It is considered, however that the disease from which the patient died belonged to the group of typhus-like diseases. D. H.

BLANC (Georges) & MARTIN (L. A.). Iridocyclite expérimentale provoquée par virus typhique [Iridocyclitis Experimentally Produced by Typhus Virus].—*C. R. Acad. Sci.* 1935. Mar 4. Vol. 200. No. 10. pp. 865-867.

Inoculation of the virus of typhus and of Japanese River fever into the eye of rabbits produces a specific reaction characterized by iridocyclitis and inflammation of Descemet's membrane. In the present paper the authors show that the inoculation of the virus of murine typhus produces a similar reaction in the rabbit also the same condition can be produced in the eye of sheep, dog, monkey and pig.

An interesting point is that the specific reaction was just as severe in the eye of the sheep an animal not susceptible to infection with

typhus virus as it was in the eye of a susceptible animal such as the monkey or rabbit. Another unusual finding was that when one eye of an animal had reacted and recovered if the other eye was inoculated with the same virus a positive reaction resulted. Also if animals such as the monkey and the rabbit were immunized to the murine virus by intraperitoneal inoculation and were later tested by intraocular inoculation of the same virus the specific reaction appeared just as it did in animals which had not been previously immunized. D H

TCHANG (J) & LOTSONG (Simon) Les réactions sérologiques des animaux de laboratoire inoculés avec le virus du typhus exanthématique de Chine. [Serological Reactions of Laboratory Animals Inoculated with Chinese Typhus Virus.]—*Arch Inst Pasteur de Tunis* 1934 Dec. Vol. 23 No 4 pp 441-446

Employing the Peking strain of typhus virus for inoculation of animals the authors found that out of some 500 sera of guineapigs tested none gave a positive reaction with Proteus X19. Only 2 rats out of 23 inoculated gave a positive reaction but one third of the rabbits gave positive results.

On the other hand when emulsions of Rickettsia were utilized in place of Proteus positive results in guineapigs were obtained in all cases if the sera were tested during the febrile period. Also similar results were obtained with white and grey rats and with rabbits.

D H

SPARROW (Hélène) Etude d'un virus typhique d'origine humaine isolé en Mongolie. [Study of a Typhus Virus of Human Origin Isolated in Mongolia.]—*Arch Inst Pasteur de Tunis* 1935 Jan. Vol. 24 No 1 pp 56-64

This virus isolated from a severe case of typhus was described by Dr GAJDOS [this *Bulletin* Vol. 30 p 878]. Apparently it was in some ways intermediate between a human virus and a murine virus. It was brought to Tunis by Dr GAJDOS and studied there.

Fifty-one guineapigs were inoculated with the virus. 38 were males and of these only five showed orchitis and in two the condition was slight and transient. Rats inoculated with the virus did not develop fever and only 3 out of 12 showed a positive Weil-Felix reaction of 1/40 to 1/80. The brains of these rats taken on the 10th to 12th day after inoculation were infective for guineapigs. Rabbits inoculated with the virus did not have fever but their serum gave a positive Weil-Felix reaction up to a dilution of 1/600. The Mongolian virus protected against a Tunisian strain of true typhus, and vice versa.

GAJDOS and CHANG in their original paper stated that this virus produced a very marked scrotal reaction in every male guineapig tested but in a later series of inoculations the reaction appeared only in half the guineapigs inoculated and was much milder in character. As is stated above when tested in Tunis only 3 out of 38 guineapigs showed definite orchitis and the virus gave all the usual reactions of a typical human virus. (a) The fever curve in guineapigs was identical with that of the local human strain. (b) the virus could not be passaged in mice and gave an inapparent infection in rats and rabbits. and (c)

could be and was carried by lice. For these reasons the conclusion is that the Mongolian virus is a true human typhus virus. D H

ROUSE (Marguerite) & BRUYNOGHE (Guy) Au sujet de l'entretien du virus du typhus exanthématique murin. [Maintenance of the Virus of Murine Typhus.]—C R Soc Biol. 1935. Vol. 118. No. 12 pp. 1258-1260.

The particular murine virus studied in this research showed certain remarkable changes during passage in laboratory animals.

When first isolated the virus was highly virulent for wild rats and also for white rats and produced fever and orchitis in guinea-pigs after passage in guinea-pigs over a period of 18 months it was found to have lost its virulence for rats but still produced the marked effect in guinea-pigs.

The authors consider that these results were due not to any peculiarity in the virus itself but to the fact that in place of passing the virus from guinea-pig to guinea-pig by the inoculation or emulsion of brain, they had employed emulsion of tunical tissue. Eighty passages were carried out in this manner. The virus had lost its virulence for the animal from which it was obtained, the rat but had gained its virulence for the animal, the guinea-pig, in which it was maintained.

D H

LE CRIVTON (F) & BOURGAIN (M) Tentative de mutation d'un virus du typhus murin en virus boutonneux, par passage dans l'organisme de *Rhipicephalus sanguineus*. [Attempt to change the Virus of Murine Typhus into Boutonneuse Fever Virus by Tick Passage.]—Bull Soc Path. Exot. 1934. Nov. 14. Vol. 27. No. 9 pp. 825-830. With 2 figs.

It has been suggested that the virus of endemic typhus might be transformed into the virus of boutonneuse fever by passage through ticks. The authors failed in their attempt.

The authors collected male and female ticks of the species *R. sanguineus* from districts free from either endemic typhus or boutonneuse fever. The ticks were fed on a guinea-pig during the fever produced by the virus of endemic typhus. Later on numerous larvae were collected from these ticks some larvae were emulsified and the emulsion inoculated into guinea-pigs and some were fed on guinea-pigs but none of the animals became infected and when tested later none showed any immunity to the virus of endemic typhus.

D H

GROUD (P) & HABER (P) Action de l'électropyréxie par les radiations à ondes courtes sur le cobaye infecté par un virus de typhus exanthématique. [Effect of Short Wave Radiotherapy on Typhus in Guinea-pigs.]—C R Soc. Biol. 1934. Vol. 117. No. 21. pp. 407-409. With 1 chart. Also in Arch. Inst. Pasteur de Tunis. 1935. Jan. Vol. 24. No. 1 pp. 84-85.

No effect whatever was noted on the course of the fever in treated guinea-pigs. But as the virus survived longer in treated than in untreated animals it is suggested that the action on the tissues had interfered with their resistance.

D H

KRONTOWSKY (A. A.) JAZMIRSKA KRONTOWSKA (M. C.) SAVITSKA (H. P.) & SOLITERMAN (P. L.) Application de la méthode des cultures de tissus à l'étude du typhus exanthématique. V. Nouvelles expériences de culture du virus du typhus exanthématique par de nouveaux procédés. [Culture of Typhus Virus by New Method.]—*Ann Inst Pasteur* 1934 Dec. Vol. 53 No 6. pp 654-663 With 8 charts. [29 refs.]

In previous tissue culture experiments the authors note that the tissue employed is taken from infected animals and is incubated along with healthy tissue cells. In the method of tissue culture described in this paper living tissue cells from normal animals are employed and the virus is obtained from the plasma of infected guineapigs and is added to the culture material in amount less than the minimal infecting dose.

The normal tissue cells employed were (1) White cells from blood of guineapig (2) Portions of the membranes of the eyes of rabbits (3) Cells from peritoneal effusion of guineapigs. After 5 days incubation portions of the tissue cells were removed and inoculated intra peritoneally into guineapigs and produced typical fever and the lesions of typhus infection showing that multiplication of the virus had taken place in the healthy tissue cells in culture. D H

NIGG (Clara) On the Preservation of Typhus Fever Rickettsiae in Cultures.—*Jl Experim Med* 1935 Jan 1 Vol. 61 No 1 pp 17-26 [20 refs.] [Summary appears also in *Bulletin of Hygiene*]

The author observed that, while tissue cultures of murine rickettsiae in a serum Tyrode mixture remained alive and virulent for several months at 37°C. and -20°C. they generally died out in a week or two at the intermediate temperatures of 20°C. and -4°C. Evaporation of water and escape of gas were prevented by sealing the flasks with paraffined rubber stoppers. It was not only stock strains that remained alive in culture at a suitable temperature for so long first generation cultures also remained virulent for at least 15 weeks at 37°C. Likewise typhus-infected tissues, such as minced guineapig tunica, remained infective for at least 10 weeks at 37°C. when suspended in a serum Tyrode mixture. G S Wilson

DAVIS (Gordon E.) The Weil Felix Reaction in Experimental Rocky Mountain Spotted Fever and Certain Other Typhus-like Diseases.—*Public Health Rep* 1935 Mar 22. Vol. 50 No 12. pp 404-412. [17 refs.]

FELIX has shown that if a passage virus of one of the typhus group of diseases is inoculated into rabbits main agglutinins are produced for the variety of Proteus X associated with that virus but a second inoculation of the same virus does not produce stimulation of these agglutinins whereas a later inoculation of a heterologous virus into the same animal produces agglutinins for the variety of proteus associated with that virus.

Following up this suggestion the author has inoculated groups of rabbits intraperitoneally with guineapig passage virus of one of the typhus-like diseases and later with another

The viruses employed were —(1) Rocky Mountain spotted fever. (2) São Paulo exanthematic typhus. (3) Endemic typhus (United States) (4) Boutonneuse fever.

The Proteus X varieties utilized were OXK, OX2, HX2 and OX19.

*Results.*—All of the group of six rabbits inoculated with the São Paulo virus and subsequently with the virus of Rocky Mountain spotted fever gave a positive reaction with OX19 and OX2 after the first injection and no reaction after the second when the order of injection was reversed the result was the same.

Of 10 rabbits injected with the virus of spotted fever and subsequently with the virus of boutonneuse fever all gave a positive reaction with OX2, OX19 or both after the first injection and none after the second.

Of 24 rabbits inoculated with the virus of boutonneuse fever and subsequently with the virus of spotted fever all were essentially negative following the first injection and only four were positive after the second.

Six rabbits inoculated with the virus of endemic typhus gave a positive reaction with OX19 but the results were negative after the subsequent injection of spotted fever virus although all the animals were infected. When the viruses were injected in reverse order all animals gave a positive reaction with OX2 following the injection of spotted fever virus while only OX19 agglutinins appeared after the later injection of endemic typhus virus.

The interesting points brought out are that following injection of São Paulo or Rocky Mountain fever virus into rabbits X2 agglutinins are present even more regularly than X19 agglutinins. The author claims that this is the first record of the presence of X2 agglutinins in significant titre in rabbit sera following infection with any of the typhus viruses but see paper by PIPPER and DAU [*ante* p. 154].

The results of the agglutinin experiments suggest the immunological identity of the viruses of São Paulo typhus and Rocky Mountain fever and the close relationship but not identity of the virus of boutonneuse fever with these viruses.

D. H.

BLANC (Georges) & GAUD (Maurice) La vaccination contre le typhus exanthématique au Maroc. Premières applications de la méthode par vaccin vivant bilé. [Vaccination against Exanthematic Typhus in Morocco. First Use of a Living Vaccine attenuated by Os Billa.]—*Bull. Acad. Méd.* 1935. Apr. 2. 99th Year 3rd Ser. Vol. 113. No. 13. pp. 407-418. With 3 figs.

The virus employed had been isolated from rats in Casablanca and passaged in guinea-pigs. It was known to give only a very mild attack of fever in man [*ante* p. 163].

The experiment was divided into 3 categories.

1. Inoculation of 723 men in a penitentiary where all were healthy and there was no typhus.
2. Inoculation of 850 men women and children in an infected locality where lousing had already been carried out.
3. Inoculation of 607 persons in an infected population where no lousing had been done.

A total of 2,180 persons was inoculated. There were no severe reactions in any of the inoculated and in both the infected localities the disease was checked.

D. H.

KLEGLER (L. J.) & ASCHNER (M.) Immunization of Animals with Formalized Tissue Cultures of *Rickettsia* from European and Mediterranean Typhus.—*Bull. JI Experim. Path.* 1934 Dec. Vol. 15 No. 6. pp 337-346. With 3 charts. [17 refs.] [Summary appears also in *Bulletin of Hygiene*]

Tissue cultures of *Rickettsia* were put up with guineapig tunica guineapig serum and Tyrode solution. The inoculum with the European virus was infected louse guts, with the rat virus infected guineapig tunica tissue. The cultures were incubated at 28°-30°C. For preparation of vaccine 2-3 week old cultures were generally used. A thorough suspension of the material was obtained by grinding, freezing and thawing and 0.1 per cent. formal was added. This vaccine was found to be sterile and non-infective even in large doses. Experiments made on a small number of guineapigs seemed to show that it was possible to protect against subsequent infection with living *Rickettsia* provided at least three fairly large doses were given. Rabbits inoculated repeatedly with the vaccine developed a positive Well-Felix reaction. The authors conclude that successful immunization with killed *Rickettsia* is mainly a question of adequate dosage.

G S Wilson.

LAIGRET (Jean) & DURAND (Roger) Essais négatifs d'atténuation des virus typhiques par le vieillissement. [Negative Attempts at Attenuation of Typhus Virus by Aging]—*Arch Inst Pasteur de Tunis* 1935 Jan. Vol. 24 No 1 pp 77-83

By vieillissement is meant the retention of the virus in an incubator or room at a temperature of 20°C. for 2 or 3 days. This method has already been successfully employed in the preparation of vaccines from the viruses of rabies and yellow fever. Desiccation as employed in preparation of rabies vaccine is of little use. It is the time and temperature in the process that cause attenuation of the virus.

Two typhus viruses were used in the present investigation, a human virus and a rat virus. Emulsions of the brain of infected guineapigs and rats were made in glycerine and exposed to a temperature of 20°C. for 2 to 4 days and attempts were then made to immunize normal guineapigs without producing symptoms of disease. Results were negative and the authors state that this method cannot be utilised for the preparation of typhus vaccine.

D H

MARAYAMA (Suguru) Experimentelle Untersuchung ueber den Uebertragungsmechanismus von Flecktyphus- und Fleckfieber Virus durch die Kleiderlaus. [Experimental Research on the Method of Infection by Lice in Typhus.]—*Jl Oriental Med.* 1935 Jan. Vol. 22. No 1 [In Japanese pp 177-205 With 1 text fig. & 6 figs. on 1 plate [16 refs.] German summary pp 16-16]

The author states that it is not yet quite clear how typhus virus is carried by lice from the sick to the healthy. He describes his investigations, which, however, do not seem to add anything material to what is already known.

D H

BLAWITT (Barth) Review of Fevers of the Typhus Group (Vector Unknown) occurring at Ahmednagar during 1933.—*Jl. Roy Army Med Corps.* 1934 Nov & Dec. Vol. 63, Nos. 5 & 6. pp. 313-319 376-387 With 3 figs.

In Ahmednagar during 1931 there were no cases of fevers of the typhus group reported in 1932 there were 8 and in 1933 13. All occurred in the months September to December inclusive, a definite seasonal incidence during these months the cases were strictly limited to areas which had certain features in common, viz., the presence of water mango trees, rank grass and tick infested buffaloes.

In one case which occurred in a child in a bungalow in the cantonment, the grazing in the compound had been let for the first time and buffaloes were grazed there for some days before the child was taken ill. Out of 13 cases investigated, however only two were able to state definitely that they had been bitten by ticks, which they had removed from their bodies in one case fever followed 15 days later in the other 13 days after the tick bite the ticks were not seen by the author.

A very careful description of the clinical course of the disease is given. The fever lasted about 14 days and was severe, resembling boutonneuse fever apart from the fact that a primary sore was never detected. Photographs show the appearance and distribution of the rash. In the opinion of the author the macular rash occurs early in the soles but owing to the thickness of the skin is not detected later the petechial form of the rash appears and is readily seen. There were no fatal cases in the series and all made a rapid convalescence.

*Laboratory investigations*—Blood cultures taken early in the fever were all negative and in 50 per cent. of the cases the peripheral blood showed a slight polynuclear leucocytosis. In some of the inoculated men there was a slight rise of the agglutinin for *Bact. typhosus* during the course of the fever. The Wassermann and Kahn reactions were negative in all cases in the first week, but 75 per cent. gave a positive reaction in the 3rd week and 80 per cent. in the 4th week all, however were again negative by the 6th week. As regards the Weil-Felix reaction a dilution of 1/125 was taken as a base line and anything over this as definitely positive, especial note being made of a rising titre. Sixty per cent. of the cases gave a positive reaction during the 2nd week and 100 per cent. were positive during the 3rd week the highest titre obtained was 1/500.

Three strains of *Proteus* X were employed X19 was agglutinated in highest dilution, X2 being next and XK least, but this strain was also agglutinated. D. H.

- I. SACHS (Albert) Notes on Seven Cases of the Indian Typhus-Group Fevers.—*Jl. Roy Army Med Corps.* 1935. Mar Vol. 64 No. 3. pp. 163-173. With 7 charts & 5 figs.
- II. MACKANARA (C. V.) An Epidemic of Typhus (Vector Unknown) in the Simla Hills.—*Ibid.* pp. 174-183. With 1 map.

I. Seven cases of typhus are described, occurring at the stations of Jabalpur Bareilly and Peshawar Two of the seven gave a history of tick bite and one of these proved fatal.

Careful notes are given of this fatal case death was due to double bronchopneumonia with hyperpyrexia. There was nothing characteristic in the post-mortem appearances which were those of many acute

infections. *Rickettsia* was not found in the tissues but round-celled infiltration and arteriolitis were noted in the liver. The rash in this case was definitely petechial. In the other cases the rash was maculopapular involving the face and the palms and soles and was very marked. Photographs are given. All the patients developed inflammation of the bronchi followed by pneumonia. The pulse was slow in relation to the temperature.

*Laboratory findings*—Blood cultures taken on the 4th to the 6th day were all negative. Widal reaction a sympathetic rise in the H agglutinins for *Bact. typhosum* was noted. In the fatal case death on the 11th day the Weil Felix reaction was only positive 1/50 for OX19. In cases 3 and 4 HX19 was agglutinated in a dilution of 1/250 and 1/1 000. Case 5 gave the following results—

	7th day	10th day	17th day
OX19	nil	1/250	1/500
OXK	nil	nil	nil

ii. There is no record of this disease in the Simla Hills before 1932 in which year there were 5 cases with 2 deaths. In the present epidemic, 1934 there were 15 cases all occurred in the period just before the rains August–September–October ceasing when the rains broke. Nothing could be discovered as to the vector and in no case was there any history or trace of insect bite. It has been suggested that the Indian squirrel recently introduced into the district, may be a reservoir.

*Clinical*—Onset sudden, severe headache was practically the only symptom complained of flushed face injected conjunctivae pulse slow in relation to the temperature which was high. The rash appeared on the 5th day and consisted of blotchy macules. The serum of all the cases agglutinated emulsions of OXK in high dilution ranging from 1/150–1/250 000 with a rising titre. [This is the first series of cases of the disease in India in which definite agglutination results have been obtained.]

[It is interesting to compare these two series of cases the one occurring in the Hills the other in large stations in the plains of India. In the one series (Macnamara) the disease was mild although the fever was high and prolonged, the rash was faint and ill-defined and the only symptom was severe headache. All the sera agglutinated OXK, some in as high a dilution as 1/250 000. In the other series (Sachs) the cases were severe with lung complications and a very definite and obvious papular and in the one case (fatal) petechial rash. The sera of the cases in this series agglutinated X19 in low dilution but did not agglutinate OXK.]

D H

BOYD (J E M) *Indian Typhus a Patient's Views.*—*Jl Roy Army Med Corps* 1934 Dec. Vol. 63 No 6 pp. 394–398.

Colonel Boyd who is a keen entomologist and trained clinician himself suffered from the disease cases of which he had already had the opportunity of observing in his hospital. He notes that it differs from true typhus in that there is no stupor nor delirium, nor oedema of the face and the mortality is nil. As regards the vector lice could be



definitely excluded and in the cases observed by him and in his own case there was no record of tick bite as he says "we one and all denied any knowledge of having been bitten by ticks." [In other countries similar diseases may be conveyed by the larval form of the tick which is of minute size and may readily escape detection the bite may be painless.]

In his own case Colonel Boyd noted that the staining of the skin following the rash was still visible six months after the fever had ceased he also points out that the severe headache and toxicæmia render the patient disinclined to take nourishment and those in charge should see that suitable fluid diet is provided and that it is consumed otherwise convalescence may be prolonged owing to the patient's weakness.

D. H.

ROBERTS (J. Igaer) The Ticks of Rodents and their Nests, and the Discovery that *Rhipicephalus sanguineus* Latr. is the Vector of Tropical Typhus in Kenya.—*Jl. Hygiene*, 1935, Feb. Vol. XI. No. 1 pp 1-22.

Part I of this paper deals with ticks in relation to rodents and their nests in Kenya.

It had been suggested that plague and plague immunity in rodents may be connected with tick infestation but this suggestion was not confirmed by investigations. The common ticks found on rodents and in their nests are the larval stages of *Hæmaphysalis leachi* and *R. sanguineus* neither of which attack man although the former is often found on dogs, cattle and game.

Part II is concerned with the rôle of *Rhipicephalus sanguineus* as the vector of typhus in Kenya.

The commonest form of tick on man in and around Nairobi and in the endemic typhus centres is not *R. sanguineus* but *R. pulchellus* any one walking through long grass in pursuit of game or in the rough on the local golf course is bound to pick up many of these ticks and the bite of the larval form gives rise to small ulcers and in one case this was the tick removed from the site of a primary sore in a case of typhus. Numerous experiments were carried out by emulsifying *pulchellus* ticks and injecting the emulsion into guinea-pigs but all were negative.

*R. pulchellus* although common in the grass is rarely found on dogs or in houses, whereas it has been observed that *R. sanguineus* is what might be described as a "house tick" and at certain seasons of the year large numbers can be found in the woodwork of houses, common hiding places being behind the picture rails and in the frames of wooden chairs the houses where these ticks are found are "doggy" houses. An investigation revealed that 100 per cent. of houses in which dogs were kept were infested by *R. sanguineus*. Ticks were collected from houses where cases of typhus had recently occurred, emulsified and injected into guinea-pigs fever swelling of the scrotum and other symptoms of typhus infection resulted. It is therefore concluded that the vector of tropical typhus in Kenya is the dog tick *R. sanguineus* which infests the houses in that country and that the disease is similar to *fièvre boutonneuse* in its clinical symptoms and in its etiology.

It is recommended that houses should be disinfested by means of the blow lamp and furniture by fumigation.

D. H.

CANNAVO (Letterio) Ricerche sul virus boutonoso siciliano [The Virus of Boutonneuse Fever in Sicily]—*Riforma Med* 1934 Nov 24 Vol. 50 No 47 pp 1799-1804 With 2 figs. [18 refs.]

The author collected ticks (*Rhipicephalus sanguineus*) from dogs roaming about Palermo. These ticks he washed repeatedly first with a weak solution of corrosive sublimate and then with physiological saline. He then triturated them with more saline and injected the emulsion into the glutei of a Capuchin monkey (*Cebus*). A febrile condition resulted and the serum of the animal acquired agglutinins for Proteus X19. It recovered.

Blood was taken into citrate at the height of the fever and was injected intraperitoneally into guinea-pigs. These in turn became febrile and died in about a month. At autopsy granule formation was marked in the liver but abundant also in the lungs and elsewhere, shown by microscope to be necrotic in nature. There was also a testicular reaction but Rickettsia were not discovered there. The bouton-neuse fever of Sicily which has been notified from various Provinces—Previtera Bongiovanni in Catania Ingrao and Scaturro in Agrigento Guhno and Cannavò in Palermo etc.—is the author states, due to this virus and that cases are not more common is explained by the fact that these ticks rarely bite man. H H S

GIORDANO (Mario) La febbre esantematica del Littorale Mediterraneo in Tripolitania. [Boutonneuse Fever in Tripolitania.]—*Arch. Ital. Sci. Med. Colon* 1935 Mar 1 Vol. 16. No 3 pp 161-185 With 1 folding map English summary (3 lines)

This is a congress paper giving a general review of the subject of bouton-neuse fever in Tripolitania. The author gives detailed accounts of 20 cases, 14 adults and 6 children between 1½ and 9 years of age dating back to 1913.

One patient's serum gave a positive Weil-Felix reaction and this, it is stated, was probably a case of Brill's disease. The rest proved negative during the course of the illness and in convalescence although 11 strains of Proteus were tested. Sera from 6 out of 11 dogs from places where cases had occurred reacted positively. It is worthy of note that inoculation of emulsion of rats' brains and of triturated Hippoboscæ caught on dogs in the house of one of the patients gave positive results in guinea-pigs and rabbits. A spot map shows the distribution of 16 of the cases. 8 occurred in Tripoli itself and 8 outside the town.

H H S

CAMINOPETROS (J.) CONTOS (B.) PHELOUKIS (T.) & PAGONIS (A.) Action curative dans la fièvre bouton-neuse d'un sérum expérimental de cheval préparé. [Curative Action of Serum prepared from Horse in Boutonneuse Fever]—*Bull. Soc. Path. Exot* 1935 Jan. 9 Vol. 28. No 1 pp. 22-30 With 6 figs. & 3 charts.

A serum was prepared from horses by inoculation of an emulsion of infected ticks intradermally and into the conjunctiva. By both routes a local reaction resulted and fever followed. One horse received 52 and the other 23 inoculations at intervals of 15 days. The animals were then bled. Five cases of bouton-neuse fever were treated by

means of this serum. Its administration had a marked effect on the course and severity of the disease. In place of the usual 12 days fever in untreated cases the fever ceased on or about the 7th day.

Two cases of endemic typhus were treated with the serum but its administration had no effect whatever. D. H.

ARGIER (P) & COSSA. Syndrome d'encéphalite avec rigidité pallidie au cours d'une fièvre boutonneuse méditerranéenne. [Encephalitis with Pallidal Syndrome in Boutonneuse Fever].—*Bull. et Mém. Soc. Méd. Hôp. de Paris*. 1935. Mar. 18. 51st Year 3rd Ser. No. 9 pp. 432-438.

A very severe case of boutonneuse fever characterized by encephalitis with marked and painful general spasm of the muscles and pain in the joints. In this case the central nervous system was the seat of the attack of the virus. D. H.

LOMBARDO (Fortunato). Esperienze sulla presenza del virus tifico esantematico del Mediterraneo nei cani. [The Virus of Mediterranean Typhus in Dogs].—*Ann. d'Igiene*. 1935. Jan. Vol. 8. No. 1 pp. 1-6 [14 refs.]

The author tested the sera of 50 dogs in Messina for their agglutinating activities with Proteus X19. Thirty-one agglutinated in dilution of 1/25 or over thirteen in 1/50 seven in 1/100 and last up to 1/200. Ticks caught on these dogs were triturated and injected into guinea-pigs and produced a febrile reaction and in some cases enlargement of the spleen. Human cases of the disease, states the author, are not found in the Commune. H. H. S.

KIAN (Loe Ping). Twee gevallen van tropisch ("shop") typhus bij Chinese kinderen. [Two Cases of Shop Typhus in Chinese Children].—*Geneesk. Tijdschr. v. Nederr. Indië*. 1935. Mar. 5. Vol. 75. No. 5 pp. 447-464. With 2 figs. [31 refs.] English summary.

The following diseases caused by Rickettsia are known in the Dutch Indies: pseudotyphus (Schöffner) or Samatra mite fever (van Driell) and tropical typhus W and K variety. The K type (scrub typhus) is predominant in Malacca and on the East Coast of Sumatra but in Java the W form (shop typhus) seems to be more common.

The two forms of tropical typhus can be readily differentiated by means of the Weil-Felix reaction. In the opinion of the author a positive reaction with Proteus X strains has value if the following requirements are met with.

(1) The agglutination with alcohol suspensions of Proteus X strains should be positive.

(2) There should be a rising titre of agglutination during the illness.

(3) When living motile Proteus X strains are employed the agglutination should be only of the granular (O) type and if the serum is heated to 65°C. for one hour the reaction should be negative.

Two cases of typhus in children are described. X19 was agglutinated and the fevers were diagnosed as shop typhus (IV variety). D. H.

O CONNOR (M. P.) The Marris Atropine Test in Tropical Typhus.—  
*Malayan Med J* 1934 Dec. Vol. 9 No 4 p 204

The Marris test was largely employed in the diagnosis of typhoid fever during the war. The author employed this test in 12 cases of scrub typhus and in 10 a positive reaction was obtained.

In a healthy person the injection of 1/33 of a grain of atropine results in a rise in the pulse rate of 15 beats per minute or more. In typhoid fever no such rise takes place. [See this *Bulletin* Vol. 9 p 466 and Vol. 11 p 432.] D H

LEWTHWAITE (R.) & SAVOOR (S. R.) Tropical Typhus (Rural Type) and the Tsutsugamushi Disease as encountered in the Federated Malay States. The Isolation and Maintenance of Strains of these Two Diseases in the Rabbit by the Intracocular Inoculation of Virus, and the Demonstration of Cross-Immunity between these Two Strains.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 249-257

The paper deals with the relationship of the virus of the rural form of tropical typhus to that of tsutsugamushi fever as it occurs in Malaya.

In 1925 FLETCHER showed that there were two types of tropical typhus in Malaya which he called the urban and the rural types. It was suggested that the vector of the rural type might be a larval tick. Since then a few cases of tsutsugamushi fever with a definite primary sore and bubo have been described the vector in this case being a mite, *T. deliensis*. The serum of the rural typhus cases and the tsutsugamushi cases agglutinates the K variety of Proteus OXK and the serum of the urban typhus cases the W variety of OX19. The rural type of typhus and tsutsugamushi disease resemble one another so closely clinically apart from the presence of the primary sore in the latter that FLETCHER suggested later that in this disease also the vector might be a mite and not a tick.

The authors have demonstrated cross immunity between rural typhus and tsutsugamushi.

In this investigation the authors used rabbits as experimental animals and inoculated the virus (defibrinated blood of cases of fever taken as early as possible) into the anterior chamber of the eye a method employed by Japanese workers in investigating tsutsugamushi disease in Japan. The specific reaction which follows after an incubation period of 4-15 days consists in circumcorneal injection inflammation of the iris and turbidity of the aqueous humour. Two strains of the virus of tsutsugamushi fever were used and four of the virus of rural typhus. It was found that the homologous strains protected against reinoculation in the sound eye with the same strain of virus and also that the virus of tsutsugamushi fever protects rabbits against the virus of rural typhus and *vice versa* i.e. complete positive crossed immunity.

Also rabbits which had been inoculated intraperitoneally with the virus of rural typhus or the virus of tsutsugamushi developed agglutinins for OXK in their serum in dilution up to 1/500. The development of these agglutinins in the rabbits sera is often delayed and the highest estimations were not obtained till the 60th day after inoculation. Typical Rickettsia bodies were found in smears from the

membranes of the eye in infected animals, but only in small numbers in some cases these findings were identical in each case. D. H.

KAWAMURA (R.) IMAGAWA (Y.) & ITO (T.) The Weil-Felix Reaction in Tsutsugamushi Disease and its Relation to Endemic Typhus in Manchukuo and Formosa.—*Kansato Arch. Experim. Med.* 1934. Jan. Vol. 12. No. 1 pp. 28-57 With 2 charts. [23 refs.]

Most of this paper is taken up in refuting the statement, made some years ago, that tsutsugamushi fever and the K type of tropical typhus can be differentiated by the results of the OXK agglutination reaction. This standpoint has already been abandoned by workers in Malaya.

The authors find that the sera of healthy persons does not agglutinate OX19 or OX2 but that OXK may be agglutinated up to 1/100. In 38 persons suffering from various diseases, especially gonorrhoea and suppurative disease OXK was agglutinated up to a dilution of 1/320 and in two cases 1/400. It is added that the OXK reaction in tsutsugamushi disease may remain positive for several years after the fever.

Forty-nine sera of tsutsugamushi fever cases were examined, 13 during the febrile period all were negative to OX19 and OX2 but positive with OXK. 6 cases were found to have a titre over 1/1,600 and one as high as 1/25,000.

Sera from cases in Formosa and Boko Island were also tested and gave positive reactions to OXK up to 1/800. The Japanese cases gave the highest reaction those from Boko the next and those from Formosa the lowest.

The primary sore is constantly present in patients in Japan Proper, but is often absent in Formosa and East India. D. H.

NICOLLE (Charles) & SPARROW (Hélène) Quelques expériences sur le virus de la fièvre fluviale du Japon (Tsutsugamushi). [Experiments on Tsutsugamushi Virus].—*C. R. Acad. Sci.* 1934. Dec. 10. Vol. 199. No. 24 pp. 1349-1351

The authors obtained the virus of Japanese River fever from Japan and have maintained it in the laboratory by passage in rats, in which the virus produces an inapparent infection.

In monkeys the virus produced a fever similar to that of typhus, one monkey out of 11 died. Only a few of the guinea-pigs inoculated developed fever and none died. None of the rabbits inoculated developed fever but the blood of the animals was infective for monkeys. Inoculation of the virus into the eye of the rabbit produced a typical local reaction and Rickettsia was readily demonstrated in the cells of the membranes of the eye. The serum of some of the infected monkeys agglutinated Proteus OXK and not OX19.

Lice were fed on monkeys during the fever the virus was viable in these insects for 7 days but their bite was not infective. The virus was found to survive in fleas (*X. cheopis*) for 11 days and to be transmissible by their bite. D. H.

KOUWENHAAR (W.) & WOLFF (J. W.) Experimental Sumatra Mite Fever in Guinea-Pigs.—*Jl. Infect. Dis.* 1934. Nov-Dec. Vol. 55. No. 3. pp. 315-327 With 2 figs. [20 refs.]

Suma mite fever was described for the first time in the year 1908 by SCHÖFFER & under the name pseudo typhus of DeH.

The fever in this disease usually resembles that of typhoid fever but an initial sore similar to that in Japanese River fever and boutonneuse fever is invariably present and is accompanied by lymphangitis. The death rate in the Javanese is about 5 per cent but in Europeans about 40 per cent. SCHÖFFNER on the analogy of tsutsugamushi disease suggested that the disease might also be carried by a mite and in 1923 WALCH identified this mite as *Trombicula deliensis* a species closely related to *T. akamushi*.

Clinically it is not possible to separate Sumatran mite fever from tsutsugamushi disease the authors therefore attempted to differentiate the diseases by means of animal experiments. It was found that the virus of Sumatran mite fever produced a mild fever in monkeys with a primary papule at the site of injection but a very severe and often fatal disease in guineapigs (63 per cent. mortality) exactly the opposite occurs with the virus of tsutsugamushi disease—a mild non fatal infection is produced in guineapigs and a severe and fatal infection in monkeys.

D H

WOLFF (J W) & KOUWENAAR (W) Onderzoekingen over de Sumatraansche mijtekoorts. V [Sumatran Mite Fever V]—*Geneesk Tijdschr v Nederl Indië* 1934 Nov 20 Vol. 74 No 24 pp. 1608-1618. With 5 figs on 1 plate. [12 refs] English summary

KOUWENAAR (W) & WOLFF (J W) Onderzoekingen over Sumatraansche Rickettsiosen VI VII & VIII [Investigations of Sumatran Rickettsias. VI, VII & VIII.]—*Ibid* Dec. 4 No 25 pp 1659-1670 With 3 figs. on 1 plate & 1 graph [14 refs] 1935 Jan 8 & 22 Vol. 75 Nos. 1 & 2. pp 34-38. With 2 graphs & 1 plate pp. 117-123 English summaries.

V Infectieproeven op witte muizen. [Experimental Infection of White Mice.]

White mice have been proved to be very susceptible to the virus of Sumatran mite fever nearly 100 per cent. of the infected animals died. A description is given of the symptoms noted in the mice and of the post mortem changes. The mean duration from the time of infection to the death of the animal was 11 days. The principal changes seen post-mortem were haemorrhagic inguinal glands, enlarged spleens small-celled infiltration between the liver cells and sometimes an exudate in the pleural and peritoneal cavities. Rickettsia could always be detected in smears from peritoneum, pleura or omentum.

No difference was noted between the symptoms produced by the virus of Sumatran fever and that produced by the virus of scrub typhus.

VI Een Rickettsiose uit Varkensteken. [A Rickettsiasis from Ticks from Wild Pigs.]

It has been suggested that ticks as well as mites may be capable of transmitting the virus of Sumatran mite fever [If this is so the name given is unfortunate]

Dermacentor and Rhipicephalus ticks were collected from people in areas where mite fever and scrub typhus are prevalent and also from wild pigs in the same districts. Emulsions were made of these ticks and injected into guineapigs, monkeys and rabbits. In some of these animals fever was produced and Rickettsia were found in the tissue cells

but the lesions produced were entirely different from those produced by the virus of mite fever. The serum of some of the wild pigs agglutinated OVK up to a dilution of 1/250 but did not agglutinate O\19.

VII Infectieproeven met mijtekoorts op *Macacus fasciatus*, de Japansche aap. [Experimental Infection of the Japanese Monkey, *M. fasciatus* with Mite Fever.]

VIII Infectieproeven met mijtekoortsvirus op hogere apen. [Experimental Infection of Various Monkeys with Mite Fever.]

In previous papers the authors have recorded the results of the action of the virus of Sumatran mite fever on several species of monkeys. They found that the virus of this disease produces only a mild fever in monkeys without any lasting immunity whereas the virus of tsutsugamushi fever in Japan produces a severe and often fatal illness in the species of monkey *M. fasciatus* employed in that country. The authors considered that these differences might be due to the fact that different species of monkeys were employed in the experiments. They therefore obtained from Japan some *M. fasciatus* and inoculated them with the local virus. Exactly the same result as before resulted, namely only a mild fever and no lasting immunity. Moreover one of the monkeys which had been rendered immune to the virus of tsutsugamushi fever in Japan was found to be susceptible to the virus of Sumatran mite fever. For these and other reasons the authors consider that the viruses of Japanese River fever and Sumatran mite fever are not identical.

D. H.

MONTeiro (J. Lemos) Essais de transmission expérimentale de typhus exanthématique de São Paulo par le parasite *Cimex lectularius*. [Attempts to transmit São Paulo Typhus by *Cimex lectularius*.—C. R. Soc. Biol. 1935. Vol. 118. No. 9 pp. 918-920.]

Bed bugs were infected by feeding on guinea-pigs during the febrile period. The conclusions are as follows:—

1. The virus of São Paulo typhus is active immediately after its ingestion by the bugs but loses its activity after the short delay of 24 hours.

2. Tests after 48 and 72 hours, 5, 10, 13, 16 and 35 days all gave negative results, whether by inoculation of excreta or the crushed up bugs, or by feeding the bugs on guinea-pigs.

The authors suggest that the positive results reported by MACALUSO were due to the use of a Mexican typhus virus and not the São Paulo virus.

D. H.

MONTeiro (J. Lemos) O "typho exanthematico de S. Paulo" e suas relações com a febre maculosa das Montanhas Rochosas à luz das provas de imunidade cruzada. [The Relations between S. Paulo Typhus and Rocky Mountain Fever in the Light of Cross-immunity Tests.]-Mem. Inst. Butantan. 1935-1934. Vol. 2. pp. 207-220. [10 refs.] English summary.

The virus of Rocky Mountain fever for these tests was obtained from the National Institute of Health and the R.M. Spotted Fever Laboratory, Hamilton. Infected specimens of *Dermacentor andersoni* were

also received from Hamilton. The experimental animals were guinea pigs. It was found that guinea pigs immunized against S Paulo typhus failed to react to R.M. fever virus obtained from infected ticks. Again guinea pigs recovered from R.M. fever are immune to S Paulo typhus virus and Dr R. E. DYER of the National Institute of Health has communicated to the author that a monkey after an attack of R.M. fever is also immune to S Paulo typhus virus. The author concludes that both belong to the same group whose type infection is the Rocky Mountain spotted fever of which it [S Paulo typhus] may represent but a variety  
H H S

TRAVASSOS (J) & MONTEIRO (J Lemos) Contribuição ao estudo da reacção do Weil Felix na infecção experimental pelos virus do typho-exanthematico de S Paulo e febre maculosa das Montanhas Rochosas [The Weil-Felix Reaction in S Paulo Typhus and Rocky Mountain Spotted Fever]—*Mem Inst Butantan* 1933-1934 Vol. 8. pp 57-80 With 1 graph English summary

Among 60 patients suffering from S. Paulo typhus 41 or 68.3 per cent gave a positive Weil Felix reaction with Proteus X19. The days of the disease on which the reactions were taken are of interest. Of 24 sera examined in the first 5 days 14 were positive (58 per cent.) between the sixth and tenth days 22 out of 36 (61 per cent.) between 11 and 15 days 20 out of 23 (87 per cent.) of 8 between the 16th and 20th days all were positive of 9 tested later than this 7 were positive. In other words the percentage of positive reactions rose till the 20th day and then began to decline.

Experimental inoculation into rabbits of the S. Paulo virus and that of Rocky Mountain fever showed that the serum reacted in a higher titre with R.M. but the decrease is sharper and more definite than in the case of S.P. infection in this the decrease is more gradual. This applies to both Proteus OX2 and OX19. As regards Proteus OXK the titres giving agglutination were more irregular but more stable on the whole with S.P. infection sera. With OX1 the titre of serum giving a positive is high in both infections, but decreases in the same way as with OX2 and OX19 i.e. more sharply and definitely with R.M. sera.

The reaction with Proteus OX1, OX2 and OX19 differs in experimental infection from what is observed in natural human infection with S.P. virus the titre agglutinating the two former is higher than for the third in experimental infection the reverse occurring in human cases, while the titre for Proteus OX19 and OX1 is higher than for Proteus OXK with R.M. fever sera.  
H H S

MONTEIRO (J Lemos) Comportamento experimental do coelho aos virus do typho exanthematico de S Paulo e da febre maculosa das Montanhas Rochosas. [Reaction of Rabbits to S Paulo and Rocky Mountain Fever Viruses compared.]—*Mem Inst Butantan* 1933-1934 Vol. 8 pp 39-46. With 3 graphs & 4 figs. (2 coloured) on 1 plate. English summary (9 lines)

Intraperitoneal inoculation of the S. Paulo typhus virus into rabbits gave rise to a typical febrile reaction but while some showed no scrotal reaction at all others showed oedema and a slight hyperaemia which subsided in a few days. In the case of the virus of Rocky Mountain



fever similar inoculation was followed by oedema, hæmorrhage and necrosis of the scrotum. The differences are such that in spite of the mutual production of immunity [dealt with elsewhere] the author is of opinion that the viruses are distinct. H H S.

MONTENHO (J. Lemos) *Vaccina contra o "typho exanthematico de S. Paulo. Novas correlações entre esta infecção e a febre maculosa das Montanhas Rochosas. [Vaccination against São Paulo Typhus. Relations between this Disease and Rocky Mountain Spotted Fever].—Mem. Inst. Butantan 1933-1934. Vol. 8 pp. 9-20 With 5 graphs. [10 refs.] English summary (9 lines)*

The vaccine employed was prepared by trituration of ticks, *Amblyomma cajennense* infected by feeding on a guinea-pig itself in a febrile state from infection with S. Paulo virus. For the exact details of its preparation the original article should be consulted. This vaccine was first tested on guinea-pigs and found to be potent in prophylaxis. It was then tested as regards its protective properties against the virus of Rocky Mountain fever and found effective in a single dose. The reverse of this was then tried out, using Parker's vaccine for Rocky Mountain fever for its protective properties against infection by the São Paulo virus. Whereas a single dose of the first (S. Paulo vaccine) protected equally against either two doses of the Parker vaccine were needed to protect guinea-pigs against the São Paulo virus.

It was found also that these animals after being immunized against Rocky Mountain fever if the original infection was severe, was immune also to the São Paulo typhus. H H S.

DA CUNHA (A. M.) *Sur la culture des Rickettsia du typhus exanthématique de São Paulo dans la membrane chorio-allantoïde de l'embryon de poulet. [Culture of the Rickettsia of São Paulo Typhus on the Membranes of the Chick Embryo].—C. R. Soc. Biol. 1934 Vol. 117 No. 30. pp. 362-364 With 1 fig.*

Fertilized eggs were placed in an incubator at 40°C. and incubated for 7 to 10 days. Small windows were then made in the shells and the membranes were inoculated with the virus of São Paulo typhus (spleen of infected guinea-pigs). The virus was introduced by means of a sterile pipette between the membranes and the opening sealed with paraffin. The eggs were returned to the incubator for a further period of 3 to 5 days and examined by making sections of the membranes and staining by Gram and fuchsin. A portion of the thickened infected membrane was removed and injected into a guinea-pig. This animal developed fever but no Rickettsia could be found until the 3rd passage.

It is noteworthy that Rickettsia could not be found in the original inoculum (spleen of infected guinea-pig) but were found in section of the embryo membrane. D. H.

FRUONI (C.) *Febbre bottonosa e sodaka.—Pekelintze. Soc. Post. 1935 Jan. 7 Vol. 42 No. 1 pp. 8-17 With 2 graphs & 1 fig.*

NICOLLE (Charles) & GOROU (Paul) *L'observation des épidémies cambodgiennes des typhus historiques et modernes et l'étude de leurs virus montrent que ces deux maladies sont étrangères l'une à l'autre.—C. R. Acad. Sci. 1934 Dec. 28. Vol. 199 No. 28. pp. 1653-1655*

- DE OLIVEIRA CASTRO (G M) & BIER (Otto) Pesquisas sobre o tipo exantemático de São Paulo Distribuição do vírus no sangue.—*Rev Med Cirurg do Brasil*. 1935 Mar Vol. 43 No 3 pp 87-101 With 1 fig
- PANAYOTATOU (A.) Observations sur une communication de P Lépine à propos du virus exanthématique d'Athènes.—*Bull Soc Path Exot* 1934 Nov 14 Vol. 27 No 9 pp 833-834
- SEIT (W) Fleckfieberstudien.—*Med Klin* 1934 Oct 19 Vol. 30 No 42. pp 1395-1398

## CARRION'S DISEASE

- MACKENHIE (Daniel) Verruga peruviense et typhus exanthématiques. [Verruga and Typhus].—*Rev Sud Américaine de Méd et de Chirurg* Paris. 1934 Dec. Vol 5 No 12. pp 747-762. With 2 figs. [52 refs.]

The purpose of this paper is twofold —

- 1 To supply to readers of the journal recent knowledge concerning Carrion's disease.
2. To repeat a suggestion made some ten years ago that Carrion's disease should be classed with the typhus-like diseases.

For 25 years, the author states Peruvian medical men have recognized that Oroya fever and verruga peruviana are separate manifestations of one and the same disease

He himself has seen several cases of severe fever with a pernicious type of anaemia which have recovered from that condition and have then developed a typical verruga rash with fever and muscular pains. CARRION inoculated himself from a verruga case developed Oroya fever with extreme anaemia and died. ROSSELL on the other hand accidentally inoculated himself from a case of Oroya fever and developed verruga peruviana. Bartonella have been cultivated both from verruga eruption and from Oroya fever cases. These facts clearly prove that the conditions are merely symptoms of the same disease.

The name bacilliformis is unfortunate as the germ is not found in true homogeneous rods but the common form is a minute diplococcus the two cocci being united by a clear capsule. In this form the organism is indistinguishable in the tissues or blood from Rickettsia. The methods which give the best results for the staining of Rickettsia are also best for Bartonella.

The method which the author has found best for demonstration of Rickettsia and Bartonella in the peripheral blood is to employ dehaemoglobinized thick films and to stain with ammoniated toluidine blue in methyl alcohol. Bartonella are found in the red cells whereas Rickettsia are not, and Bartonella can be cultivated in Novy Nicolle blood agar whereas Rickettsia can only be cultivated in the presence of living tissue cells.

As regards the clinical aspect apart from the anaemia and fever the author has noted a marked action of the germ on the central nervous system and this also links the disease with typhus in fact in the early stages the two diseases are often confused.

The incubation period may last for some weeks and the course of the disease may be expressed somewhat graphically as follows —

Incubation—latent period—anaemia—rash—latent period—immunity—the whole course lasting over many months the germ has been cultivated from the blood over a period of one year

After an experience lasting some 30 years the author considers that the severe fatal pernicious type of anaemia is now rarely met with and that the disease is altering in character just as other diseases have done in the course of time.

D Hervey

FROHM (W.) Ein Fall von Verruga peruviana (Carrionische Krankheit) [Case of Verruga Peruviana.]—*Dermat. Ztschr.* 1931 Feb. Vol. 68. No. 5. pp. 245-251 With 3 text figs.

A case of verruga observed in Europe and successfully treated with salvarsan.

A young man a member of an expedition to South America, was severely bitten by sandflies while in the Peruvian Andes at an elevation of 17 000 feet. A few days later he developed fever and later became anaemic he showed also symptoms of amoebic dysentery. He was invalided to Europe and on arrival in Hamburg one or two nodules were noted on the face and hands. In the clinic at Innsbruck the case was definitely diagnosed as verruga on the clinical picture and the histological findings on examination of the nodules over 80 of these tumours were counted. Injections of salvarsan were quickly followed by disappearance of the rash

D. H.

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MALDONADO (Angel) Nuevo criterio para explicar la distribución geográfica de la enfermedad de Carrion—*Crónica Méd.* Lima. 1933 Feb. Vol. 36 No. 836 pp. 41-48

## YELLOW FEVER.

MORGAN (M. T.) Some Notes on a Tour of Inspection of the Co-operative Anti-Yellow Fever Service in Brazil. With Appendix by J. A. KERR.—81 + 11 mimeographed pp. With 2 maps, 10 figs. 1 plan & 4 charts. [Report presented to the Office International d'Hygiène Publique, April-May Session, 1935 by the Delegate for Great Britain.]

An interesting account of the co-operative anti-yellow fever service in Brazil, together with general notes and observations obtained during the course of a visit to South America extending over a period of two months during which the author was shown the details of the work being done by Dr F. L. SORES of the Rockefeller Foundation and also spent nearly a month in the Planalto Region where a rural type of yellow fever was in progress.

In a brief historical survey of yellow fever in Brazil attention is called to the marked changes that have resulted in our knowledge of the disease as a result of recent scientific discoveries. These may be summarized as follows —

*Previously*

Severe clinical disease considered typical

Absence of reported cases indicated absence of disease  
Yellow fever essentially urban and transmitted only by *Aedes aegypti*

Key centre control believed effective in clearing surrounding area.

*Now*

Severe clinical case considered atypical in native population of endemic areas

Absence of reported cases not accepted as absence of disease  
Yellow fever may continue at least for a period of months in rural areas with transmission by *Aedes aegypti* or even in the absence of this mosquito

Key centre control not effective in Brazil.

The co-operative system, founded in 1930 embraces yellow fever control throughout the whole of Brazil and is entirely Brazilian staffed with Brazilian officers and men but with the direction and advice of experts of the Rockefeller Foundation. It can be divided arbitrarily into five main divisions.

1. *The administrative service* technically a division of the Federal public health service, with an annual cost of \$2,250 000 to which the Rockefeller Foundation contributes \$250 000

2. *The anti-stegomyia service* whose object is to clear towns of stegomyia, especially coastal towns, which may act as potential centres of infection. A number of teams have been appointed in each of the towns in which the service operates and details are given of the way in which they work. It has been found more economical to maintain a low index, less than 0.01 per cent. rather than to be satisfied with indices of 1 per cent. to 5 per cent. and a series of charts shows the results that have been obtained. Apart from its primary object the psychological effects of mosquito suppression are very beneficial and at present the use of mosquito nets has disappeared from Rio de Janeiro and many other towns which formerly had the worst of reputations for yellow fever

3. *Mosquito-protection test surveys* which are a valuable indication of where to suspect the disease and where to direct measures for control. The results of tests in the younger age groups in the Amazon Valley where yellow fever has not been recognized during 80 years, indicate that a war in this district with the consequent movement of non-immune troops, might well result in disastrous outbreaks of the disease, such as occurred at Santa Cruz, Bolivia, in 1932.

4. *Liverotomy service* whereby a routine collection of liver specimens is made at any centre where either protection tests or doubtful clinical cases lead to any suspicion of the existence of yellow fever. (For details of the method of collection and the results of examination see this Bulletin Vol. 31 p. 836.)

The organization of this service is based on the following assumptions —

(a) That the existence of yellow fever in a community over a period of months will result in some fatal infections (b) that the yellow fever liver usually carries characteristic lesions and (c) that, when fatal yellow fever kills rapidly its victims rarely surviving more than 10 days.

5. *Field surveys* in hitherto uninvestigated areas, which are a constant feature of the Brazilian service. Reference is made to two of them which resulted in the discovery of a rural endemicity hitherto quite unsuspected. The first of these was the well-known discovery of yellow fever without *Aedes aegypti* in the Valle do Camamu, Espírito Santo [see this Bulletin Vol. 31 p. 77] and the second, an outbreak first recognized in April, 1934 in the Planalto of Malto Grosso. The author had the opportunity of visiting this very remote part of the world which has never been properly surveyed and borders unexplored country. The area affected was part of this sparsely populated region on the plateau dividing the head waters of the Amazon and Paraguay rivers. Blood protection tests from 343 inhabitants of the region showed 67 positive 274 negative and 2 doubtful. *Aedes aegypti* seems to be absent but *Aedes scapularis* is abundant during the wet season and may be the carrier. Since the inhabitants live in isolated dwellings in the forest it is improbable that man is the reservoir. The only animal in any numbers that moves from place to place is the monkey which abounds in the forest. The possibility of monkeys acting as reservoirs of infection is supported by the fact that three out of five specimens of blood from monkeys living in the vicinity of an Ecuador epidemic were found to protect mice.

These two epidemics in sparsely populated rural areas show that the old conceptions of yellow fever as essentially a disease of large towns must be abandoned. On the day of leaving Rio de Janeiro, the author was informed of the discovery of a positive liver specimen from the vicinity of Goyaz, and according to latest reports there is a widespread epidemic in that region, with more than 100 deaths up to date. Here again *Aedes aegypti* seems to be absent.

In conclusion the author pays a tribute to the work of the Federal Yellow Fever Service in Brazil.

The appendix by Dr. J. A. Kerr contains a useful account of the technique that has been adopted for dealing with the very large numbers of tissue specimens sent to the laboratory as a result of the liverotomy regulations.

E. Huxley

SUSSINI (Miguel) VACCAREZZA (Raul F.) & ALVARADO (Carlos Alberto)  
Profilaxis de la fiebre amarilla. Organizacion del servicio en el  
Norte Argentino [Organization of the Yellow Fever Preventive  
Service in Northern Argentina.]—131 pp With 9 maps & 21 figs.  
Publicado en Los Anales del Departamento Nacional de Higiene.  
1934 Buenos Aires. P. Ventriglia.

An interesting and instructive account of the measures undertaken to deal with the menace of invasion of the Northern Argentine by yellow fever. Establishment of the Service was stimulated by the outbreak in Santa Cruz de la Sierra (Bolivia) in April 1932. Investigation of seven districts revealed that *Aedes* breeding was abundant in five. In July four sanitary stations were created at Aguaray, Tartagal, Embarcación and Orán, later two more at Ledesma and Formosa with sanitary posts in five other districts.

The authors next give a geographical description of the zones threatened, followed by details of the measures adopted, the subjects being considered in the following order—

1. The factors concerned *Aedes aegypti* and its bionomics, the human susceptible host, telluric conditions, soil humidity, temperature etc.

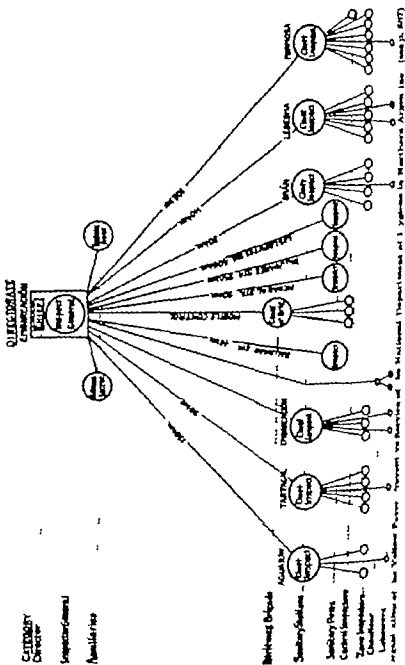
2. The general plan of campaign, education of the people, personal protection, larvicides and the introduction of larvivorous fish. A later chapter treats of these last in detail, the species utilized were *Aphyocyrtus erythrus*, *Bryconamericus stramineus*, *Poeciliatriclithys bimaculatus* and *Aequidens vittatus* and descriptions and illustrations are given of all four.

3. The forms to be filled in are referred to and in an appendix copies are given indicating the information required regarding patients, their surroundings and circumstances, water supply etc. and the action taken to deal with the conditions found. In an appendix are printed the rules, regulations and instructions for the guidance of the various officials connected with the Service, and copies of the notices sent out and the forms to be filled in.

4. Next is a clear account of the personnel of management and control which is well seen in the accompanying scheme (p. 588).

The story is then related of the development of the campaign and the results achieved by it in the different areas selected for special and intensive measures. Illustrations are given to point out the prevailing defects, collections of rubbish and so forth [but these are poorly reproduced and far from distinct even in the original, they have no legend and are consequently not easy to interpret and in fact this can only be done by reference to the text].

Another chapter treats of the distribution and density of *Aedes aegypti* in Northern Argentine where the index of the number of dwellings infected to the number inspected varied in the district of the campaign up to 90 per cent. in Ballivián and outside the zone of its action from nil in Cerrillos to 66.9 in Estación Perico. An accompanying map gives much information on this point but unfortunately is too indistinct in the original to bear reproduction.



GOURVIL (E) L'endémicité amaryle chez les indigènes du Soudan.  
[Yellow Fever Endemicity in the Natives of the (French) Sudan.]—  
*Bull. Soc. Path. Exot* 1935 Jan. 9 Vol. 28. No 1 pp 31-32.

The author gives notes on small outbreaks of yellow fever in Sikasso during 1931 and in Kayo during 1931 and 1932 which support the view that the infection is widespread among natives of the French Sudan. Segregation of European habitations from the native quarters is advocated. E H

GOURVIL (E) Remarques à l'occasion d'une épidémie de fièvre jaune. [Remarks on the Occurrence of a Yellow Fever Epidemic.]—  
*Bull. Soc. Path. Exot* 1935 Jan. 9 Vol. 28. No 1 pp. 32-34

A brief summary of the clinical symptoms observed in seven cases (five fatal) of yellow fever among Europeans at Sikasso in 1931. In every case except one the typically severe headache—*coup de barre*—was absent and the patients merely felt extreme lassitude without any localized pains. Vomiting was a constant feature, although curiously enough the two cases showing black vomit were the only ones who recovered. Albuminuria was generally present but the urine of one of the patients, collected shortly before death was negative. A slight degree of jaundice was the rule but never very pronounced. All the patients showed extreme prostration and during the apyretic phase some of them presented typical nervous symptoms, which always indicated a very grave prognosis. E H

PUBLIC HEALTH REPORTS. 1935 Jan. 25 Vol. 50 No 4 pp 101-102.—Yellow Fever and the Recent Decree on "Viscerotomy" in Colombia.

A discussion by Dr G BEVIER concerning the purpose of making viscerotomy compulsory in certain cases in order to clear up the situation with regard to rumours of yellow fever outbreaks in Colombia.

In addition to earlier outbreaks that have been subsequently diagnosed by means of the protection test many suspicious cases have occurred at Muzo. During 1934 in January March and June, small outbreaks occurred there, and in the last two the diagnosis of yellow fever was confirmed by both pathological examination and protection tests. Several deaths suggestive of yellow fever also occurred in Caparrapi during 1933 and at the beginning of 1934. Judging from these results the disease seems to be gradually spreading westward and it is feared that it may reach Puerto Leivano Guaduas, Utica, or Villeta. An epidemic with suspicious signs has developed in the vicinity of Restrepo (Meta) and is being investigated at present. It is evident that yellow fever is still a problem in Colombia and possibly a menace the National Department of Health is therefore organizing a special unit to study the disease. E H

NICOLLE (Ch.) Au sujet de la vaccination contre la fièvre jaune. [Concerning Vaccination against Yellow Fever]—*Bull Acad Méd* 1935 Feb 19 99th Year 3rd Ser Vol. 113. No 7 pp 254-256

The author discusses the advantages of vaccination by means of living and attenuated virus alone compared with the use of virus and



immune serum. From a practical point of view it is concluded that sero-vaccination must now be replaced by the use of virus alone, since it has been shown to be innocuous, and to produce an active immunity.

E. H.

PUBLIC HEALTH REPORTS. 1935 Mar. 15. Vol. 50. No. 11. pp. 360-371 Yellow Fever Some Recent Contributions to our Knowledge of the Prevalence and Control of the Disease.

A useful summary of recent publications, especially regarding the occurrence of yellow fever and methods of protection, printed for the information of quarantine officers and others interested in the subject.

E. H.

FINDLAY (G. M.) & CLARKE (L. P.) Reconversion of the Neurotropic into the Viscerotropic Strain of Yellow Fever Virus in Rhesus Monkeys.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935. Apr. 17. Vol. 29. No. 6. pp. 579-600 With 2 text figs. & 8 figs. on 2 plates. [27 refs.]

An important paper showing that it is possible to reconvert neurotropic yellow fever virus into the ordinary viscerotropic type.

The virus used in these experiments had undergone 182 to 212 passages in the brains of mice and was a typical neurotropic strain. When inoculated directly into the livers of rhesus monkeys it gave rise to lesions in the liver less extensive than but similar in type to those caused by ordinary viscerotropic virus. Further subcutaneous injections of virus obtained from intrabepatic passage resulted in the production in rhesus monkeys of typical yellow fever with lesions in the liver, stomach, kidney, and heart. Intracerebral inoculations of this virus into monkeys gave rise to similar lesions associated with varying degrees of encephalitis.

This reconverted virus behaved as a typical viscerotropic virus not only in rhesus monkeys but also in white mice and hedgehogs. It again lost its viscerotropic pathogenicity after repeated intracerebral passages in mice.

In an interesting discussion of the constitution of yellow fever virus the authors come to the conclusion that the ordinary viscerotropic and fixed neurotropic strains represent two extreme types connected by a series of intergrades or intermediate types in which either viscerotropic or neurotropic pathogenicity may predominate, according to the animal species inoculated, the tissue in which the virus grows and also individual idiosyncrasy.

The fact that in the laboratory the virus of yellow fever can be induced to undergo such rapid changes in its pathogenicity raises the question whether similar changes may not sometimes occur under natural conditions in the field.

E. H.

THIELER (Max) & HUGHES (Thomas P.) Studies of Circulating Virus and Protective Antibodies in Susceptible and Relatively Immune Monkeys after Inoculation with Yellow Fever.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935. Mar. 8. Vol. 29. No. 5. pp. 451-500 With 10 charts. [20 refs.]

The authors have determined the virus content and development of protective antibodies in various species of *Macaca* and *Leontideus*.

inoculated in various ways with either unmodified viscerotropic yellow fever virus or the modified neurotropic strain.

Their results show that when susceptible monkeys, including *Macaca mulatta* (= *Macacus rhesus*) and *M. cynomolga* are inoculated by any route with unmodified yellow fever virus extensive multiplication of the virus occurs usually followed by death. In some instances there is multiplication of virus without any obvious signs of infection but followed by immunization. When very small doses were used (0.0000001 cc. serum virus) the incubation period might be prolonged to as much as 14 days but as a rule the maximum quantity of virus in the serum was reached in about 3 days. Protective antibodies appear in the serum a few days after the virus can be detected in the blood stream in fatal infections they may or may not be formed, but do not arrest the course of the disease.

The modified neurotropic virus when inoculated by any route also multiplies and gives rise to antibody formation. If this virus comes into contact with brain tissue either by intracerebral inoculation or any other brain injury encephalitis results.

The inoculation of both kinds of virus into African green monkeys, *Leontopithecus callitrichus* was followed by multiplication usually without symptoms, and by the subsequent development of protective antibodies. If the virus was inoculated intracerebrally encephalitis resulted. Apart from the decreased response to unmodified virus inoculated either intraperitoneally or subcutaneously the reaction of these animals to yellow fever virus seems to be essentially the same as that of *rhesus* monkeys. E H

SELLARDS (Andrew Watson) The Infection and Immunization of Mice by Intraperitoneal and Subcutaneous Injection of the Virus of Yellow Fever.—*Ann Trop Med & Parasit* 1935 Apr 25 Vol. 29 No 1 pp 55-68. [15 refs.]

A study of the effects of extra-neural injections of yellow fever virus into mice with special reference to immunity and to inapparent infection.

Mice that had been inoculated either subcutaneously or intraperitoneally with neurotropic or ordinary virus, were subsequently tested for inapparent infection mainly by three procedures —(1) the intracerebral inoculation of their blood and other tissues into normal mice (2) tests for active or passive immunity (3) the intracerebral injection of sterile starch paste to facilitate the localization of virus in the brain.

Only a small proportion of the inoculated mice died of encephalitis, and of the survivors in some instances the virus died without producing any effect and in other cases an active immunity developed.

The intracerebral inoculation of blood and heavy suspensions of liver spleen adrenals and kidney of mice that had been injected extraneurally with neurotropic virus, in no case resulted in the production of encephalitis.

The development of active immunity in mice which remained apparently well after the extraneural injection of neurotropic virus affords strong evidence of an inapparent infection but there is some suggestion that after longer passages in the brains of mice the virus becomes less effective in producing immunity. Mice that have survived an intracerebral inoculation of virus do not remain refractory

but even after a few months may become infected by a second inoculation.

Two lots of 25 mice were inoculated, one lot subcutaneously and the other intraperitoneally with viscerotropic virus. One of the first and two of the second lot died of encephalitis, and only seven out of the total survivors were immune against a subsequent intracerebral inoculation of virus.

A further batch of mice was inoculated either subcutaneously or intraperitoneally with neurotropic virus. These two groups were then divided into several lots of 6 each. On each successive day for 6 days one lot from each group was inoculated intracerebrally with starch. The results show that many of the intraperitoneal group (15 of 41) died of encephalitis but only 6 survivors were immune whilst in the subcutaneous group 6 out of 41 died of encephalitis, but 18 were immunized.

A second experiment gave similar results, which are interpreted as showing that there is less danger of invasion of the blood stream after subcutaneous than after intraperitoneal inoculation. E B

ADVIER. Etude expérimentale de la fièvre jaune. [An Experimental Study of Yellow Fever].—*Ann. de Méd. et de Pharm. Colon* 1934 Oct.-Nov.-Dec. Vol. 32. No. 4 pp. 441-472.

A detailed account of experiments confirming most of the well-known facts regarding the infection of monkeys and mice with yellow fever and the technique of protection tests.

A strain of yellow fever was obtained from a fatal case of the disease in a European. Although two monkeys were successfully infected with this strain and died with typical symptoms, the author failed to establish the strain in mice by intracerebral inoculation. It is noted that infected blood from this case of yellow fever had lost its infectivity when mixed with broth and kept at 37°C. for 24 hours, whilst a similar mixture kept in the ice chest remained infective. E. H

SELLARDS (Andrew Watson). The Interpretation of the Incubation Period of the Virus of Yellow Fever in the Mosquito (*Aedes aegypti*).—*Ann Trop Med & Parasit* 1935 Apr 25. Vol. 29. No. 1 pp 49-63 [10 refs.]

An interesting discussion of the significance of the incubation period of yellow fever virus in the mosquito.

In opposition to the view of DAVIS, FROEMER and LLOYD (see this Bulletin Vol. 31 p. 81) who concluded that the incubation was required not for the multiplication of virus, but for its migration to the salivary glands, the author prefers the view that the virus multiplies in its insect host. The initial loss of the virus content in the mosquito is paralleled by many examples in protozoal infections, where after being ingested by a suitable host many of the parasites die, and only a few establish themselves and multiply. It is pointed out that under the same temperature conditions the incubation period of the virus is similar in both its vertebrate and invertebrate hosts (4 days at 37°C. in the mosquito). The lengthening of the incubation period as the temperature is lowered is consistent with the view that the virus grows more readily at a higher temperature, and the experiments

recorded by DAVIS and his associates are regarded as furnishing evidence that the virus multiplies in the insect host. E H

FINDLAY (G. M.) & STERN (Ruby O) *Encephalomyelitis produced by Neurotropic Yellow Fever Virus.*—*Jl Path. & Bact.* 1935 Mar Vol. 40 No 2. pp 311-318 With 10 figs. on 3 plates. [18 refs.]

A record of the lesions produced in the central nervous system of susceptible animals—monkeys, guinea pigs, mice and hedgehogs—after infection with neurotropic yellow fever virus.

In every case the virus produced an inflammatory reaction in the central nervous system, degenerative changes in the nerve cells and acidophilic intranuclear inclusions. The inflammatory reaction was characterized by infiltration with mononuclear cells and proliferation of the microglia. It was much less marked in animals inoculated either subcutaneously or intranasally.

Degenerative changes in the ganglion cells were present in all stages from slight swelling of the cell body to neuronophagia with complete disintegration of the cell. The specific acidophilic intranuclear inclusions were seen only in ganglion cells which had not undergone extensive degeneration and never in cells showing neuronophagia. These inclusions did not stain with the Feulgen technique and were larger than the acidophilic granules sometimes found in the nerve cells of these animals, which are stained by this method. Demyelination was not observed. E H

BAUER (Johannes H.) & HUGHES (Thomas P) *Ultrafiltration Studies with Yellow Fever Virus.*—*Amer Jl Hyg* 1935 Jan. Vol. 21 No 1 pp. 101-110 [14 refs.]

A record of filtration experiments with two strains of yellow fever virus, confirming FINDLAY and BROOM's estimate of the size of the virus particles, and their observation that in this respect there is no difference between neurotropic and viscerotropic strains. [See this *Bulletin* Vol. 31 p 499] E H

SHANNON (Raymond C.) PUTNAM (Persis) *The Biology of Stegomyia under Laboratory Conditions. I. The Analysis of Factors which Influence Larval Development* [SHANNON & PUTNAM] *II. Egg-Laying Capacity and Longevity of Adults* [PUTNAM & SHANNON]—Reprinted from *Proc Entom. Soc Washington*. 1934. Oct. Vol. 36 No. 7 pp 185-216. With 9 figs. [15 refs.] pp 217-242. With 5 figs.

The authors desire to put our knowledge of the biology of the yellow-fever mosquito on a solid quantitative basis. In the present papers they set out a considerable body of numerical fact.

The papers contain a mass of useful work, carefully recorded. Among other things they tell us the conditions under which the maximum number of mature dry eggs will hatch quickly. The authors find considerable differences between their results and those published by other workers, and the view is expressed that these may be due to differences in the strain of *Stegomyia*. Is it not equally possible that

they are due to different conditions or to the presence of micro-organisms in the water? The matter could perhaps best be investigated if experiments with different strains were carried out side by side under aseptic conditions. With regard to the biology of the larva, facts are given about the mortality under certain standard laboratory conditions. One observes that with improved technique the mortality was lowered and also that a greater uniformity in rate of development followed. Studies were also made on the mortality caused by over-crowding. Reference is made to the optimum conditions, but they are in no way defined.

Biological studies on the adult female give information on the number of eggs which are laid under certain conditions of feeding, etc. Here comparison is also made between the mortality of females which were given blood at regular intervals (and which therefore laid eggs) and others which never received blood and which were kept alive with honey and water. In the second group there were very few deaths in the first ten weeks, after which the number of deaths suddenly became great. The curve relating mortality to time therefore approaches the rectangular but the corresponding curve for the females which received blood and laid eggs is of the more usual S shape.

In certain parts of the paper it seems that the statistical analysis has been carried further than the accuracy of the experiments warrants, for instance the authors give facts on the mean duration of larval life as affected by temperature, but temperature was not controlled and was measured in the air of the laboratory not in the breeding jar at 8 a.m. and 4.30 p.m. There is therefore no evidence that the mean temperatures recorded were close to the mean temperatures to which the insects were exposed but in spite of this comparative crudity in the experiments, the statistical analysis is of a high degree of elaboration.

P. A. BURNES

ROXBOROUGH (Lloyd E.) The Relation of Bacteria and Bacterial Filtrates to the Development of Mosquito Larvae.—*Amer. J. Hyg.* 1935 Jan. Vol. 21 No. 1 pp 167-179

The author has set himself to discover whether mosquito larvae (generally those of *Aedes aegypti*) can breed in sterile water containing organic material in solution, and whether the larvae grow as well in a pure culture of known bacteria as they do in unsterilized water containing bread crumbs.

The eggs were sterilized in hexylresorcinol, and controls transferred to a suitable unsterile medium hatched well. The sterility of the experimental tubes was examined by testing for aerobes and anaerobes. Since the rate of growth of larvae is used as a criterion, it would have been well to control the temperature. The paper describes a large number of experiments in which the results appear clear and consistent. The most important findings are that larvae in sterile filtered water taken from breeding places lived no longer than those in sterile distilled water none of them reaching the second stage. Larvae provided with living pure cultures of known micro-organisms were able to grow though not always as rapidly as the controls adults were generally produced though the larval mortality was high in most cases. The author provides support for his view that it is the bacteria and not the results of their metabolism on which the larvae live.

The interesting observation was made that larvae live long but grow very slowly in an autoclaved mixture of water and bread crumbs. It would be interesting and valuable to test the result of adding salts, possibly nutritive materials, accessory food factors etc. and the author has begun to explore this subject.

P A Buxton

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HOFFMANN (W H) Tropenarzt und Gelbfieber — Reprinted from *Jahrbuch d Miss Arch Inst. s Würzburg* 1934 Vol. 11 p 19

SOPER (Fred L.) El problema de la fiebre amarilla en América.—*Bolet Oficina Sanitaria Panamericana*. 1935 Mar Vol. 14 No 3 pp 204-213

## RELAPSING FEVER AND OTHER SPIROCHAETOSSES

SIXGER (Ernst) Die Wirkungsweise der Chemotherapeutika bei Spirochäten- und Protozoeninfektionen. [The Mode of Action of Chemotherapeutic Substances in Spirochaetal and Protozoal Infections.]—*Med Klin* 1935 Mar 22. Vol. 31 No. 12 (1579). pp. 398-399

A useful summary of the author's view on the mode of action of chemotherapeutic agents based mainly on the results obtained by the analysis of spirochaetes and trypanosomes before and after treatment with various arsenical and gold preparations [see this *Bulletin*, Vol. 31 p. 510].

He emphasizes that the direct action of chemotherapeutic agents on spirochaetes and trypanosomes, as shown by the rapid disappearance of these organisms from the blood, is only one part of the curative action. The other part depends on the immune reaction of the host, especially the influence of the chemotherapeutic agent on the cells of the host, but this is a pharmacological problem about which relatively little is known at present. However the methods of analysis which have been developed for the examination of spirochaetes and trypanosomes are applicable to the study of what happens to chemotherapeutic agents in the tissues of the host, and seem likely to lead to fruitful results.

E. Haszli.

VON JAKCSÓ (N.) & NOVÁK (E.). Mikrobiologische Grundlagen der chemotherapeutischen Wirkung II Mitteilung Mikroskopischer Nachweis des chemotherapeutisch verabreichten Goldes in Spirochäten, Trypanosomen und Bakterien durch Ultrakristallisation. [A Microbiological Basis for Chemotherapeutic Action. Part II. The Microscopic Demonstration of Chemotherapeutic Gold in Spirochaetes, Trypanosomes and Bacteria by Means of Ultra-Crystallization.]—*Zent. f. Bakt.* 1. Abt. Orig. 1935 Apr 23. Vol. 134 No. 1/2. pp. 76-88. With 2 text figs. [15 refs.]

The authors have used the fact that extremely small quantities of gold can be seen by means of dark ground illumination to demonstrate its presence in spirochaetes from infected rats and mice treated with various gold compounds.

The animals were infected with a Russian strain of *S. recurrens* and at the height of the infection injected with potassium gold cyanide, Solganal A or B or similar compounds. One hour after treatment the spirochaetes show a massive impregnation with gold and in this air-dried films examined by means of dark ground illumination the parasites stand out in bright gold on a black background.

For the preparation of films three methods are recommended —

- (1) Extremely thin smears of defibrinated blood containing the spirochaetes after treatment.
- (2) The incineration method, applied to concentrated masses of spirochaetes obtained by centrifugation. The heart blood of an infected rat after treatment is defibrinated, then centrifuged at about 1 000 revolutions per minute to remove any blood cells. The supernatant fluid is spun at about 7,500 revolutions per minute to bring down the spirochaetes.

which are then washed twice in either human serum or filtered sheep serum. Smears are made of the concentrated spirochaetes on slides which will withstand heat and on which there is no trace of any fat or minute scratches. The slides are then heated above a Bunsen flame at first film side upwards until the film turns brown and finally with the film side downwards until the slide is red hot. The slides are allowed to cool slowly and when examined by dark ground illumination the spirochaetes represented only by ash containing gold particles stand out against the dark background.

(3) Permanent preparations can be made by placing air-dried films in a developing solution which must be freshly prepared and is composed of —

- 100 cc. Distilled water
- 2.5 cc. Gold chloride solution
- 3.0 cc. Potassium carbonate solution
- 1.25 cc. Potassium ferricyanide solution

The gold chloride solution contains 2.51 gm.  $\text{AuCl}_3$  (= 3.49 gm. of crystallized  $\text{AuCl}_3 \cdot 4\text{H}_2\text{O}$ ) per litre. The potassium carbonate 12.4 gm.  $\text{K}_2\text{CO}_3$  per litre and the potassium ferricyanide 0.11 gm.  $\text{K}_3\text{Fe}(\text{CN})_6$  per litre. In every case double distilled water is used.

The films are immersed in this developing solution and heated to  $90^\circ\text{C}$ , then 4.0 cc. of 1 per cent. fresh formalin solution is added and the mixture kept warm for about three minutes and then the slides washed in distilled water and allowed to dry. The formalin solution consists of 1 cc. acid free formalin and 99 cc. of distilled water.

Finally the films may be mounted in neutral Canada balsam and examined by means of dark ground illumination.

These methods may be used not only to demonstrate whether any particular gold compound unites with the spirochaetes but also to study relative localization of gold in the tissues of treated animals for control preparations made from material not containing gold did not show the characteristic appearance under the dark ground. The authors recommend its use for the study of trypanosomes, tubercle bacilli and similar infections where gold compounds may be of value.

E H

ROSENHOLZ (H. P.) & SCHERBINA (L. I.) Zur Frage der sogenannten Pseudoinfektion bei Rückfallfieber und ihre chemotherapeutische Behandlung [The Problem of So-called "Pseudo-infection" in Relapsing Fever and its Chemotherapeutic Treatment.]—*Zent. f. Bakt.* I Abt. Orig. 1935 Apr 25 Vol. 134 No 1/2. pp 42-50

The injection of mice with blood containing a Russian strain of *S. recurrentis* is said to be followed by a pseudoinfection.

This is characterized by (1) the absence of any incubation period spirochaetes appearing in the circulation within one or two hours after inoculation (2) by the type of increase and decrease in the number of spirochaetes in the peripheral circulation (3) by the absence of any immunity against reinfection (4) by the absence of any specific antibodies after the disappearance of the spirochaetes (5) by the failure to produce any passive immunity with the blood of recovered mice and (6) by the failure of salvarsan to have any sterilizing action on these infections.



The latter observation supports the view that the action of salvarsan and similar compounds is linked up with the natural defence mechanism of the host, and consequently when this is not brought into action, as in the case of these pseudo-infections, the drug has no effect on the parasites.

E. H

SCHÖLLER (Hans) Isolierung einer Pseudospirochäte aus dem strömenden Blut bei einer rückfallfieberartigen Erkrankung. (The Isolation of a Pseudo-Spirochaeta from the Circulating Blood of a Patient showing a Type of Relapsing Fever.)—*Klin. Woch.* 1935 Mar 9 Vol. 14 No. 10 pp. 833-336. With 1 fig [22 refs.]

A detailed account of a patient in Basle who during a period of about 6 weeks suffered from a peculiar type of relapsing fever of obscure aetiology.

Blood cultures were made in Schödl's medium and on two occasions the author obtained strains of a pleomorphic organism ranging in form from short vibrios 2  $\mu$  in length up to spiral forms 30  $\mu$  in length, but thicker than ordinary relapsing fever spirochaetes. The inoculation of these cultures into mice, pigeons and guinea-pigs gave negative results, but when inoculated into the eye of a rabbit a "primary effect" in the form of keratitis and iritis was noticed after 2 to 3 days.

The patient was given injections of "syntharsan" starting on the 27th day of illness. blood cultures made three weeks after this treatment had begun were negative and the patient's symptoms gradually disappeared.

The nature of the organism isolated by the author remains doubtful, but is considered as possibly related to spirochaetes in view of its characters and also the susceptibility of the infection to treatment with neosalvarsan.

E. H

KNOWLES (R.) & BASU (B. C.) A Blood-Inhabiting Spirochaete of the Guinea-Pig.—*Indian J. Med. Res.* 1935 Jan. Vol. 22 No. 3. pp. 449-468. With 2 charts, 3 text figs. & 4 figs. on 1 plate. [19 refs.]

The description of a spirochaete, named by the authors *Spirochaeta cobayae* found occurring naturally in the blood of a guinea-pig at Muktesar.

The infection was easily transmitted from one guinea-pig to another and also to white rats and rabbits by means of blood inoculation. After an incubation period of 2 to 6 days spirochaetes appeared in the blood, were present from 7 to 28 days and then disappeared. The mortality was about 31 per cent., animals dying either at the height of infection or a few days after the spirochaetes had disappeared. Relapses occurred in 9 out of 69 animals. The infection was not hereditarily transmitted, and there was no transmitted immunity. Recovered animals showed a solid immunity.

The spirochaete belongs morphologically to the relapsing fever group and can be readily cultivated in Galloway's medium.

In *Argas persicus* the spirochaete is said to develop in a manner similar to *S. anserina* [see this Bulletin Vol. 29 p. 593], and the

small spirochaetes invade the salivary glands. Although the authors failed to infect guineapigs by the bites of these ticks the inoculation of emulsions of the salivary glands of the ticks was found to produce infection  
E H

BRUMPT (E) Présentation de deux *Ornithodoros canestrinii* Bix 1895 vivants originaires d'Ispahan (Perse). [Presentation of Two Living *O. canestrinii* from Ispahan, Persia.]—Bull Soc Path Exot 1935 Feb 13 Vol. 28 No. 2. pp 51-53

*O. canestrinii* was described in 1895 by BIRULA from specimens collected at Teheran in 1839 and in the Caucasus in 1885. Brumpt had ticks collected in Persia and sent to Paris: two females (alive) and one male (dead) proved to be this large *Ornithodoros*. The females have fed but have not yet laid eggs. Brumpt intends making a study of them and seeing if they transmit *Spirochaeta perniciosa* the agent of the relapsing fever of Central Asia. He thinks the species must be rare for it has not been found by the Russian zoologists who have studied the tick fauna of Turkestan.  
A G B

WYNN (Hartie L.) & BACK (M. Dorothy) Epidemiological Studies on Relapsing Fever in California.—*Am J Public Health* 1935 Mar Vol. 25 No. 3 pp 270-278 With 2 maps. [15 refs.]

ZIMMERLI (E) Is there any Bronchial Spirochaetosis?—*J Egyptian Med Assoc* 1935 Jan. Vol. 18 No. 1 pp 32-38 [See this Bulletin Vol. 51 p. 850]

## RAT BITE FEVER.

PANDALAI (N. G.) Observations on the Pathogenicity of the Local Strains of *Spirillum minus* to Guinea-Pigs.—*Indian J Med Res* 1935 Jan Vol. 22 No. 3 pp 469-473

Rat bite fever seems to be not uncommon in Viragapatam since about a dozen cases a year go to the laboratory for diagnosis. The author gives details of four cases from which strains of *S. minus* were isolated and studied in regard to their pathogenicity to guineapigs and immunological reactions.

Two of the strains produced fatal infections in guineapigs; another strain a non-fatal infection whilst the fourth was non-pathogenic. Sub-passages tended to exalt the virulence of the parasite.

Positive Wassermann reactions in many of the infected guineapigs showed that a complement fixing antibody identical with the syphilitic reagin in its physico-chemical properties, is produced by infection with *S. minus*. The experimental disease in guineapigs was easily cured by injections of novarsenobillon.  
E Hinds

- GAUTIER (Claude) & BISSERY. Un cas de sodoku. [A Case of Sodoku].—*Bull. et Mém. Soc. Méd. Hôpit. de Paris*. 1935. Mar. 11. 51st Year 3rd Ser. No. 8. pp. 353-363. With 1 chart.

The description of a typical case of sodoku in France in which the infection was acquired in a peculiar manner. Whilst feeding a feline with a freshly killed rat the beak of the bird scratched the patient's forefinger which was covered with the blood of the rat, and after an incubation period of 4 to 5 days he developed a typical attack of the disease which was cured by intravenous injections of neosalvarsan.

E. H.

- GIRARD & PAULICEVICH. Deux cas de sodoku dans la région toulonnaise. [Two Cases of Sodoku in the Neighbourhood of Toulon].—*Marseille-Méd.* 1935. Feb. 5. Vol. 72. No. 4. pp. 158-164. With 4 charts.

A description of two typical cases of sodoku in children, both of whom had been bitten by rats. *S. muris* was found microscopically in the blood, but attempts to infect guinea-pigs were negative. Both cases responded to treatment with arsenical compounds.

E. H.

- FRANCO (J. Jiménez) & COLICHÓN (Héctor). Periorquitis y edema escrotal consecutivos a la inoculación experimental de *Spirillum muris*. [Periorchitis and Scrotal Oedema after Inoculation with *Spirillum muris*.]—*Rev. Méd. Peruana*. 1934. Dec. Vol. 4. No. 72. pp. 2180-2188. With 3 figs.

After inoculation of guinea-pigs with the blood or emulsions of the organs of an animal suffering from rat-bite fever the scrotal or subtesticular reaction is set up, as in typhus, and is with difficulty if at all, distinguishable from it. Other considerations have to be taken into account. Thus in experimental murine typhus recovery is the rule most cases of sodoku end fatally. Other symptoms—adenitis, blepharitis, emaciation—may assist. The route of inoculation is important the reaction occurring after subperitoneal injection in the case of typhus, but after subcutaneous inoculation in sodoku. Lastly the viruses are not mutually protective, an animal after it has been treated by novarsenobillon for its scrotal reaction due to rat-bite virus is still liable to give the reaction again when inoculated with the murine typhus virus. [See also this Bulletin Vol. 30, p. 377]

H. H. S.

## LEPTOSPIROSIS.

- UHLERWUTH (P.) & ZIMMERMANN (E.). Beiträge zur Chemo- und Serotherapie der Weilschen Krankheit. [A Study of the Chemo- and Sero-Therapy of Weil's Disease.]—*Möb. Klin.* 1935. Mar. 22. Vol. 31. No. 12 (1579). pp. 375-377. [14 refs.]

The authors give a brief summary of the results obtained in the treatment of Weil's disease by various bismuth compounds and also by means of immune serum. Their recent experiments show that

three new compounds R 141 (Rothmann) also 'Bi 5' and especially Bi 7 (Giernsa) are efficient agents for the treatment of guineapigs infected with Weil's disease as indicated in the following table showing the results obtained with seven different preparations —

	Minimum Lethal Dose		Minimum Curative Dose		Therapeutic Index
	Mg. of Compound	Mg. Bi	Mg. of Compound	Mg. Bi	
Bismuth-Yatren A (1% Bi)	0.5-0.6 ccm solution	6	0.10-0.15 ccm. solution	1.5	1.5 (-1.8)
R 141 (40% Bi)	30-45	16	6-10	3	1.3-1.8
R 1220 (22.5% Bi)	200-250	48	about 40-60	11	1.3-1.5
Natrol (12.5% Bi)	40	5	15-20	2.3	1.2-1.3
Bi 5 (71% Bi)	about 50	36	6-8	5	1.7
Bi 7 (84% Bi)	about 80-100	58	about 8	5	1.10-1.12

In each case the dose is calculated per 100 gm. weight, and the guineapigs were inoculated subcutaneously with the therapeutic agent 24 hours after having received an intraperitoneal injection of the disease agent. R 141 is a sodium compound of bismuth-dithiopyridine-carbonate. Bi 5 (Pallicid) is sodium tribismuthyl tartrate and Bi 7 sodium dibismuthyl tartrate. The latter has the most favourable chemotherapeutic index of any compound tried, but as in the case of Bi 5 it is advisable to inoculate it intramuscularly or preferably intravenously in order to avoid the local necrosis which may follow subcutaneous injections.

The action of immune serum is well known but the authors add some notes on its use in the treatment of human cases of Weil's disease. The serum should have an agglutination and lysis titre of at least 1:20,000. Human convalescent serum reaches its highest titre 30 to 50 days after the beginning of the attack. It deteriorates when stored and after 6 months should not be used. Rabbit immune serum gives good results and is now supplied by the I. G. Farbenindustrie (Behring Works Marburg). The dose is 30-40 cc. of serum injected intramuscularly.

E. Hinde.

ZIMMERMANN (E.) & ARJONA (E.) Serologischer Titer und Heilwert der Seren gegen Weilsche Krankheit [The Serological Titre and Therapeutic Action of Sera against Weil's Disease]—*Ztschr. f. Immunopath. u. Experim. Therap.* 1934 Dec. 31 Vol. 84 No. 1 pp 111-117

The authors tested the agglutination titre of various human and rabbit anti-sera and then tested their action in guineapigs inoculated

with the sera respectively 4 or 5 days after being infected with *S. sclerochaetomorrhagiae*. The results show that the agglutination titre may range from 1:160,000 to 1:5,000 and is a clear indication of the value of the serum for treatment but when convalescent serum is going to be used for the treatment of human cases its agglutination titre should not be less than 1:20,000. E. H.

TROISIER (J.) BARIÉTY (N.) & BROUET (G.) *Spirochètose ictéro-hémorragique après morsure de rat. Méningite purulente.* [*Spirochaetal Jaundice after the Bite of a Rat. Purulent Meningitis.*]—*Bull et Mém. Soc. Méd. Hôp. de Paris*. 1934. Nov. 19. 3rd Ser. Vol. 50. No. 29. pp. 1451-1458.

A detailed description of a fatal case of this disease in a patient who was bitten by a wild rat and developed jaundice 15 to 20 days later. After entering hospital suppuration of the sub-arachnoid spaces also developed in addition to the usual symptoms of spirochaetal jaundice. E. H.

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BARROS (Enrique) *Espiroquetosis ictero-hemorrágica.*—Reprinted from *Pres. Med. Argentina*. 1935. Jan. 2, 9 & 16. 84 pp. With 4 figs. [174 reb.]

## REVIEWS AND NOTICES

BRITISH EMPIRE LEPROSY RELIEF ASSOCIATION *Dawn*, being the Annual Report for 1934—36 pp With 11 figs. 1935 London. 131 Baker Street W 1

The British Empire Leprosy Relief Association issues its Annual Report for 1934 under the title '*Dawn*' suggestive of the more hopeful outlook that the activities of the Association have brought to a class of people suffering from a disease formerly regarded as incurable. In the words of the report 'the leper is slowly beginning to feel that he is not a doomed man' and that his return to a life of usefulness is not an impossibility.

The year 1934 marks the close of the first decade's work of the association. During these ten years over £18 000 has been given to medical missionaries and others for the erection of dispensaries, hospital buildings and houses for lepers and more than £5 000 representing several million doses, has been spent in supplying a better and more effective derivative of chaulmoogra oil to those in a position adequately to treat cases. The grants have covered territories as far apart as the Solomon Islands in the Western Pacific, Burma, West Africa, East Africa, Rhodesia and the West Indies.

In India an appeal for funds issued by the Viceroy (Lord Reading) brought in a sum of over £160 000 with the result that energetic and sustained action is being taken throughout that great country in the way of research, surveys and the treatment of those suffering from leprosy.

An interesting development of the Association's work has been the foundation of a Special Committee in conjunction with Toc H\* to select and train non-medical men recommended by Toc H for employment in leper home colonies, leprosy prevention units and such like schemes. So far this Special Committee has selected six of the most suitable men from a very long list of candidates. Five of these are now undergoing a nine months' elementary medical training at Livingstone College, Leyton, prior to being sent to Nigeria. The sixth man selected is being sent to the Leprosy Home and Hospital at Dichpali, H.E.H. The Nizam's Dominions, India.

Other activities of the Association referred to in the report are its publications and propaganda, and a tour of the West Indies in 1934 by its Medical Secretary.

The report shows that though much has been achieved by the Association during the first ten years, much more could be accomplished if the funds at its disposal were commensurate with its needs.

R. L. S.

FRÓES (Heitor P.) *Lições de clinica tropical*. Vol. II. Livro I (2a Serie) *Estrongiloidíase. Filariases. Sódico Boubu. Mieloma podal. Dermite linear serpiginosa*. [Lectures in Tropical Medicine]—pp vii + 311 With 126 figs. & 2 charts. 1934 Bahia.

The first volume of this work, of which apparently there are to be five when the whole is completed, dealt with malaria. That was issued in 1933. The present treats of infestations by *Strongyloides* (3 lectures), *Filaria* (2) with Rat bite Fever, Yaws (2), *Mycetoma pedis* (2) and Creeping eruptions (2). The text has been carefully prepared, due acknowledgment is made to research workers in countries other than that of the author, references are abundant and

Toc H is an organization for social service, founded as a memorial to British youth who perished in the World War.

the information is full, up-to-date and clearly set out. There is little therefore to say except that to those who are conversant with Portuguese the whole will constitute an excellent text-book if the publication of the next three volumes can be expedited otherwise by the time the last is issued the first will be out-of-date. Where the text is so good it is a pity that, with certain exceptions, the illustrations are so poorly reproduced. Some we can follow after reading the legend, but some, e.g. Figs. 18, 56 and 84 on pp. 63, 178 and 236 respectively convey nothing to the reviewer even with the aid of the legend subscribed, and presumably the average reader will find similar deficiency in their interpretation.

H. H. S.

BUREAU OF HYGIENE AND TROPICAL DISEASES

TROPICAL DISEASES  
BULLETIN.

Vol. 32.]

1935

[No 9

## RABIES

## A REVIEW OF RECENT ARTICLES XXIII \*

1. *Virus*

It will be remembered that NICOLAU and KORCIOWSKA<sup>1</sup> claimed that fixed virus could be retransformed into street virus by passage inoculations into the right sciatic nerve of emulsions obtained from the left sciatic nerve of the previous animal (this *Bulletin* Vol. 31 p 637). They have repeated this experiment using the ordinary Pasteur strain of fixed virus with the same result—namely a progressive increase in the number and size of the Negri bodies. KORCIOWSKA<sup>2</sup> in an additional paper states that the phenomenon of septinévrite is also gradually increased. Thus with the retransformed virus emulsions of the nerve trunks were found to be constantly infective—25 out of 25—whereas with fixed virus the proportion was 10 out of 13. This is considered to be additional evidence that the virus has been retransformed.

MANOUÉLIAN<sup>3</sup> restates his view that the virulence of the saliva in rabies depends upon the presence of virus in the neurones of the salivary glands and of the mucosa of the tongue. These neurones lie close to the surface, and a slight abrasion may set them free.

REMLINGER and BAILLY<sup>4</sup> find that the Tangier strain of fixed virus has become less resistant to drying during the course of passaging. In 1923 when the virus was in its 2200th passage cords dried for 6 and 5 days were never virulent, whereas of 15 cords dried for 4 days 7 were virulent. The experiment has been repeated in 1934 when the virus was in its 2870th passage. At this date 4-day dried cords were never virulent (0 in 12) whilst of 30 cords dried for 3 days 10 were virulent. Similarly resistance to the action of glycerine has been reduced.

\* For the twenty-second of this series see Vol. 32, p. 173

<sup>1</sup> NICOLAU (S.) & KORCIOWSKA (L.) Sur la transformation du virus rabique fixe en virus des rues.—*C R Soc Biol* 1935 Vol. 119 No 17 p 140-143 With 1 fig.

<sup>2</sup> KORCIOWSKA (L.) Septinévrite à virus rabique fixe "ramené en arrière" (transformé apparemment en virus des rues).—*C R Soc Biol* 1935 Vol. 119 No. 17 pp 143-146 With 1 fig. [10 refs.]

<sup>3</sup> MANOUÉLIAN (Yervante). Neurones virulents et infection de la salive au cours de la rage.—*C R Soc Biol* 1935 Vol. 119 No 18 pp 256-257

<sup>4</sup> REMLINGER (P) & BAILLY (J) Influence des passages de lapin à lapin sur la sensibilité du virus rabique à la dessiccation et à la glycérine.—*C R Soc Biol* 1935 Vol. 118 No 12 pp 1206-1208



The effects of subpassage on the resistance of the virus to ether and to dilution are described in a second communication.<sup>4</sup> It is shown that the resistance to ether increases as a function of the number of passages. In 1919 brain substance immersed in ether remained virulent for about 70 hours, now it is still virulent after 215 hours immersion. A similar increase is found to apply to dilution. REMLINGER and BAILLY believe that the confliction between these two results is more apparent than real. The effect of passage is to adapt the virus to the nervous substrate. Thus with passage the concentration of the virus, and in particular the concentration of young forms especially sensible to physical agencies such as desiccation increases. Thus the effect of desiccation will increase with passage. Glycerine is not an antiseptic, but more a physical agency acting in virtue of its hygroscopic effects. Its action consequently increases with sub-passage, as the concentration of young forms becomes greater. Dilution on the other hand acts not by attenuation but by repartition and ether—being an antiseptic—acts proportionately to the concentration of the virus. As the effect of subpassage is to increase the concentration of the virus, it takes an increasing period of time for complete disinfection to be achieved.

ANDO<sup>5</sup> from a lengthy series of experiments finds that the incubation periods of different strains of fixed virus vary considerably. The infectivity to subcutaneous and intraplantar injection also varies. Some viruses are relatively weak when inoculated subcutaneously but show a high degree of virulence when introduced intracerebrally. There is also variability as regards the occurrence and types of the Negri bodies which are found in the inoculated animal (dog, rabbit or guinea pig) some strains producing the larger forms seen in street virus infection. The fixed virus strains could not be serologically differentiated by means of rabidial sera.

An interesting series of graphs showing the rise and fall of rabidial power of the serum after immunization is given in the second section of this paper. For example the dilution of serum which inactivated a definite quantity of an emulsion of virus filtered through a Berkefeld V and kept in contact *in vitro* for 3 hours at 37°C. was in one instance 1/4 on the 15th day 1/16 on the 20th day 1/64 on the 30th day 1/128 on the 45th day 1/32 on the 65th day and 1/16 on the 90th day. With strains of short incubation the serum showed rabidial properties earlier than with strains of long incubation and fixed virus vaccines which had undergone few subpassages acted earlier than did vaccines which had undergone many subpassages.

In the third section ANDO discusses the question of the selection of a suitable strain of fixed virus for treatment. He considers that the strain must be freshly fixed and have a short incubation period. Its power of producing rabidial substances as well as its power of protection should be tested. Its virulence should be tested by subcutaneous, intraplantar and intracerebral inoculation. Its peculiarities as regards Negri body production should also be investigated.

REMLINGER (P) & BAILLY (J) Influence des passages de lapin à lapin sur la sensibilité du virus rabique à l'éther et à la dilution.—*C. R. Soc. Biol.* 1935 Vol. 119 No. 16. pp. 29-31

ANDO (Masaburo) Untersuchungen ueber Virus-Ässe der Lyssa. I. Virulenz des Virus-Ässe und seine Klassifikation.—*Japanes. J. Exptl. Med.* 1935 Apr. 20 Vol. 13 No. 2. pp. 125-147 II. Vergleichende Immunisationsversuche mit Virus-Ässe Stämmen.—*Ibid.* pp. 149-187 With 9 figs. III. Ueber Virus-Ässe-Stämme und ihre Anwerd.—*Ibid.* pp. 189-195 [78 refs.]

It will be remembered (this *Bulletin* Vol 31 p. 638) that SHORTT and BROOKS found that 10 minutes exposure of suspensions of fixed virus brain tissue to the photo-dynamic action of solutions of methylene blue completely inactivated the virus whereas according to GALLOWAY's experiments the virus was inactivated in collodion membranes or sand and paper pulp filtrates but not in unfiltered suspensions. GALLOWAY also found that after exposure the virus retained its antigenic value. The former authors<sup>7</sup> have been unable to confirm this latter result. They find from experiments on 114 rabbits that the antigenic value is greatly impaired. They suggest that if the photo-dynamic action of methylene blue is to be of any use in the preparation of vaccines its action must stop short of complete inactivation in the sense of a dead virus. As a source of light SHORTT and BROOKS used sunlight and GALLOWAY a 300 candle power filament lamp. SANKARAN and BEER<sup>8</sup> have now carried out a series of experiments in which a Quartz Mercury Vapour lamp was the source of radiation. They find that exposure of a 5 per cent. suspension of rabies infected brain to this radiation inactivates the virus in 10 minutes and that this occurs even in the absence of methylene blue. Further experiments are being carried out to determine the physical basis of this phenomenon, and experiments are also in progress to determine whether the inactivated virus has retained its antigenic properties.

A similar result has been obtained by LEVADITI<sup>9</sup>. The virus *in vitro* was destroyed in 5 minutes. Further experiments were carried out *in vivo*. It appeared that a single application of the lamp for 10 minutes to the cornea (after corneal inoculation) did not prevent infection in the case of 7 out of 9 rabbits irradiated immediately 4, 24 and 48 hours and 3 days after inoculation. Three applications each of 10 minutes duration, saved 4 out of 6 rabbits. The animals which survived from the former experiments were not immune to further infection. The author draws attention to the fact that the passage of the virus from the site of inoculation (neuroprobasie) must be extremely rapid.

In an article by LIMA<sup>10</sup> are recapitulated the results of his experiments upon the transmission of the rabies of Matto Grosso by the vampire bat (this *Bulletin* Vol. 31 p. 637).

REMLINGER and BAILLY<sup>11</sup> in continuance of their article (this *Bulletin* Vol. 31 p. 639) present further results of their investigation of the pseudo rabies of AUJESZKY. The virus is sometimes found in the

<sup>7</sup> SHORTT (H. E.) & BROOKS (A. G.) Note on Rabies Fixed Virus as an Antigenic Agent when Inactivated by the Photodynamic Action of Methylene Blue. — *Indian J. Med. Res.* 1935 Jan. Vol. 22, No 3 pp 557-560

<sup>8</sup> SANKARAN (G.) & BEER (W. A.) The Effect of Exposure of Suspensions of Rabies-Infected Brain to Radiation from a Quartz Mercury Vapour Lamp. — *Indian J. Med. Res.* 1935 Jan. Vol. 22, No 3 pp 581-594 With 2 figs. on 1 plate. [13 refs.]

<sup>9</sup> LEVADITI (C.) Etude de la "neuroprobasie" des virus de l'herpès et de la rage, au moyen du rayonnement total de la lampe à mercure. — *Bull. Acad. Méd.* 1935 Jan. 29 90th Year 3rd Ser Vol. 113 No 4 pp 127-139 With 2 figs. [25 refs.]

<sup>10</sup> LIMA (Queiroz) A transmissão da raiva dos herbívoros pelos morcegos hematofagos da família Desmodontidae. — *Rev. Depart. Nac. de Produção Animal* Rio de Janeiro 1934 Vol. 1 Nos. 2 3 & 4 pp 165-173 With 11 figs. & 1 folding diagram. English summary

<sup>11</sup> REMLINGER (P.) & BAILLY (J.) Contribution à l'étude du virus de la maladie d'Aujeszky. — *Ann. Inst. Pasteur* 1935 Feb. Vol. 54 No 2, pp. 149-184

blood sometimes in the nervous system. It is more frequently found in the spleen, the liver the testicle, the suprarenals, and the bone marrow than in the virus of rabies. The saliva, bile, urine and faeces are never infective. The virus is highly resistant to desiccation, but is destroyed by heating at 60°C. for 50 minutes. It is well preserved in glycerine. It passes L1 L2 and L3 Chamberland, but not Berkefeld V bougies. It is not brought down by centrifugation, and is highly diffusible. For diagnostic purposes the author recommends the rabbit and the cat.

In a long article copiously illustrated BRAGA and FARIA<sup>12</sup> cover much the same ground. Their results, from original observations, need not be recapitulated. It is an admirable summary of the features of the disease and well worthy of study.

A short text book description of pseudo-rabies is also given by GENTILUCCI.<sup>13</sup>

A description of pseudo-rabies as it occurs in Spain is given by STEINER and LÓPEZ.<sup>14</sup> Organs from 10 cases were examined, and the conclusion arrived at that the disease exists as an epizootic amongst the cattle of that country.

### 11 Symptomatology and Diagnosis.

An interesting case of paralytic rabies simulating an ascending paralysis of the Landry type is reported by DORVILLE, CHATELHAIN and TRAN VAN TAM.<sup>15</sup> The patient came to hospital at Saigon, 23 days after having been bitten on the thumb by a dog suffering from furious rabies. The patient had experienced pain in the bitten thumb and the corresponding arm for 3 days previously. He drank with difficulty and pharyngeal reflexes were rather exaggerated. He was given antirabic treatment by the dried cord method, and intravenous injections of somnifene. Five days after admission paralysis of the lower limbs became evident, reflexes were abolished, and constipation and retention of urine set in. The paralysis gradually ascended and on the 13th day the diaphragm became involved, and the patient died from cardiac syncope. Appearances of encephalitis were observed post mortem but no Negri bodies were found in the horns of Ammon. Two rabbits inoculated died of rabies, after an incubation of 14 days.

The case was characterized by the absence of spasm, by the long duration after symptoms had set in, and by their ascending paralytic nature.

For the rapid diagnosis of rabies by animal experiment WEBSTER and DAWSON<sup>16</sup> recommend the following procedure. A portion of the

<sup>12</sup> BRAGA (Aurelio) & FARIA (Aurelio). Paralytic bulbar infectious (pseudo-rabies, "ponto de coque" doença de Ascherky) (Torreça nota). — *Rev. Depart. Agr. da Produção Animal, Rio d. Janeiro*, 1934. Vol. 1. Nos. 2, 3 & 4. pp. 53-124. With 27 figs. [65 refs.] English summary (2) pages.

<sup>13</sup> GENTILUCCI (Anton Stefano). La pseudo-rabbia (pseudo bulbar infectious). — *Ann. d'Igiene*, 1935. Jan. Vol. 45. No. 1. pp. 48-63. [23 refs.]

<sup>14</sup> STEINER (A.) & LÓPEZ (C.). Descubrimiento de la enfermedad de Ascherky en España. — *Rev. Higiene y San. Preventiva*, 1935. Apr.-May. Vol. 21. No. 4-5. pp. 330-354. [22 refs.]

<sup>15</sup> DORVILLE, CHATELHAIN (R.) & TRAN-VAN TAM. Un cas de rage paralytique à évolution lente (paralyse ascendante type Landry). — *Bull. Soc. Path. Exot.*, 1935. Feb. 12. Vol. 28. No. 2. pp. 78-81.

<sup>16</sup> WEBSTER (I. T.) & DAWSON (J. R.), Jr. Early Diagnosis of Rabies by Mouse Inoculation. Measurement of Humoral Immunity to Rabies by Mouse Protection Test. — *Proc. Soc. Experim. Biol. & Med.* (1935). Jan. Vol. 32. No. 4. pp. 870-873.

horn of Ammon is emulsified and injected intracerebrally and intraperitoneally into mice. After 5 to 8 days the mouse is killed and smears from the cornu ammonis are examined for Negri bodies.

### iii Pathology

Using the staining method of MUROMZEFF (smears 12 hours fixation in methyl alcohol 10-15 minutes in a 2 per cent. dilution of Mann's strain without washing 10 minutes in 10 per cent. tannin a few seconds in abs. alcohol dried Negri bodies bright violet on a pale blue ground) PALAWANDOW SEREBRENNAJA and PUGATSCHEV were able to demonstrate the presence of Negri bodies in 100 per cent. of mice dogs marmots and hedgehogs in 80 per cent. of rats and in 75 per cent. of guineapigs infected with fixed virus. In rabbits the percentage was 35 with Kieff fixed virus 61 with Odessa fixed virus and 78 per cent. with Sassari fixed virus. They do not regard the power of fixed virus to develop Negri bodies as a reversibility towards street virus since the features of the illness were those of ordinary fixed virus infection.

From photographs taken with infra red rays GUARDABASSI<sup>18</sup> finds that Negri bodies have a granular or filamentous structure the granules appear usually to be oriented with regard to a point on the periphery. These morphological appearances lead to the view that the body is not the result of a cellular reaction against the virus but is rather an organic complex probably a stage in the cycle of evolution of a microorganism.

MATSUDA<sup>19</sup> has continued his observations on the intestinal changes in the rabid rabbit (see this *Bulletin* Vol. 32, p. 177). The first part of this communication deals with the pathology of the intestinal canal, and the appearances of an acute enteritis are described. These were localized mainly to the portion of the canal between the duodenum and the ileum. The second part deals with symptomatology. A rise of temperature was observed two days before the onset of paralysis. This was accompanied by a slight fall in body weight by diarrhoea, rhinorrhoea and salivation.

JONNESCO<sup>20</sup> cites the case of a dog which after having resisted intraocular inoculation of a strain of a reinforced virus J received in succession nine intracerebral inoculations of 1 cc. of a 1 in 50 dilution of fixed virus. He concludes that the dog had a natural immunity. After the 4th inoculation one part of its serum neutralized 9 parts of an emulsion of fixed virus after the 6th inoculation it neutralized

<sup>17</sup> PALAWANDOW (Haydar) SEREBRENNAJA (A. I.) & PUGATSCHEV (E. M.) Ueber das Vorkommen und die Eigentümlichkeiten der Negrikörper bei virus fixe.—*Ztschr f Hyg u Infektionskr* 1934 Dec. 22. Vol. 116 No 5 pp 433-438.

<sup>18</sup> GUARDABASSI (M.) Sur la structure des corps de Negri dans les photomicrographies à l'infrarouge.—*C R Soc Biol* 1933 Vol. 118. No 6 pp 559-561 With 3 figs.

<sup>19</sup> MATSUDA (Shotze) The Contribution to the knowledge of the Experimental Rabies (Report II) I. Pathological Study on the Intestinal of the Hydrophobic Rabbit. II. Study on the Clinical Symptoms of the Hydrophobic Rabbits.—*Oriental J Dis Infants* 1934 Sept. Vol. 16 No. 2 [In Japanese. English summaries pp 12-15]

<sup>20</sup> JONNESCO (Démètre) Recherches sur l'immunité naturelle du chien contre la rage et sur les neurotoxines.—*Ann Inst Pasteur* 1934 Dec. Vol 53 No 6 pp 664-680 With 1 fig [25 refs.]

19 parts. A small fragment of brain was extracted after the 4th intracerebral inoculation and was found to be infective—a portion of submaxillary gland excised at the same time did not contain the virus. A continued increase in the number of eosinophils in the blood was also observed. The authors consider the degree of eosinophilia to be an indication of the degree of immunity. The virus was also shown to be present in the blood serum 17 days after the 4th intracerebral inoculation. In the second part of this paper JONESCO finds that sensitization by inoculation of a neurotoxic serum lowers resistance to intracerebral inoculation of rabies. Of 13 guinea-pigs so sensitized, 3 were paralysed in 12 hours, 1 in 6 hours, and 8 between 3 and 7 days, after intracerebral inoculation with fixed virus whilst 4 rabbits all became paralysed on the following day. These observations are further discussed in a subsequent paper<sup>21</sup>. A neurotoxic serum was prepared by giving a dog 3 intracerebral inoculations at 8 days intervals of an emulsion of normal dog's brain. This produced similar effects to those above described. Control experiments showed that normal brain substance had no noxious effect upon previously sensitized animals. Thus the author concludes that the paralysis observed in sensitized animals was occasioned by the rabies virus which diffuses and multiplies much more rapidly when nerve cells have been sensitized by a neurotoxin.

#### iv Methods of Treatment and Statistics.

From a series of experiments on rabbits BAKI<sup>22</sup> concludes that immunity first appears, after treatment by Högyes method, between the 11th and 20th day and lasts for at least 5 months. In the case of those treated by Fermi's method it appears on the 10th day and is still complete after 2½ months. In the case of those treated by Alivisatos method it appears on the 10th and is still complete after 2 months. In general animals which have been immunized intraperitoneally retained their immunity longer than those treated by intramuscular intravenous or subcutaneous injections. Rabicidal substances were present in the serum by the 10th day after treatment by each of the three methods, and lasted longer than the immunity. In certain cases when the serum was rabicidal the animal was not immune, and in others when the animal was immune the serum was not rabicidal. The author concludes that the determination of the rabicidal power of the serum is not such a direct indication of immunity as the protection test. [It should be remarked that these conclusions are based upon experiments on 12 rabbits treated by Högyes method, 6 rabbits treated by Fermi's method, and 6 by Alivisatos method.]

SHORTT, MCGUIRE, BROOKS and STEPHENS<sup>23</sup> have carried out a series of experiments on methods of immunization against rabies.

<sup>21</sup> JONESCO (Démètre) Résistance à la rage des animaux sensibilisés par le sérum neurotoxique—*C. R. Soc. Biol.* 1935 Vol. 118. No. 15. pp. 1687-1688.

<sup>22</sup> BAKI (Sábel) Vergleichende Untersuchungen über verschiedene Immunisierungsverfahren bei Wut—*Zeitschr. f. Immunopathol. u. Experim. Therap.* 1934 Sept. 18. Vol. 23 No. 3/4 pp. 184-190. [17 refs.]

<sup>23</sup> SHORTT (H. E.) MCGUIRE (J. P.) BROOKS (A. G.) & STEPHENS (E. D.) Anti-Rabic Immunization—Probable Lines of Progress in Improvement of Methods—*Indian J. Med. Res.* 1935. Jan. Vol. 23. No. 2. pp. 237-246.

(1) In the first place they prepared a serum in the sheep and in the buffalo of such a titre that "in a 1 in 5 dilution it was capable of completely fixing not less than 8 minimum haemolytic doses of complement." (2) They then showed in a comparative experiment in which the various protein fractions of the serum were kept in contact *in vitro* with fixed virus that the rabicidal factors were in highest concentration in the englobulin fraction of the serum. Thus with unconcentrated serum 5 out of 8 rabbits died of rabies with the englobulin fraction none out of 8 with the pseudoglobulin fraction 1 out of 8 and with the combined globulins 2 out of 8 died of rabies. (3) It appeared from another experiment that antirabic serum as an adjunct to treatment by carbolyzed vaccines when given on the last two days of a 14-day treatment increased the mortality whilst if given on the first two days the mortality was unaltered, though the average period of incubation was lengthened. (4) An attempt was then made to reduce the mortality of very severely bitten human cases by giving 20 cc. of antirabic serum on the first and second days in addition to the usual course of carbolyzed vaccine treatment. With serum in addition 7 out of 203 died of rabies (3.44 per cent.) and in the control set with vaccine alone 3 out of 67 (4.48 per cent.) contracted the disease. A confirmatory test was made on a group of persons bitten as described in Hempt's Class IV of those receiving serum + vaccine 5 out of 381 died of those receiving only vaccine 4 out of 127 died. The combined results of these two experiments are as follows —

	Number treated	Deaths	Mortality
Serum + vaccine	584	12	2.05
Vaccine only	194	7	3.60

[This result does not indicate a significant difference between the two methods of treatment]

(5) In the next section of this paper the authors following the procedure of FINDLAY for immunization against yellow fever estimated the value of a single dose of live vaccine + antiserum in immunizing against rabies. The results of two consecutive experiments may be combined as follows. Of 40 monkeys treated with 1 cc. unconcentrated serum plus 0.5 cc. of a 10 per cent. live fixed virus 11 died of rabies (27.5 per cent.) after subsequent infection with street virus of 41 treated with 1 cc. of combined globulins plus the same dose of live virus 8 (or 20.5 per cent.) succumbed of 40 treated with 1 cc. of englobulins plus the same dose of live vaccine 8 (15 per cent.) died of rabies of 38 treated with 1 cc. of pseudoglobulins plus live virus as before 8 died of rabies (22.2 per cent.) of 37 treated with the same dose of live vaccine alone 5 contracted rabies (14.2 per cent.) whilst of 42 untreated control monkeys 26 (61.9 per cent.) died of rabies. The authors conclude that such a dose of vaccine + antiserum has a considerable immunizing value although the main effect appears to have been exerted by the live virus, the serum being used mainly to render the use of the live virus more safe. (Thus the numbers of monkeys which died of rabies prior to the inoculation of the infecting dose were in the successive groups, 2 1 2, 3 5 so that live vaccine alone caused



TABLE I

I = Pasteur method 1895-1905  
 II = Högyes rabbit brain 1906-1908.  
 III = Högyes rabbit brain 1909-1916  
 IV = Högyes monkey brain 1916-1932.

	Number treated	Deaths		Proportion of deaths <30 days to total (per cent.)	Mortalities		
		Total	Incubation <30 days		Total	Incubation <30 days	Incubation >30 days
HEAD I	164	29	24	83	17.68	14.64	3.05
II	80	15	8	53	18.75	10.00	8.75
III	249	27	24	89	10.84	9.64	1.20
IV	253	20	19	95	7.91	7.51	0.40
ARM I	632	16	4	25	2.53	0.63	1.90
II	336	15	5	33	4.46	1.49	2.98
III	1,101	21	13	62	1.91	1.18	0.73
IV	1,074	8	8	100	0.75	0.75	0
LEG I	593	20	2	10	3.37	0.34	3.03
II	281	6	1	17	2.13	0.36	1.78
III	1,120	8	2	25	0.71	0.18	0.54
IV	1,426	4	4	100	0.28	0.28	0
ARM I	1,225	36	6	17	2.84	0.49	2.45
II	817	21	6	29	3.40	0.97	2.43
III	2,221	29	18	52	1.31	0.88	0.63
IV	2,500	12	12	100	0.48	0.48	0
ALL POSITIONS I	1,339	65	30	46	4.68	2.16	2.52
II	697	38	14	39	5.17	2.01	3.16
III	2,470	56	39	70	2.27	1.58	0.69
IV	2,753	32	31	97	1.16	1.13	0.04

From this table it will be seen that the percentages of deaths with incubations of less than 30 days to the total deaths with monkey brain virus treatment is in the case of those bitten on the arm 100 in the case of those bitten on the leg it is also 100 and in the case of those bitten on the head 95. These percentages are much higher than those obtained by other methods of treatment at Bandoeng and, so far as I have been able to find from an extensive examination of statistics at institutes. In the case of those bitten on the head where incubations are short the differences are not so striking but in the case of those bitten on the arm and leg where incubations tend to be prolonged long incubation appear to have been absolutely excluded. It is of high statistical significance and demands careful consideration. In the years 1925-1930 at Bandoeng a series of alternate cases were treated by 1 by carbolyzed virus and by living monkey brain virus. The use of the living virus for persons arriving for treatment within the first week which died of rabies are given in Table II in the successive years.



TABLE II  
Alternate case experiment, 1925-1930.

		Number treated	Deaths		Proportion	Mortalities		
			Total	Incubation < 30 days		Total	Incubation < 30 days	Incubation > 30 days
HEAD	C.V.	52	3	3	100	5.20	5.20	0
	M.Br.	59	5	5	100	8.50	8.50	0
LIMBS	C.V.	718	6	2	33	0.84	0.28	0.56
	M.Br.	690	2	2	100	0.29	0.29	0
ALL POSITIONS								
	C.V.	770	9	5	55	1.17	0.65	0.52
	M.Br.	749	7	-	100	0.93	0.93	0

The frequency distribution of incubation periods for those bitten in all positions is as follows —

	15 days	16-20 days	21-25 days	26-30 days	31-35 days	36-40 days	41-45 days	Totals
M.Br.	0	1	3	3	0	0	0	-
C.V.	1	3	0	1	2	1	1	9

On the assumption that the distributions are random samples of the same population differences equal to or greater than those observed would be expected in 1 or 2 cases out of 10.

Again the distributions of intervals between the time of commencing treatment and onset of symptoms are —

	15 days	16-20 days	21-25 days	26-30 days	31-35 days	Totals
M.Br.	1	2	4	0	0	
C.V.	2	2	1	2	2	9

and the probability is in this case about 0.4. Thus, although the result of this experiment is in agreement with the Bandoeng experience cited above viz. that deaths with incubation periods of over 30 days have been excluded by treatment by Monkey Brain virus and are not excluded by carbolyzed vaccines yet the numbers used were too small for the test to be crucial and the thesis is not proven. The author however interprets the experiment differently. She writes "From these statistics it appears again how little stress may be laid on the results obtained in wounds of the head and face for the evaluation of a method as, in both groups, only cases with short incubation periods occurred. The mortality rate of this category treated with live vaccine

was even higher than in the other group ( $5/59=8.5$  per cent. against  $3/52=5.8$  per cent.) Notwithstanding the available statistical material being but small, the comparison between the results of treatment of wounds of the limbs may be considered as conclusive. For this category all cases of hydrophobia treated with live vaccine fall within the first month after the bite, against only 2 out of 6 ( $=33.3$  per cent.) of the other group in which moreover 2 failures were recorded (36 and 43 days after the bite and 33 and 34 days after commencement of treatment). The exactly identical mortality rate within the first month after the bite in both groups gives evidence of their similar concentration as could be expected from the method of compilation. It is obvious that all cases observed among wounds of the limbs after the first month should have escaped infection [death] if they had all been treated with live vaccine. In that case the mortality rate of this category would have been reduced to one-third of the actual mortality rate. Though the results of treatment with such a carbolyzed vaccine probably compare favourably with those by the Pasteur method and perhaps even with the Högyes method with rabbit brain fixed virus this experiment has undeniably pointed out that an entire substitution of the live vaccine by this dead vaccine remains out of the question. It is unfortunate that this experiment was not continued. A definite conclusion on an alternate case basis would have been of the greatest value.

The figures of the alternate case experiment may be further examined. In the fifth column of Table II are given the mortalities according to the different positions for the two methods of treatment. It is at once apparent that the total mortalities for the two methods are very similar (1.17 and 0.93 per cent.) The most striking difference in mortality is in the case of those bitten on the limbs (0.84 per cent. for C.V. as compared with 0.29 per cent. with Monkey Brain virus). This difference, however, is not significant ( $P=0.18$ ). It will also be noticed that the rate 0.29 per cent. for those treated by Monkey Virus in the alternate case experiment is considerably lower than the rate 0.48 per cent. observed at Bandoeng during the period 1916-1932, when Monkey Brain virus was used (see Table I). Again this difference is not a significant one but this is in harmony with the statement above that the differences observed during the alternate case test are such as might have occurred as a result of random sampling. It would thus appear that so far as mortality rates are concerned neither the total figures nor those relating to particular positions furnish any definite evidence of superiority of the Monkey Brain virus over carbolyzed virus.

Thus VAN STOCKUM's conclusion that since the action of carbolic acid in such a concentration as to ensure an absolutely innocuous vaccine largely deteriorates the antigenic properties of fixed virus this disinfectant should not be retained for the preparation of dead fixed virus vaccine cannot be deduced from the facts which she has presented.

On the other hand, as stated above amongst those treated with C.V. four cases with incubations between 31 and 45 days occurred, whereas with Monkey Brain virus, there were no cases with incubations exceeding 30 days. Although this result is not statistically significant in the alternate case experiment as shown above it is in conformity with VAN STOCKUM's contention deduced from her wider experience that with Monkey Brain virus cases of long incubation are eliminated

and also with the well-known fact that with C.V. [and so far as I am aware all other methods of antirabic treatment] these cases of long incubation undoubtedly occur.

It remains for the future to show whether with the vaccine employed at Bandoeng the elimination of cases of long incubation will be maintained. In the meantime the time is clearly ripe for the performance of a crucial test either on animals or on man to elucidate this important point.

The second part of this book is devoted to a study of the etiology and diagnosis of accidents of treatment. The author believes that normal brain substance is absolutely innocuous, and that fixed virus as such is the exclusive cause of accidents. "When treatment with vaccines prepared with virus submitted to heat or to disinfectants with the object of killing gives rise to accidents, such vaccines are proved still to contain live virus."

The fifth analytical review of reports from Pasteur Institutes prepared from schedules submitted to the Health Section of the League of Nations (McKENZIE)<sup>25</sup> deals mainly with statistics relating to the year 1932. The number of persons treated was 115,959 of whom 49 contracted the disease and 22 suffered from post vaccinal sequelae. In previous reviews it was pointed out that there was a marked difference in the mortalities of Europeans and non-Europeans, and that in order to obtain figures which were comparable these race types had been treated separately. It now appears as if the European group was in itself heterogeneous. Disturbances in the form of excessive mortalities are appearing which have their origin in the Balkan Peninsula, and are independent of the method of treatment employed. The figures suggest that, as regards degree of risk, the Balkan group takes an intermediate position between the European and the non-European. A remarkable fact which has emerged is that amongst those bitten on the leg and treated by killed ether vaccines in Yugoslavia no deaths have been reported amongst 18,152 persons treated over the period for which statistics are available. The figures when divided according to race type show a marked similarity in the mortality rates which occur amongst those treated by the different methods. The same statement holds with regard to the statistics of the U.S.S.R. which are separately analysed.

SÁIZ MORENO<sup>26</sup> reviews various aspects of rabies epidemiology and discusses in particular treatment by SEMPLE's modification of FURBER's vaccine. He concludes that it is innocuous, efficacious and easier of application than other vaccines.

#### v. Rabies in Animals.

A remarkable increase in the incidence of rabies in South Africa, not only in the *V. ferriidae* but also in human beings and in domestic animals is reported by NERTZ and THOMAS.<sup>27</sup> (For previous reports see

<sup>25</sup> MCKENZIE (A. G.) A Fifth Analytical Review of Reports from Pasteur Institutes on the Results of Anti-Rabies Treatment.—*Quarterly Bull. Health Organisation, League of Nations*. 1934 Dec. Vol. 3. No. 4 pp. 613-663.

<sup>26</sup> SÁIZ MORENO (Lorenzo) Consideraciones acerca de la epidemiología de la rabia y del poder inmunológico de la vacuna atóxica.—*Rev. Higien. y San. Pecuarias*. 1935 Apr-May Vol. 23. No. 4-6. pp. 305-347 [21 refs.]

<sup>27</sup> NERTZ (W. O.) & THOMAS (A. D.) Rabies in South Africa. Occurrence and Distribution of Cases during 1933.— *Onderstepoort J. Vet. Sci.* 1934 Oct. Vol. 8. No. 2. pp. 335-342. With 1 folding map.

this *Bulletin* Vol. 28 pp. 742-743 Vol. 30 p 576 and Vol 31 p 149) New outbreaks are reported in the Transvaal and in the Orange Free State.

BOUVIER<sup>20</sup> describes cases of rabies amongst dogs in the Congo. These are usually of paralytic type. The number of persons bitten is small, and no fatal human cases have been recorded. Subpassage into guineapigs is usually successful but in no case have Negri bodies been observed.

#### vi. Post Vaccinal Paralysis

REMLINGER,<sup>21</sup> using as his text the reports of 6 cases treated by PASTEUR which PASTEUR's opponents claimed to be *rage laboratoire*, discusses the means by which death from street virus can be differentiated from death from fixed virus. Of the 6 cases above mentioned he believes that three were ordinary rabies one a case of uraemia and two are indeterminate from lack of evidence. He believes in spite of affirmations to the contrary that it is right to attribute a death to fixed virus if by animal experiment the latter can be demonstrated to be present in the brain. It is not however possible to obtain a clear cut differentiation between fixed virus rabies and certain reinforced strains of street virus though Negri bodies and other histological appearances may aid. Cases of *rage laboratoire* after dried cord treatment are only observed if the more virulent cords have been injected too early or in too great quantity—that is to say if the long preparation with doses of inoffensive cords advocated by PASTEUR has been neglected. He presses the point that the attenuation of fixed virus for man ought not to be exaggerated. The large number of passages renders the virus more sensitive to drying and to the action of glycerine but much less to dilution. This accounts for the greater frequency of *rage laboratoire* amongst persons treated by dilution methods.

A case of paralytic accident presenting the features of the Landry syndrome is described by MARINESCO and FAÇON.<sup>22</sup> Symptoms appeared on the 6th and disappeared after a month. The authors recapitulate the various views regarding the causation of such accidents and conclude that they result from a local diminution of the immunity of the nerve substance due to the cytotoxic action of the heterotype vaccine and consequently from a receptivity for neurotropic viruses which up to that time had been deprived of virulence.

A case of death from an encephalo-myelitis occurring after a course of treatment is described by MARINESCO and DRAGANESCO.<sup>23</sup> Treatment was commenced on the 4th day and completed on the 13th. Symptoms of paraplegia of the Landry type appeared on the 13th day

<sup>20</sup> BOUVIER (G.) *Mukupa, rage canine congolaise?* (Lomani Kasai).—*Bull Soc Path Exot* 1934 Nov 14 Vol. 27 No 9 pp 821-825 [12 refs.]

<sup>21</sup> REMLINGER (P.) *Pasteur et la rage de laboratoire.*—*Bull. Acad. Med.* 1935 Jan. 8 90th Year 3rd Ser Vol. 113 No 1 pp 13-27 [28 refs.]

<sup>22</sup> MARINESCO (G.) & FAÇON (E.) *Contribution à l'étude de la pathogénie et du mécanisme de production des accidents consécutifs au traitement antirabique.*—*Bull Acad. Méd.* 1935 Feb 5 90th Year 3rd Ser Vol. 113 No. 5 pp 169-174 [15 refs.]

<sup>23</sup> MARINESCO (G.) & DRAGANESCO (Stăte) *Recherches anatomo-cliniques et expérimentales sur un cas d'encéphalo-myéélite rabique survenue au cours d'un traitement pasteurien.*—*Ann Inst. Pasteur* 1935 Mar Vol. 84 No 3 pp. 299-324 With 10 figs. [11 refs.]

followed by death 8 days later. A full histological description of the brain is given. (No Negri bodies were found.) At the same time rabbit tests were carried out and in each case paralysis appeared in 4 to 5 days. Possibly this was a reinforced virus.

#### vi. Miscellaneous.

It may be remembered that PROCA BONES and JOYNESCO<sup>22</sup> found that antirabic serum was ineffective as a therapeutic agent in the case of mice infected in the tail. This was believed to be due to the richness of the tail in nerve endings (this *Bulletin* Vol. 31 p. 642). They have repeated the experiment using a finer needle for the introduction of the test dose and centrifuging the emulsion in place of straining it. In this case the antirabic serum was effective. Of the treated 18 out of 41 succumbed, whilst of the controls 23 out of 32 developed rabies.

HOTT FISK, and THIERES<sup>23</sup> have continued their researches on the effects of various drugs upon the course of rabies infection (this *Bulletin* Vol. 28 p. 752). They have now examined the effects of plasmoquin, merthiolate, metaphen, bismuth violet, iodobismutol, bismarsen, trypanamide, silver trypanamide, Bayer 205, ethylhydrocupreine hydrochloride (optochin), pyridium, sodium arsenite (atoxyl), neostam and sparteine sulphate. "The mean period of incubation and mean length of life (after injection of fixed virus) were calculated for each group. Neither of these periods differed significantly as between the treated and control groups of mice included in any one series of experiments." Thus they conclude that "no evidence was shown that any drugs employed under the experimental conditions described here had any effect whatsoever on the course of rabies produced by injection of fixed virus in white mice."

REMLINGER and BAILLY<sup>24</sup> discuss the decentralization of antirabic treatment. They consider it to be an important line of progress. "In this progress, the mother country of Pasteur ought to do what she can, as already other countries have done, for the profit of the nations."

MAXOUELLAN<sup>25</sup> has turned his attention to Borna's disease. Just as in the case of rabies, the inclusion bodies of Borna's disease (the bodies of JOEST DEGEN) are found in the neurones of the central nervous system, and in those of the salivary glands, the pancreas, the suprarenals etc. They are also present in the intra-glandular and intra-muscular nerve cells of the tongue and in the neurones of its mucosa.

A. G. McKendrick.

<sup>22</sup> PROCA (G.), BONES (S.) & JOYNESCO (D.). Sérovaccination et sérothérapie de la rage chez la souris.—*C. R. Soc. Biol.* 1933 Vol. 118, No. 7 pp. 729-732.

<sup>23</sup> HOTT (Abner) FISK (Roy T.) & THIERES (Clinton H.). Experimental Rabies in White Mice and Attempted Chemotherapy, II.—*Jl. Infect. Dis.* 1935 Jan.-Feb. Vol. 66, No. 1 pp. 21-27 With 1 chart.

<sup>24</sup> REMLINGER (P.) & BAILLY (J.). La décentralisation de la vaccination antirabique.—*Bull. Acad. Méd.* 1933, May 7 90th Year 3rd Ser Vol. 112, No. 17 pp. 579-583.

<sup>25</sup> MAXOUELLAN (Yervante). Rage maladie de Borna et neurones périphériques.—*C. R. Acad. Sci.* 1933, Mar 4 Vol. 200 No. 10 pp. 982-983.

## HELMINTHIASIS

- YAO (Y T) HSU (S C.) & LING (S C.) On the Occurrence of Intestinal Parasites in Man in Different Combinations. (A Statistical Study of the Results of 9,853 Fecal Examinations.)—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol 2. pp 531-538
- & — Intestinal Parasite Infestation of Primary School Children in Nanking (A Record of Survey from April 1932 to April 1933.)—*Ibid* pp 539-549 [27 refs.]
- & CHU (H J) Intestinal Parasites among the People under Suburban Conditions in Tangshan, Nanking—*Ibid* pp 551-553
- YU (T H) CHU (P J) WANG (C.) & TAO (C S) The Prevalence of Intestinal Parasite Infection among School Pupils in Shanghai.—*Ibid* pp 555-556

Examination was by 6 smears (3 made with saline solution and 3 stained with iodine-eosin solution) for 2,877 faecal examinations reported on in the second paper and presumably the same technique was used for the first.

The figures are statistically considered and incidence is of local value. It is particularly noted that little correlation was found between degree of intestinal infection and the child's physical and mental development.

The incidence of infection in 1,365 school children between 8 and 20 years of age was investigated. Figures of results are not given. *Fasciolopsis buski* was present. Tangshan lies 20 miles east of Shanghai.

Faecal examination of 1,412 school children at Shanghai showed 48.4 per cent. with parasites namely *A. lumbricoides* 35.9 *T. trichiura* 22.8 *F. buski* 1.6 *A. duodenale* 0.6 *C. sinensis* 0.3 Clayton Lane

- i. VOGEL (H.) WU (K.) & WATT (J. Y. C.) Preliminary Report on the Life History of *Paragonimus* in China.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp. 509-517 With 5 figs. on 2 plates.
- ii. LOUCKS (H. H.) Hydatid Disease in China.—*Ibid* pp. 567-571 With 3 figs. on 2 plates.
- iii. KU (D. Y.) & KAO (Z. M.) Some Histological Observations on *Filaria Bancrofti*.—*Ibid* pp 573-585 With 10 figs. on 5 plates [12 refs.]
- iv. MINAMIZAKI (Yushichi) A Study of the Viability of Hookworms in the Intestine.—*Ibid* pp 587-588.
- v. YOSHIDA (Sadao) Contribution to the Study on *Gnathostoma spinigerum* Owen 1838, Cause of Esophageal Tumor in the Japanese Mink, with Especial Reference to its Life History.—*Ibid* pp 625-630 With 15 figs. on 6 plates.

1. Vogel, Wu and Watt have found encysted metacercariae of *paragonimus* in *Potamon denticulatus* apparently the first time they have been seen in this host in China. The infection rate of these crabs varied in 8 infected villages from 4.6 to 27 per cent. The method of eating these is to put them for a few hours in a pot of rice-wine salt and anise-like spice in which they rapidly die. The soft parts especially from the legs, are sucked out, and it is in the legs that a

high percentage of cysts has been found. Work is being undertaken to determine how long the cysts survive within crabs lying in this sauce. [See also HAW below p. 629]

ii. Loucks reports 3 more cases of hydatid from the Peiping Hospital.

iii. Ku and Kao report on the histology of material from 5 filarial cases. The tissue changes are such as are in fact common but the writers are evidently unfamiliar with the appearance of the adult worms when seen in tissue sections, and the reproduced photo (Fig. 10) does not permit of the certain identification of what they believed to be a young worm.

iv. Minamizaki by self-infection through the skin put the life-span of "hookworms" as about 7 years.

v. Yoshida reports that 47 per cent. of 5,253 Japanese mink examined were infected with gnathostomes the lesion being in the lower end of the oesophagus. The eggs when freshly passed are not embryonated, as in fact they were in the preserved material examined by BAYLISS and LANE. The work of PROMMAS and DAENGSAVAT (this Bulletin Vol. 30 p. 711) is confirmed, namely that development to the stage of armed head-bulb with 4 cervical sacs and alimentary canal occurs in cyclops. The further course is being investigated.

Ten other helminthological papers presented to the Congress are noted under titles only on pp. 674-675. C. L.

GUY (R.) Parasitisme intestinal à Luang-prabang (Haut Laos) Intestinal Parasites in Upper Laos.—Bull. Soc. Méd. Chir. Indochine. 1934 Dec. Vol. 12. No. 10 pp 834-839

Faecal smears gave the following percentages of infection for school children, military and police respectively

Hookworms 44 52.9 52 trichuris 88, 62 3 54 8 ascaris 92, 38 8, 52. The prevalence of malaria caused blood examinations for anaemia to bear little relation to helminthic disease. C. L.

i. CHEX (H T) Helminths of Dogs in Canton, with a List of those occurring in China.—Reprinted from *Lingnan Sci. J.* Canton. 1934. Jan. Vol. 13. No. 1 pp 75-87 With 1 fig & 1 plate. [15 refs.]

ii. — Helminths of Cats in Fukien and Kwangtung Provinces with a List of those recorded from China.—*Ibid.* Apr. No. 2. pp. 261-273. [20 refs.]

1. Of the parasites found in 54 dogs, mostly from Canton, the percentages of those directly or indirectly of human interest were *Clenorchis sinensis* 44.2, *Metagonimus yokogawai* 3.8, *Echinostomum ilocanum* 13.5 *Paragonimus* sp. 1 *Dirofilaria immitis* 13.7 *Dipylidium caninum* 7.7 and *Dipylidobothrium mansonii* 7.7. The percentage infected with *C. sinensis* is a notable one.

ii. Similarly the finds in 57 Canton cats were *C. sinensis* 80, *M. yokogawai* 3.51 *D. caninum* 38.8 *D. mansonii* 28.07 sparganum probably of *D. mansonii* 1.75 *Ancylostoma braziliense* 36.84 *D. immitis* 3.51 & *strongyloides* 1.75. In 32 Foochow cats the corresponding figures were 59.37 0 62.5 15.63 0, 0 0 and 0. Again the *clenorchis* infections were many. C. L.

HILMY (I S) The Microscopic Examination of Faeces for Helminthic Infection.—*Jl Egyptian Med Assoc.* 1935 Jan. Vol. 18. No 1 pp 39-47 [19 refs.]

Various diagnostic methods for detection of helminthic eggs are described two are compared by the positives they display These last are Khalil's gravity floatation in an Erlenmeyer flask which it is reported is in use in all hospitals in Egypt for the mass diagnosis of hookworm infection and D.C.F. which is wrongly described as an adhesion method [for it is the non-adhesion which it produces that enables its essential herding to be accomplished]

The following unpublished figures are given with the kind permission of Professor Khalil Bey They are the result of the examination of 521 cases by this and Khalil Bey's method.

210 were positive by Lane's or 40.31 per cent.

195 Khalil Bey's or 37.43 per cent.

32 Lane's, but negative by Khalil Bey's and

15 Khalil Bey's and negative by Lane's.

From the above it is seen that Lane's method gives about 3 per cent more positives but it entails the use of an entirely new apparatus.

[This method of comparison is unscientific. The smear will detect every infection if sufficiently heavy]

C L

EMARA. Toxicity of Carbon Tetrachloride.—*Jl Egyptian Med Assoc* 1935 Jan. Vol 18. No 1 pp 3-14 With 6 figs.

SHAFY MOH (Abdel) Note on Pathological Findings on a Case of Carbon Tetrachloride Poisoning.—*Ibid* pp 15-18.

The symptoms and lesions in a case of fatal poisoning with carbon tetrachloride are described.

A girl of 12 was given 2 cc. of carbon tetrachloride and a purge and enema, and died in 48 hours with vomiting diarrhoea, jaundice coma, extensive central necrosis of the liver and advanced cloudy swelling and fatty change in the tubular epithelium of the kidneys. The bowel contents were free from the drug A second case of Professor DAY's is reported in a man of 55 who died collapsed, 29 hours after taking carbon tetrachloride the bowels having been well opened the liver showed multiple foci of necrosis 5 to 30 mm in diameter The causes contributing to poisoning are discussed.

C L.

HASSAN (A.) & SALAH (M) Investigation on Carbon Tetrachloride Intoxication.—*Jl Egyptian Med Assoc* 1935 Apr Vol. 18. No 4 pp 207-213

A survey of literature with report on certain experiments

No cases of poisoning by the drug have in fact occurred in the hospital of the Research Institute Cairo The ill effects which occur with ascaris infection were investigated by shaking for 4 hours bits of fresh ascaris from man in carbon tetrachloride in the proportion of 7 to 5 Administration of 5 cc. per kilo of the extract to dogs caused no ill effects nor did similar quantities of an extract of dried worms. As commonly reported liver function tests were almost or actually negative. The authors' investigations leave them unprepared to agree at the moment that calcium deficiency is an important predisposing factor in poisoning but during discussion Salah did not



deny the antagonism of tetrachloride and calcium, but held that the success of calcium therapy did not necessarily indicate a previous calcium deficiency. Toxic symptoms occurring within 24 hours of administration appeared to be due to depressed cerebral action and should be treated by enemata, and respiratory and heart stimulants (caffeine and adrenalin). In discussion Professor KHALIL reported that the exact number of cases of "carbon tetrachloride poisoning" was unknown but 7 or 8 were reported yearly by the Parquet.

C. L.

TEITLER (G.) Ueber die anthelminthische Wirkung der Wurzelrinde von *Vangueria edulis*. [Anthelmintic Action of Root Bark of *V. edulis*].—*Arch. f. Schiff- u. Trop. Hyg.* 1935. May Vol. 39 No. 5 pp. 211-213.

A decoction of the rind of the root of *Vangueria edulis* was tested against certain intestinal worms.

Edahn, as the decoction is named was tested in 100 cases against ascaris. It produced passage of worms but the details given do not permit of proper assessment of its value. Threadworms were passed in numbers. In the four cases of hookworm and one of taenia infection in which it was tested there was failure.

C. L.

RATAGURISWARAN (Arayapuram Natesa) SENRA (Kumar Banu) & VENKATARAMAN (Krishnasami) The Anthelmintic Constituent of the Leaves of *Calycopteris floribunda*.—*Biochem. J.* 1934. Vol. 28. No. 6. pp. 1964-1967

*Calycopteris floribunda* (N.O. Combretaceae) grows in Madras, where the young leaves are reputed to have anthelmintic properties. Calycopterin is found to be toxic to round worms. Summary—

"1 The anthelmintic constituent, calycopterin, of the leaves of *Calycopteris floribunda* has been isolated.

"2 Calycopterin is shown to be a dihydroxytetramethoxyflavone, which yields *p*-hydroxybenzoic acid on fusion with alkali.

"3 Demethylation of calycopterin gives a new hexahydroxyflavone, calycopterin."

C. L.

ARNA (M. Abdel) The Epidemiology and Endemology of Schistosomiasis in Egypt.—*Jl. Egyptian Med. Assoc.* 1935. Apr. Vol. 18. No. 4. pp. 215-228. With 1 fig.

Observations on the distribution and bionomics of bilharzia carriers in Egypt.

In Egypt *Bulinus contortus*, *B. dybowskii* and *B. senari* live at the bottom of main streams and canals with running water clinging to weeds, for they need much oxygen. Planorbis snails are absent from the Nile and big canals and prefer slow moving or stagnant and muddy water. In discussion KHALIL reported thus—

"*Bulinus* snails have been caused to change from one species to another and to give rise to intermediate species by cross breeding. So they are not fixed species. In Egypt, we find certain species of *Bulinus* prevailing in certain districts for example, in the oasis only *Bulinus dybowskii* exists. In Helwan the same species is in great preponderance. From Khartoum to Cairo only *Bulinus* snails exist, while north and south of this zone, both *Bulinus* and *Planorbis* are found. In the Blue Nile, where

the water is very soft, only *Bulinus* snails are present, whereas in the White Nile where the water has a higher salt content *Planorbis* is found. It is claimed that the distribution of the various snails is governed by the rapidity of the stream. The pointed snails can withstand the most rapid streams. They can be arranged according to their resistance in the following order *Physa* *B. innesi* *B. dybowskii* *B. contortus* and *Planorbis*. This can be seen in the river Nabi Robin in Palestine where the water is running very swiftly yet there are *Bulinus* snails and *Schistosoma haematobium*.

HILMY reported thus —

I have been trying to infect *Planorbis* snails experimentally with *Schistosoma haematobium* miracidia. Up to now the development has reached the sporocyst stage in the livers of the snails and I am hoping to obtain the complete development to the cercaria stage C L.

VIGLIETTA (Carlo) Osservazioni e ricerche sulla schistosomiasi vescicale dei bambini. [Urinary Schistosomiasis in Children in Derna (Cyrenaica)]—*Pediatrics* 1935 Jan 1 Vol. 43 No 1 pp 54-66. [32 refs.] English summary (4 lines)

The author examined 606 children attending the local elementary schools and found 9 of them (1.5 per cent.) with urinary schistosomiasis. Their ages varied between 8 and 13 years. Only one was accustomed to bathe in the Wady all the others bathed in the irrigation canals. *Bulinus contortus* was common. Of the 9 six presented typical symptoms one suffered much pain the other two had never noticed anything unusual or any discoloration of the urine and blood was found only by microscopical examination. The author strikes a note of warning lest the introduction of these children into Italy should lead to diffusion there. H H S

BERGEROT (Jean) Le foyer de bilharziose de Djanet Pays Ajjer (Sahara Algérien) [Focus of Schistosomiasis at Djanet, Algerian Sahara.]—*Arch Inst Pasteur d'Algérie* 1935 Mar Vol 13 No 1 pp 47-67 With 8 figs. on 4 plates. [10 refs.]

The oasis of Djanet is described as the only focus of schistosomiasis in Algeria. Djanet lies close to the frontier of Tripoli at 24°N. The focus has been known since 1923 and infection is by *S. haematobium* to the extent of 27 per cent. invasion being accompanied by skin rashes. The snails have been identified as *Bulinus contortus* *B. dybowskii* *B. brockii* and *B. innesi*. The sterilization of pools by copper sulphate is rendered difficult by the springs which feed them and will require much perseverance C L.

CAWSTON (F. Gordon) Artificial Sources of Schistosome Infection and the Cure of Patients.—*Jl Trop Med & Hyg* 1935 May 1 Vol. 38. No 9 pp 105-106

Infective *Physopsis africana* can be excluded from a garden by running the entering water through  $\frac{1}{2}$  in mesh eggs pass through, but provided the water in the garden is not subsequently infected the adult snails are harmless. That neighbouring pools may have or may not have snails in them shows that birds have little influence in spreading these. The disuse of potassium antimonium tartrate in treatment is again lamented. C L.

LUTROT (M.) Note sur deux foyers malgaches de bilharziose vésicale à *Schistosomum haematobium*. [Two Madagascar Foci of Urinary Schistosomiasis].—*Bull. Soc. Path. Exot.* 1935. Mar. 13. Vol. 28. No. 3. pp. 243-245.

*S. haematobium* has been found in indigenous persons, it is stated for the first time in two spots in Madagascar Tsiampihia and Anjijobe.

C. L.

KHALIL Bey (M.) Chemotherapy of Schistosomiasis.—*Jl. Egyptian Med. Assoc.* 1935. Apr. Vol. 18. No. 4. pp. 284-294.

A useful survey of aspects of the antimonial treatment of schistosomiasis.

Potassium antimonium tartrate has these disadvantages. Local thrombosis, rare even with the concentrated solution used in Egypt opacity with greatly increased toxicity if boiled till opalescent—probably the oxide is formed increased toxicity unless freshly prepared—perhaps from the formation of isomers local inflammation in 5 per cent. of cases—probably from escape of fluid into the tissues cough in 10 per cent. of cases nausea and vomiting in 36.8 fever muscular pains in later stages of treatment. Complications are herpes and dermatitis. Contraindications are put as nephritis, heart failure and fever Twelve injections were given on alternate days and continued if a cure was not attained. Cure percentages in 1 000 consecutive cases completing the course were 89.4 in all after 12 injections 68.3 after 13 a further 10.3 after 14 to 17 a further 10.9. Half the treated did not complete the course.

Sodium antimonium tartrate is less stable than the potassium salt. As to fowadin cases treated may be summarized thus —

Year	No. of cases	Percentage cured after			Percentage relapsed after 1 month
		9 injections	11 injections	13 injections	
1931	3 296	32.28	15.69	3.31	0-1
1932	2,299	62.50	20.50	4.10	9.30
1933	3,302	63.41	15.23	4.38	12.6"

Complications and sequelae are not given in comparable figures. Bradycardia is frequent but unexplained. In 1933, fever occurred in 36 cases and was due to typhoid in 6, pyelitis in 7 malaria in 4, abscess in 1 unexplained 18 oedema in 3 herpes zoster in 4 exacerbation of pellagrous erythema repeatedly vomiting in 0.36 per cent. abscess twice in 2,000 cases or 20 000 injections sudden death once in 2,041 cases. There are also considered the effects of fowadin on the liver its excretion mainly by the kidney its injection daily which gave toxic symptoms in half the cases its use in large doses, and the use of fowadin calcium. The ideal drug will cure in one injection or will be capable of oral administration. In discussion SALAM pointed out the lessened efficiency of fowadin during the last 3 years. C. L.

FAUST (Ernest Carroll) JONES (Charles A.) & HOFFMAN (William A)  
Studies on *Schistosomiasis Mansonii* in Puerto Rico III. Biological Studies. 2. The Mammalian Phase of the Life Cycle.—*Puerto Rico Jl of Public Health & Trop Med* 1934 Dec. Vol. 10 No 2. pp 133-196 With 3 text figs. 7 charts & 9 figs. on 4 plates. [32 refs.] [Spanish version pp 197-254]

For the first time the growth of the worm in the definitive host has been traced in rat, rabbit and monkey from entry of the cercaria to oviposition by the female. Tissue changes in relation to habitat have been described.

Cercariae emitted before 2 p.m. from several *Australorbis glabratus* were pooled to make certain of their being of both sexes. The hosts were examined very thoroughly. Though cercariae are described as being equally distributed through the water the parts attacked as evidenced by irritation are those at or above the surface level of those wading in water [which suggests pushing against the residual water film as a help in effecting penetration and falls in with the authors' belief that the greater the effort to dislodge the inoculum the wider will it be spread]. Penetration is presumably aided by the gland secretions since the glands are almost empty when the larvae are in the dermis. Migration was almost wholly by the blood stream first to the lungs and then to the liver. It is believed from observations every few hours that feeding on blood begins in the liver and that if metacercariae are found with blood in them in the heart or lungs they have been in the liver and been washed out of it back to the lungs. The various stages of growth are labelled with the letters of the Greek alphabet from alpha to omega but in the Summary and Conclusions the sixth letter of the alphabet is spoken of as if it were the fourteenth, the resulting confusion being an added reason for accepting the fact that Greek is learnt by few scientists nowadays and for using only the four stages also mentioned: metacercarial, juvenile, adolescent and adult. From the liver the immature worms go to the mesenteric veins (in the rat about the 23rd day) and make for the veins about the ileo-caecal junction. Others crowded out of these spread through the mesenteric, the haemorrhoidal and vesical veins. Mating takes place in these veins the 47th day being noted as showing worms in copula and eggs in the tissues. Up to the 8th month at least worms in the mesenteric vessels outnumbered those in the liver by 5 to 1 in these overcrowding infections. In these hosts worms in copula were rare. Usually there was 1 egg in the uterus and it is estimated that 100 or more are laid daily, it being held that few per cent. leave the body.

Increases in young neutrophilic leukocytes (*i.e.* stab forms, juveniles and myelocytes) were registered (1) during the period of invasion of the larvae through the skin, (2) at the time of their maximum accumulation in the lungs, and (3) with the initiation of oviposition by the mature female worms. These increases were relative and were never accompanied by an absolute leukocytosis.

There was no local reaction at the sites where the larvae entered the skin. On the other hand during the passage of the metacercariae through the lungs and, later, around the sites where eggs were infiltrated into the liver and the intestinal wall, there was first an intense response on the part of the neutrophilic leukocytes which were replaced by successive invasions of eosinophiles, plasma cells and fibroblasts. Generalized eosinophilia developed in some of the animals toward the end of the prepatent period.

and at the beginning of the patent period. Its complete absence in one monkey is to be regarded as a lack of defensive response to the disease, which caused the death of the animal on the 55th day. In general, with the progress of the infection a relative peripheral lymphocytosis developed.

"The degree of anemia in both the experimental and clinical cases was dependent primarily on the severity of the infection rather than on the duration of the disease.

"Only one of the experimental hosts had a positive *Sla* englobula reaction. This did not appear until some days after a significant eosinophilia had been registered. On the other hand 8 of the 11 human cases examined had a positive englobulin reaction, but there was no evidence of correlation between the intensity of the englobulin reaction in the blood and the degree of eosinophilia.

"The hematopoietic response in experimental and human infections of *schistosomiasis mansoni* is similar to that of other helminthiasis, in which an early acute reaction is followed by gradual adjustment of the host tissues to the invading organism."

C L.

DE BÈVE (F) La bilharziose en Ruanda Urundi et spécialement à Usumbura. [*Schistosomiasis in Ruanda-Urundi*].—*Ann. Soc. Belges de Méd. Trop.* 1935 Mar 31 Vol. 15 No. 1 pp. 3-18. With 3 figs.

A study of Mansonian schistosomiasis at Usumbura, the capital of Ruanda Urundi.

This town lies near the equator on the north-east shore of Lake Tanganyika, which has an altitude of about 2,500 feet. Swampy ground lies beside it containing many *Planorbis* and worked over by fishermen of whom over 50 per cent. are infected with *S. mansoni*. The *Planorbis* emit by day cercariae of human type. Of 120 fishermen examined by means of 2 faecal smears the percentages of infection found were hookworms 72.2, *S. mansoni* 53.2, trichurias 27.5, ascari 23.3, strongyloides 22.5, tapeworms 6.7, *Giardia* 0.8. All were infected by some parasite. In 120 urines no blood, albumin or schistosome eggs were found. Symptoms and physical signs, and the pathological anatomy of an excised rectum are described. Treatment was by tartar emetic and emetine. Prophylaxis is discussed.

C L.

HULSHOFF (A. A.) An Extraordinary Case of *Schistosomiasis mansoni*.—*Acta Leidensia (Scholas Med. Tropicae)* 1933. Vol. 8. pp. 231-241.

This is reported as the second case of chylothorax caused by schistosomiasis.

The man, a native of Djibouti, was found at Rotterdam to have in the faeces many eggs of *S. mansoni*, oedema of legs and back, ascites, fluid in the left pleura, albuminuria with casts, hyaline granular and waxy. On puncture of the left pleura a chylous fluid escaped. This had to be repeated a number of times and the abdomen had to be tapped several times. He died and the autopsy is held to have disclosed "lymphogenic tuberculosis." Under the pleura lay very many shining white spots, which under the microscope displayed no schistosome eggs but were believed to be tubercles with caseation. Similar spots were seen in liver and spleen. Schistosomes were present in mesenteric veins. [Examination of the night blood is not mentioned.]

C L.

- LAVINE (Jacob) & MARIN (Rafael A) Carcinoma and Schistosomiasis of the Appendix. A Case Report.—*Jl Lab & Clin. Med* 1935 Mar Vol. 20 No 6 pp 602-605 With 3 figs.

A carcinomatous appendix was removed from a Porto Rican woman of 28. It contained encapuled schistosome eggs in that part only which was carcinomatous. C L

- CAWSTON (F G) Climatic Changes and their Effect on Fresh-Water Molluscs.—Reprinted from *Trans Roy Soc South Africa* 1934 Vol. 22 Pt. I pp 81-82.

The author finds that the prolonged drought in the Union of S Africa of the last few years has been detrimental to the breeding of pond snails such as *Physopsis africana* Krauss *Bulinus tropicus* Krauss *Lymnaea natalensis* Krauss and that the increase of marsh land in the mountainous districts consequent on shortage of rainfall has favoured the smaller species such as *Lymnaea truncatula* Müller a carrier of Fasciola. He notes also that the anti-malarial treatment of collections of water near the coast with chemicals has destroyed much of the vegetation on which pond snails breed A G B

- ANDREWS (Mary N) The Examination of Faeces for the Ova of *Schistosoma japonicum*.—*Chinese Med Jl* 1935 Jan. Vol. 49 No 1 pp 42-46

For diagnosis of infection with *S japonicum* the hatching out of miracidia by the method of Faust and Meleney was found to be the best.

Stools of 76 cases were positive to Faust and Meleney's method. Of them 29 were positive to the smear and 22 more to sedimentation [TOMS and HELMY this *Bulletin* Vol. 29 p 410] The method of Faust and Meleney does not seem to have been described in this *Bulletin*. Briefly it consists of repeated sieving washing and gravity precipitation of the whole stool, until the supernatant fluid is quite clear. It is stood all night in a conical Erlenmeyer flask and is then examined with a hand lens for miracidia. These of course congregate near the top and the small surface of the neck of the conical flask produces further concentration. C L

- SAITO (Minami) Wild Rats in Reference to the Prevention of Schistosomiasis.—*Jl Public Health Assoc. Japan*. 1935 Mar Vol. 11 No 3 pp 1-5

Wild rats in the Kofu valley are heavily infected with *S japonicum* in villages where liming for the destruction of *Oncomelania nosophora* has not been carried on, and but lightly infected in those where this measure has been used.

In non limed areas the infection rate of 792 rats caught in winter was 19.17 and of 316 caught in summer was 76.89. In limed areas the winter rate among 228 rats was 2.19 and the summer rate among 90 was 1.11. In winter the rates for man and rat were close to one another in summer those for the rat were the higher. The average length of male worms in the rat was 1.48 cm. and of females 1.79. Though many eggs in the rat's faeces were degenerate miracidia from

the others developed in the small " into the sporocyst and then to the redia. The infection rate according to rat species is given as follows:—

" In the cold season it was 17.94 per cent. for *Microtus montebelli* 16.7 per cent. for *Apoelurus speciosus* 4.44 per cent. for *Rattus norvegicus*, and 1.54 per cent. for *Mus malarinus* whilst in summer months it was 61.73 per cent. for *Microtus montebelli* 58.06 per cent. for *Apoelurus speciosus* and as for *Rattus norvegicus*, none of the 8 rats caught in the intensely infected area was found infected." C. L.

LI (T Y) & THOMPSON (H. Gordon) Treatment of Schistosomiasis Japonica with Antimony Compounds. Review of Literature on Chinese Cases. Report of 15 Cases.—Far Eastern Assoc. Trop. Med. Trans. Ninth Congress Nanking China 1934 Vol. 2. pp. 325-344 [44 refs.]

The paper's scope is shown in the subtitle.

" In establishing criteria of cure in schistosomiasis therefore, we should, for the present consider all the 4 points together —

- (1) Permanent absence of ova from the stools for at least 2 years.
- (2) Return to normal of eosinophile percentage after other helminths are cleared out
- (3) Positive Fairley's test becoming negative.
- (4) General improvement of health with disappearance of pre-existing symptoms such as abdominal pain, epigastric discomfort, and dysentery "

In the matter of treatment it appears to us that although P.A.T. is a drug which requires a great deal of care in its use, yet properly used it is still the most efficacious remedy for schistosomiasis japonica.

C. L.

KOURI (Pedro) BARRUEVO (José G.) & FERNÁNDEZ BACARDÍ (Joaquín). Poder (ascaricida del clorhidrato de emetina. [Emetine Hydrochloride in Fasciola Infestation].—*Medicina Paises Calidos*. Madrid. 1935. Mar Vol. 8. No. 3. pp. 145-148.

The authors are fully convinced of the power of emetine hydrochloride to destroy *Fasciola hepatica*. The average dose to attain this end they find is 3.72 mgm. per kilo body weight.

They mention the case of a woman of 38 years, weighing 43 kilos who was cured by 16 cgm. and believe that smaller amounts would probably suffice. For an adult of 70 kilos 80 cgm. would be a toxic dose or 11.4 mgm. per kilo so that the therapeutic coefficient would be about 0.3. Taking the average dose mentioned, a man of 70 kilos would need 260.4 mgm. to effect a cure, which is less than a third of the toxic dose 800 mgm. H. H. S.

KOURI (Pedro) BARRUEVO (José G.) & ARRIAS (Rogelio). Un nouvel emploi d'emetine en parasitologie.—*Cronica Med-Quirurg Habana*. 1934 Oct. Vol. 80 No. 10 pp. 427-430.

— & — In Spanish & English.] Una nueva aplicación de la emetina en parasitología. A New Use of Emetine in Parasitology.—*Archivos Med. Infantiles* 1935. Jan.-Feb.-Mar Vol. 4 No. 1. In Spanish pp. 21-23. In English pp. 24-25.

Six cases are cited in which emetine cured infection with *Fasciola hepatica*. C. L.

KHAW (O K) *In Vitro* Experiments on the Viability and Excystment of *Paragonimus* Cyst.—*Proc Soc Experim Biol & Med* 1935 Apr Vol. 32. No 7 pp 1003-1005

The length of life of *Paragonimus* cysts outside any host and the physical conditions which make for excystment are detailed.

These experiments demonstrate that in a diluted millet wine containing 10 per cent. alcohol and in rice wine (14 per cent. alcohol) the encysted metacercariae were viable up to 43 and 18 hours at room temperature (22°C.) respectively and that they could be kept alive in the ice chest (10°C) in 10 per cent commercial formalin or in 0.9 per cent. saline for over 3 weeks. Therefore the customary mode of preparing crabs as practised by the villagers in the endemic area where the infection rate for crabs varies from 25 to 100 per cent. by soaking them, very often only over night at room temperature so as not to spoil the taste in a weak solution of salt and yellow rice wine seasoned with spices cannot kill all the cysts of *Paragonimus*. This would account for the high rate of infection, 87 per cent. in one village prevailing in the Lan Ting district.

Artificial gastric juice did not help excystment which occurred in 3½ hours after this was replaced by artificial intestinal juice. It took place in 1½ hours in intestinal juice with bile, in 45 to 90 minutes without bile, in 75 minutes in 12 per cent. bile. There was no excystment in 0.2 per cent. sodium carbonate nor in boiled bile or artificial intestinal juice.

C L.

RAO (M. Anant Narayan) Lung Flukes in Two Dogs in the Madras Presidency.—*Indian J Vet Sci & Animal Husbandry* 1935 Mar Vol. 5 Pt. 1 pp 30-32. With 3 figs. on 1 plate.

The author reports lung flukes identified as *Paragonimus westermani* from a dog in Malabar on the west coast of the Madras Presidency another from adjoining Coimbatore and a third from a panther shot at Coorg adjoining Malabar.

C L.

CHEN (H T) A Preliminary Note on the Life History of *Paragonimus* in China.—Reprinted from *Lingnan Sci J* Canton. 1935 Jan Vol. 14 No 1 pp 143-144 With 4 figs.

A preliminary report. A figured but unidentified snail and crab are believed for unstated reasons to be the larval hosts of *paragonimus* in China.

C L.

WAGNER (Oskar) Hautallergie und Komplementbindungsreaktion bei Trematodeninfektionen. [Skin Allergy and Complement Fixation in Trematode Infections].—*Ztschr f Immunitätsf u Experim Therap* 1935 Feb 14 Vol. 84 No 2/3 pp 225-236 [11 refs.]

A combination of complement fixation and skin reaction was positive in 90 per cent. of cases of infection with *Fasciola hepatica* in sheep using as antigen an extract of this fluke. Complement fixation with this extract was also positive with *Dicrocoelium*.

C L.



- OTTO (I. H.) & TACHAN TACHING JR. Ueber die Behandlung der menschlichen Infektion mit *Clonorchis sinensis* (Kobbold) mit Goldenspritzungen. (Vorläufige Mitteilung.) [Treatment of Clonorchis Infection in Man with Gold Injections.]—*Arch. f. Schiffs u. Trop. Hyg.* 1935 Mar Vol. 39 No. 3. pp. 99-108. With 1 fig. [31 refs.]

Gold injections were effective against *C. sinensis*. Two substances were used Solganal B oil and auroprotasin. They were apparently always injected intravenously.

Solganal B oil was given to 28 patients. The initial dose seems to have been 0.01 cc. but to have been increased to a varying extent. Thus two who had 11 injections each received in all 0.8126 and 2.57 cc. respectively. Of the 28, the eggs were lost in 16, four are still under treatment and six stopped treatment prematurely. With this treatment and liver extract by mouth an existent urobilinoguria disappeared and did not return on stopping treatment. Auroprotasin was given to 4 persons—one broke off treatment after 8 doses totalling 13 cc. and was uncured, the other 3 were cured. Dosage started at 1 cc. rising to 5 cc. with total dosage of 9 to 30 cc. The Takata-Straub-Jezler reaction is positive in severe cases. C. L.

- URENO (Hiroshi) Ueber den Zucker und Fettstoffwechsel und die passive Anaphylaxie bei experimenteller Kaninchenclonorchiasis. (I. Mitteilung.) Experimentelle Untersuchung ueber den Zuckerstoffwechsel bei der Kaninchenclonorchiasis. [Sugar Metabolism in Rabbit Clonorchiasis.]—*Okayama-Igakkai-Zasshi* (Jl. d. Med. Gesellsch. z. Okayama) 1935 Mar Vol. 47 No. 3. [In Japanese pp. 674-691. [81 refs.] German summary pp. 673-674.]

The author's conclusions on rabbits infected with clonorchis are as follows. In early and light infections the blood is not notably changed. In heavy cases near the end there is marked increase of sugar content, preceded perhaps by a short lessening possibly correlated with the increased icterus and biliary acids in the blood. When glucose, fructose, or galactose is intravenously injected into gravely ill rabbits, high and lasting hyperglycaemia results, accompanied by increased excretion of fructose but lessened excretion of glucose or galactose. C. L.

- SKVORTSAOV (A.) Studies on the Life Cycle of *Dicrocoelium dendriticum*.—*Med. Parasit. & Parasitic Dis.* Moscow 1934 Vol. 3 No. 3. [In Russian pp. 240-253. With 7 figs. [15 refs.] French summary p. 253.]

In the Moscow region Skvortsaov investigated the development of *Dicrocoelium dendriticum* in the terrestrial mollusc *Helicella aspidula*, and studied the morphology and bionomics of its egg. The shell consists of 4 membranes, the outer three permeable to water and salts, the inner impermeable to these but permitting the passage of organic compounds capable of dissolving fats and lipoids. The eggs remain viable at temperatures between +30°C. and -25°C. for 24 hours and are more resistant to desiccation than the eggs of *Fasciola hepatica*. On leaving the uterus the ovum of *Dicrocoelium* contains a fully

developed miracidium which hatches out in the crop of the vector. Thence it penetrates into its 'liver' in the follicular connective tissue of which its transformation into sporocysts and cercariae takes place.

C. A. Hoare.

DIXON (H. B. F.) & SMITHERS (D. W.) Epilepsy in Cysticercosis (*Taenia solium*). A Study of Seventy-One Cases.—*Quarterly Jl Med.* 1934 Oct. N.S. Vol. 3 No. 12. pp. 603-616. With 6 figs. on 3 plates.

Seventy-one cases of epileptic cysticercosis from the Queen Alexandra Military Hospital Millbank, are described. 38 of them not having hitherto been published.

The frequency of this cause of epilepsy in patients from abroad is again stressed, as also its association with death of the parasite. Its diagnosis by X rays or by palpable cysts, the poor prospect of its treatment, and the lifting from the family of the fear of hereditary epilepsy.

C. L.

JOURNAL OF THE ROYAL ARMY MEDICAL CORPS 1935 Feb Vol 64 No 2. pp 92-100. With 6 graphs.—The Effect of Cooking on the *Cysticercus cellulosae*.

With the object of determining whether cooking as ordinarily practised in the British Army renders pork infested with the *Cysticercus cellulosae* safe for human consumption, a series of experiments was recently carried out in the Hygiene Department of the Royal Army Medical College.

The temperature reached in ordinary army cooking, with the exception of that of a burst sausage, was 65.5°C., a temperature which all authorities agree to be lethal for *C. cellulosae*. Baking, roasting and frying give the largest margin of safety, since 75°C. is reached within the cooking time. Army cooking methods produce well done meat.

C. L.

MARTIN & ARNAUD VELU (H.) Epidémiologie de la "maladie hydatique" au Maroc. Première Partie. L'échinococcose humaine [MARTIN & ARNAUD]. Deuxième Partie. L'échinococcose du bétail au Maroc [VELU]. [Epidemiology of Hydatid Disease in Morocco].—V Congr. Ann. Féd. Sci. Méd. Algérie Tunisie et Maroc (Oran 10-13 avr 1935). 24 pp. With 1 map.

A statistical study of the incidence of hydatid in Morocco.

Here in the wet zones, where cattle are mostly raised, hydatid infection exists in cattle and sheep; in the south where there is little rain few cattle are raised. Judging by the presence of fertile cysts, sheep are less dangerous than cattle. In the former calcification is a part of cure; in the latter not so. It is not the number of hosts which is material, for a single dog—or perhaps, it is suggested as a point still needing settling, a single man—can infect many herbivora. The problem of the dog in rural areas is a hard one.

C. L.

BARNETT (Louis) Formalin in Hydatid Cyst Operations.—*New Zealand Med Jl* 1935 Feb Vol. 34 No 179. pp 1-6. With 2 figs.

The need for the proper use of formolage in operating for hydatid cyst is stressed.

"Dèvé and his collaborators have collected from the literature records of 133 cases of operative dissemination, and other noted authorities agree with him in estimating that this disappointing sequel occurs in from 3 to 4 per cent. of cases where formolage has been omitted. I have personal knowledge of at least half-a-dozen wound area recurrences occurring in the practice of colleagues and illustrative specimens can be seen in the Museum of the Otago Medical School."

The method of use of formalin is to expose the cyst and protect, by gauze wrung out in normal saline, the peritoneal cavity and all the wound surface from possible contact with escaping scolices. After evacuation of the cyst fluid by a Potain-type trochar it is again completely filled with 2 per cent. formalin in water. After 5 minutes the cyst is incised and all parasitic material removed. Absolute contra-indications are cysts in or communicating with the lung and those in brain or cord, and the procedure is impracticable in cysts packed with daughter cysts. C. L.

LEMAIRE & RIBÈRE. Sur la composition chimique du liquide hydatique. [Chemical Composition of Hydatid Fluid.]-C. R. Soc. Biol. 1933. Vol. 118. No. 15. pp. 1578-1579

The chemical composition of hydatid fluid has been re-examined. The mean figures are S.G. 1.011-8 residue dried at 100°C. 13.72, ash 8.07 organic matter 5.85 chlorides (as NaCl) 5.93, urea 0.38, calcium 0.083, per litre in each case. Of cholesterol there was no trace in 27 per cent. of fluids, creatinin was constantly present with average of 9.5 mgm. per cent., inosite was present in 81 per cent. of fluids. A proteolytic ferment was always present thus explaining the absence of protein when it is absent and the inverse relationship here reported between albumin and amino acids. It acts best at a pH of 6.7 one which has been found present in hydatid fluid. There is also a glycolytic ferment. That is to say creatinin, ammoniacal salts and lecithin are normally present in hydatid fluid and the existence of the ferments explains the different quantities of protein and sugar which have been reported. C. L.

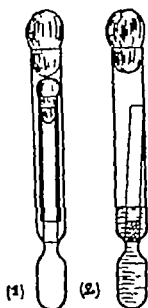
POISSON (H.) Note sur une localisation curieuse du *Cysticercus bovis*. [Unusual Localization of *C. bovis*.]-Bull. Soc. Path. Exot. 1934. Dec. 12. Vol. 27. No. 10. pp. 956-957

It is believed that in the calf *C. bovis* may occur in the liver since a man who had been ordered raw liver passed a headless *Taenia saginata* and denied having eaten raw beef. C. L.

LEMAIRE (G.) & RIBÈRE. Méthode simple et aseptique pour les essais de culture *in vitro* des scolex, applicable à l'étude des phénomènes biologiques susceptibles d'être observés de part et d'autre d'un ultra-filtre. [Culture of Scolexes *In Vitro*.]-C. R. Soc. Biol. 1933. Vol. 118. No. 11. pp. 1060-1062. With 1 fig.

A method for keeping scolex-containing hydatid fluid sterile, and observing biological reactions.

As the figure shows there are 3 tubes originally sterilized. The outer is a Buchner tube which when sterile is filled to 2 or 3 cm. above the narrowing by serum, natural or artificial. The inner is of a diameter which will not pass the constriction in the Buchner's tube, and is



Culture of scolices in vitro

(1) Apparatus at rest (2) In operation.

[Reproduced from the *Comptes Rendus de la Société de Biologie*]

provided before use with an ultrafilter made by dipping its end into collodion solution and withdrawing it vertically so that a pellicle of collodion stretches across it and dries. If this is perfect, the ascent within the tube of the surrounding fluid is slow and in it are placed the sterile scolices obtained with care for the maintenance of sterility. The middle tube is merely used to lift the inner one more readily in sterile conditions the two being kept together by a tampon of cotton wool.

C. L.

SIEVERS (Olof) Serologische Untersuchungen ueber Bandwurm-antigene und ihre Antikörper [Serological Investigations of Tapeworm Antigens and Antibodies].—*Ztschr f Immunitätsf u Experim Therap* 1935 Feb. 14 Vol 84 No 2/3 pp 208-224 [Refs. in footnotes.]

The paper gives an account of experiments with antisera developed in rabbits by the injection of tapeworm antigen.

Alcoholic extracts of dried powdered substance of *Taenia saginata*, *Echinococcus* and *Dibothriocephalus latus* were utilized, and also material which had been preserved in alcohol and then ground. Various methods of preparing the injection material are described, one of which involves the use of pig serum as a vehicle. The antisera obtained were examined by the complement fixation and flocculation methods. The antigens were diluted by either a fractional or a rapid method but the dilution procedure caused no appreciable difference in results.

By quantitative experiments the author found evidence that a species-specific fraction is present in tapeworm substance.

Tests on patients harbouring *Dibothriocephalus latus* did not yield satisfactory evidence of the presence in their serum of tapeworm antibodies or antigen but further experiments are contemplated.

D. B. Blacklock.

MILLER (Harry M.) Jr. Transmission to Offspring of Immunity against Infection with a Metazoan (Cestode) Parasite.—*Amer. J. Hyg.* 1933. Mar. Vol. 21 No. 2 pp. 456-461

"Offspring of female rats infected with *Cysticercus fasciolaris* showed a considerable degree of resistance to infection with oocystspheres of *Taenia taeniaeformis*. Offspring of mothers actively immunized with *T. taeniaeformis* material had a lesser degree of resistance to infection with the oocystspheres. C. L.

MILLER (Harry M.) Jr. Experiments on Acquired Immunity to a Metazoan Parasite by Use of Non-Specific Worm Material.—*Amer. J. Hyg.* 1935 Jan. Vol. 21 No. 1 pp. 27-34

The definitive paper to which that already reported [this Bulletin, Vol. 29 p. 748] was preliminary C. L.

ALTENKAMP (Th.) Akute Appendicitis bei Bandwurm. [Acute Appendicitis in Tapeworm Infestation.]—*Musack. Med. Woch.* 1935 Mar. 14. Vol. 82. No. 11 pp. 418-419

In two appendices removed for appendicitis tapeworm segments were found. C. L.

PRÜMM (Albert) Ueber hochgradige Eosinophilie bei *Taenia saginata*. [High Eosinophilia in *T. saginata* Infestation.]—*Dent. Med. Woch.* 1935. Mar. 8. Vol. 61 No. 10 pp. 376-377

An eosinophilia of 31 to 55 per cent. with no worm eggs in the stool, but with abdominal pain, remained unexplained until segments were passed. After removal of the worm eosinophilia rapidly disappeared. C. L.

GOLON (Meyer) Transduodenal Treatment of *Taenia saginata* Infestation.—*J. Lab. & Clin. Med.* 1935 May Vol. 20 No. 8 pp. 841-843

An enthusiastic advocacy of the duodenal tube for treatment of *T. saginata* based on success with one case. C. L.

MAYEKOROKO (S.) On the Distribution of *Hymenolepis nana* in Taihe Prefecture, South-Eastern Part of Formosa, and its Mode of Infection.—*Taiwan Igakka Zasshi (J. Med. Assoc. Formosa)*. 1935. Apr. Vol. 34 No. 4 (361) [In Japanese pp. 459-470. [28 refs.] English summary p. 470]

As the result of 7 618 faecal examinations, *H. nana* was found in 28.6 per cent. between 2 and 5 years old, in 44.6 per cent. between 6 and 10 in 10.7 per cent. between 10 and 15 and was very rare over 16 years. C. L.

LAPAGE (Geoffrey) The Bearing of the Physiology of Parasitic Nematodes on their Treatment and Control.—21 pp. [16 refs.] 1935. Imperial Bureau of Agricultural Parasitology Winches Farm Drive, Hatfield Road, St. Albans. [3s.]

The gaps in knowledge of the physiology of parasitic nematodes are such as almost entirely to prevent advance in their control.

The aim of control is put thus —

Our task should not be the impossible one of attempting to rid human beings or farm animals of all their nematode parasites.

or of trying to keep them free from these but the very difficult but at least possible one of keeping these infections within bounds.

Indeed it is suggested that worm free animals may possibly not be as healthy as those with a worm load since the latter have evolved in association with these parasites and therefore are adapted to their presence, so that it is wiser to seek to produce animals healthy because they are in equilibrium with their parasites than to deworm. It is urged that knowledge of the physiology and so of the control of parasites will be incomplete until they can be kept alive in all stages *in vitro*. The unsheathing of larvae as a means for their destruction is considered. It is held unproved that blood imbibed by worms is used as food [haemoglobin is certainly absorbed]. Remedial measures based on a knowledge of the physiological relationship existing between host and parasite would relieve us for example from the use of carbon tetrachloride which efficient though it is may have effects on the host, even when it is used by experienced workers which are worse than those of the disease which it is designed to cure.' C. I.

TURANGUI (Marcos A.) BASACA (Mariano) & PASCO (Antonio M.)  
Human Infestations with *Ascaris* and *Trichuris* in Different Parts of the Philippine Islands.—*Philippine Jl Sci* 1934 Oct. Vol 55. No 2 pp 91-113 With 4 figs. [16 refs.]

A study by Stoll egg counts of *ascaris* and *trichuris* infection in 3 places in the Philippine Islands.

The percentages of infection and the estimated number of eggs per cc. were for *ascaris* 79.5 and 16,800 74.3 and 15,800 84.5 and 28,870 and for *trichuris* 88.1 and 4,400 58.1 and 880 87.3 and 2,900. Children are more often and, judging by egg counts more heavily infected than adults. *Ascaris* infection was associated with soil fouling about houses mainly produced by children of pre-school age.

C. I.

LAMSON (Paul D.) MOLLOY (Daniel M.) & BROWN (Harold W.)  
Field Studies of the Anthelmintic Action of Ortho-Heptylphenol and 6-Hexyl-Meta-Cresol against *Ascaris lumbricoides* *Necator americanus* and *Trichuris trichiura*.—*Amer Jl Hyg* 1935 Jan Vol. 21 No 1 pp 188-199

The authors report as follows —

1 Ortho-heptylphenol and 6-hexyl-meta-cresol substances which are the lowest members of their respective series of ortho-alkylphenols and 6-alkyl-meta-cresols which cause no whitening of the oral mucous membranes have each been tested for their anthelmintic properties in approximately 100 cases harboring *Ascaris* *Necator* and *Trichuris*.

2. Ortho-heptylphenol reduced the egg count in ascariasis approximately 35 per cent. in uncinariasis 60 per cent. and in trichuriasis 40 per cent. in doses as great as 4 cc.

3 6-hexyl-meta-cresol reduced the egg count in ascariasis approximately 55 per cent. in uncinariasis 70 per cent. and in trichuriasis 30 per cent. in doses as great as 4 cc.

4 In the 220 cases treated no pathological signs or symptoms were noticed, no complaints were made by the patients, and all went about their daily work without interruption.

"5 It is of interest to note that these two phenols have a relatively greater action on *Aecator* than on *Ascaris* as is the case with thymol, but which is the reverse of the action found in the alkyl resorcinols, as hexyl and heptylresorcinol."

The method of egg counting was by 2 slides using the Stoll-Hamberg technique, or 0.01 cc. of faeces in all. C. L.

ADAMS (A. R. D.) *Ascariasis of the Liver*.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935. Jan. 25 Vol. 28. No. 4 pp. 419-420.

An acute abdomen with ruptured hepatic duct killed a Mauritian creole 73 years old.

Autopsy showed one ascaris in the hepatic duct, seven in the bile-free gall bladder and 10 in the bile passages of the right lobe of the liver. All were adult. The bile ducts exuded yellow mucopus with many fertile and infertile ascaris eggs, but though there was a mild subacute cholangitis there was no abscess formation. It was not possible to obtain the entire intestine for examination. C. L.

ALBERT (Jose) & PAULINO (Peregrino) *Mimicry in Ascariasis*.—*Jl. Philippine Islands Med. Assoc.* 1934. Dec. Vol. 14. No. 12 pp. 463-469.

Of 8 patients, one had symptoms simulating meningitis, one had melaena, one profuse haematemesis, one acute toxæmia, one severe abdominal pain, two abdominal tumours disappearing with anthelmintic treatment, one acute bronchopneumonia and one ileocolitis. C. L.

MO (Jui-Wu) *Local Skin Reactivity in Rabbits to an Extract of Ascaris lumbricoides*.—*Proc. Soc. Experim. Biol. & Med.* 1935. Apr. Vol. 32. No. 7 pp. 895-897.

Author's summary —

Intradermal injection of rabbits with an extract of *Ascaris lumbricoides* followed 24 hours later by intravenous administration of the same extract, produced hemorrhagic necrosis which grossly and microscopically conformed with that described by Schwartzman. C. L.

KAMIMURA (Takeichi) *Report of a Case of Pulmonary Abscess caused by the Migration of an Adult Ascaris in Bronchi with a Review of Literature on the Injuries caused by Ascaris lumbricoides*.—*Jl. Oriental Med.* 1933. Apr. Vol. 22. No. 4 [In Japanese. English summary p. 62.]

After a death from rabies an ascaris was found in bronchi of the upper and lower lobes of the right lung and the lobes themselves contained abscesses. The summary does not refer to the literature reviewed. C. L.

GI GUN (Rameses) II.—*Diagnosis of Ascariasis*.—*Jl. Trop. Med. & Hyg.* 1935. Mar. 1. Vol. 38. No. 5 pp. 55-59. With 1 fig.

Lar. by a summary of literature in whose compiling the author acknowledges indebtedness to this Bulletin. C. L.

FÜLLEBORN (F) DIOS (Roberto L.) & ZUCCARINI (Juan A) Bericht ueber eine im Auftrage der argentinischen Regierung unternommene Reise nach der Provinz Corrientes und nach Paraguay zum Studium der Hakenwurmbekämpfung mit Bemerkungen zur Frage der Immunität gegenüber Hakenwürmern—*Arch f Schiffs u Trop Hyg* 1928. Vol. 32. No 9 pp 441-481 With 6 figs. (1 map) [58 refs.]

— & — Estudio acerca de la anquilostomosis en la provincia de Corrientes (encomendado por el Gobierno Argentino) [*Ankylostomiasis in the Province of Corrientes, Argentina.*]—*Rev Inst Bacteriológ* Buenos Aires. 1934 July Vol. 6 No 3 pp 249-294 With 5 figs. & 1 map. [58 refs.]

A belated abstract of work done in the Argentine before 1928 and recently republished.

Corrientes lies to the south of Paraguay and west of Río Grande. The authors examined 396 of the civil population of ages ranging from 3 to over 60 years. They estimated the relative proportions of *Necator* and *Ancylostoma* the clinical effects of infestation, the existence of helminths other than hookworms and they devote a section to prophylaxis. The reader must judge of the degree of the reliance he can place on findings based on so small a number of examinations the authors state that in the northern part of the Province practically 100 per cent. of the rural population are infested with hookworms and fairly heavily. In children from 3-10 years there were on an average 4 816 ova per gram of (pasty) faeces (approximately 390 worms) in those from 11-20 years 6 885 ova (= 550 worms) from 20 years up 2,152 or 170 worms. In all districts visited infestation was greater in the young and in the females at all ages. Among soldiers who had been 3-4 months in barracks the degree of infestation was about half that of the civil population of the same age in the north of the Province and 93-94 per cent. of the worms were *Necator*. Blood disturbance was comparatively slight even in those heavily infected the Hb percentage was about 81 in men and 74-75 in women. The resistance to the results of infestation is ascribed to the diet containing plenty of meat and to the fact that there is considerable crossing with Indian blood. Of other worms *Trichuris* *Ascaris* and *Strongyloides* were not uncommon and *T. saginata* *H. nana* and *Enterobius* were also met with. Nothing fresh is suggested regarding prophylaxis.

H H S

JAMAICA. ANNUAL REPORT OF THE MEDICAL DEPARTMENT FOR THE YEAR ENDED 31st DECEMBER, 1933 [HALLINAN (T J) Supt. Med Officer]—102 pp With 1 chart & 5 maps. 1934 Kingston. [The Jamaica Hookworm Commission Appendix I pp 61-62.]

The work of the Jamaica Hookworm Commission the direct descendant of the Rockefeller Hookworm Commission of 1919 is described for 1933.

In any area to be dealt with there are first made pit latrines at least 8 feet deep with sloping sides to prevent collapse and if in sandy soil lined with flat stones. The top is surrounded by a cement wall, high enough to prevent splashing if the ground water is high and on this is placed a fly tight seat box made of sound wood. Only in a demonstration area so prepared is treatment instituted. A trained inspector has charge of each area carrying 300 to 500 persons. After



explanation of reasons for the whole procedure faecal specimens from all persons are obtained (in 1933 from 38,698 of a total population of 38 745) and examined by Willis a direct gravity floatation method. The percentage found infected was 74. Treatment was given to 25 183 of whom 83 per cent. were held cured. The adult treatment was 24 minims of oil of chenopodium of unstated ascaridole content, a week later 40 grains of thymol, and a week later still, another faecal examination.

C. L.

YACON (M.) & CHAUDHRI (J. R.) Hookworm Infection in the Punjab. Survey of a Rural Area in Ambala District.—*Indian Med Gaz.* 1934 Dec. Vol. 69 No 12. pp 660-672.

The results of a hookworm survey of 2 villages near Ambala, Punjab, India.

Stools of 150 persons were examined by a modified D.C.F., and egg counts were made on 100 of them by a modified Stoll's method. The incidence percentage was 82 and the average eggs per gram 422.7. The faeces had been transmitted by Mapleson's method. Of 119 persons found infected, 15 are classed as normal with no clinical symptoms and 192.5 eggs per gram, and the authors note "the fact that on an average, an egg count of 192.5 is not of any clinical significance [their average haemoglobin was 57.7] 47 were moderately incommoded usually by anaemia with or without digestive disturbance, and with an average egg count of 358.3 [their average haemoglobin was 56.8] and 57 were severe cases with marked anaemia, breathlessness and palpitation and with an average egg count of 586.1 [their average haemoglobin was 52.1]. The incidence of infection was highest among cultivators, lowest among shopkeepers, with labourers and artisans intermediately placed, higher in males than in females, and higher in those below 40 years of age than in those above. House latrines are few the sides of footpaths being mainly used. Women and children go barefoot such males as do not nevertheless work barefoot in the fields. The modification of D.C.F. was that

"The cover-slips instead of being placed on plasticine cones, were placed directly on a microscopic slide and examined in the usual manner under the microscope. We found this modification of Lane's technique much more expeditious and convenient to work with than the original technique.

[The modification implies the need to examine about 400 sq. mm. instead of 9 sq. mm. while refraction of light at the edge of the cover renders invisible any eggs which may lie near it.] C. L.

BERTINI (Gennaro) L'anchilostomiasi nella provincia di Firenze dal 1925 al 1930. [Ankylostomiasis in the Province of Florence 1925-30.]—*Ann d'Igiene* 1935. Jan. Vol. 45 No. 1 pp. 32-40.

Ankylostomiasis, due to *A. duodenale* is widespread in Italy and endemic in the Province and Commune of Florence. Some 400 cases have been found in 4 or 5 years. Fifty "infested zones" are mentioned with a total of 372 cases, but in 9 of the "zones" there was only a single case each, and 38 have under ten. The populations of these zones are not stated, so the incidence rate cannot be given. Of the total, 134 or 36 per cent. were between 10 and 20 years of age.

and another 111 between 20 and 30 years 179 were males and 193 females all peasants or gardeners working in soil kept moist by irrigation. [Diagnosis appears to have been made by direct smear]

H H S

MALDONADO SAMPEDRO (Mariano) Un foco de necatoriasis importado en Castañar de Ibor [A Focus of Imported Hookworm Cases in Castañar de Ibor]—*Medicina Paises Cálidos* Madrid. 1935 May Vol. 8 No 5 pp 217-232. With 4 figs. [35 refs.]

Examination of a family which had returned to this locality in Spain three years previously after living for a time in Brazil revealed the presence of hookworm in the mother. Further enquiry and examination of three other families comprising 25 individuals resulted in the discovery of 21 more passing the ova of Necator. Most of them were children. These three families had also returned to the district from abroad. Castañar de Ibor is north of the Sierras de Guadalupe separating Cáceres from Toledo. Now that the presence of these carriers is known steps will doubtless be taken to prevent infestation of other residents.

H H S

WICKRAMASURIYA (G A W) The Grave Risks of Hook-Worm Disease as a Complication of Pregnancy.—*Jl Obstet & Gynaecol Brit Empire* 1935 Apr Vol. 42 No 2 pp 217-267 With 7 figs. (4 on 2 plates) [18 refs.]

At the De Soysa Lying in Home in Colombo with total admissions of 5 500 a year the highest death rate for both mother and child was due to hookworm infection.

Of 278 deaths which occurred in 1932-33 hookworm infection accounted for 27 per cent. puerperal sepsis for 12.8. Of 100 consecutive still births 23 were due to hookworm infection 14 to breech presentation and 11 each to syphilis and pre-eclampsia but this does not represent the hookworm's real effect on keeping down the live birth rate since it takes no count of the abortion and miscarriage which the infection commonly causes. About 90 per cent. of those with hookworm disease show albuminuria and oedema in the last half of pregnancy. The pains of labour are often absent perhaps from the mental dullness often present. The puerperium is often complicated. There may be fatal heart failure in labour or the puerperium or the cardiac reserve may be permanently impaired. After delivery the anaemia may rapidly improve [the foetal hunger for iron has gone] but cardiac and renal reserves may never fully recover.

In the common oedematous clinical type the blood urea in mgm per cent. is raised from local minima, average and maxima of 8 15 25 and 20 (in 11 healthy cases) to 21 57.3 and 73.5 (in 37 with hookworm disease) and renal function is always lessened from corresponding figures (in 10 cases) of 2.8 3.3 and 4.0 to 1.3 1.7 and 3.0 (in 37 cases) the urine being scanty with low specific gravity and containing albumin and casts in the 7 case histories given, haemoglobin varied from 15 to 35. In the rarer non-oedematous type the blood urea is usually below 20 albumin at most a trace casts absent. When haemoglobin (which may be as low as 15) falls to 40 renal function becomes defective urea concentration perhaps falling below 2 per cent. The diagnosis from pre-eclampsia, chronic nephritis and pernicious anaemia of pregnancy is dealt with. Prognosis of that weight of

Infection which the author has in mind is grave for both mother and child. As to the mothers 9 died during pregnancy 7 during labour and 58 in the puerperium and of these last the causes of death were cardiac failure 40 post-partum shock following normal delivery 7 sepsis 5 dysentery 3 pyelitis 2, and malaria 1 so that concomitant illness is a large feature in causing death.

C. L.

CASE (W. O.) [In Portuguese & English]. *Pathogenia da anemia na ancylostomose.* II.—*Causas determinantes dos phenomenos regenerativos e degenerativos nella anemia e contribuições para elucidar o seu mechanismo intimo.* Pathogenesis of Anæmia in Hookworm Disease. II.—*Causes which determine the Regenerative and Degenerative Phenomena in this Anæmia and Contributions towards the Elucidation of their Intimate Mechanism.* III.—*Modificações hematicas e organicas, provocadas pelas simples eliminacão do Ancylostomo e do Yecutor, em individuos fortemente anemicados.* III.—*Hematic and Organic Modifications, induced by Mere Elimination of Ancylostoma and Necator in Individuals presenting Intense Anæmia.*—J/cm. Inst. Oswaldo Cruz. 1934 Vol. 29 No. 2. In Portuguese pp. 283-425. With 30 graphs. [104 refs.] In English pp. 427-483. In Portuguese pp. 487-540. With 10 graphs. [23 refs.] In English pp. 541-601.

The English version is not easy to understand, but it is believed that these notes render it rightly.

II In 25 cases of ankylostomiasis it is confirmed that the anemia is hypochromic and microcytic with little evidence of regeneration. The red cells lay between 900 000 and 4,580,000 their haemoglobin between 10 and 40 and their volume between 6 and 23. The presence of normoblasts nuclear remanents and polychromatism was very rare. Iron is the only substance of value in treatment raw liver tryptophan, histidine vitamin B cobalt, manganese, arsenic, copper and diets rich in iron were useless. Iron eliminates degenerate red cells and causes reticulocytes to be made with an initial macrocytosis. It is held that with this treatment blood always becomes completely normal. Actually, the minimum average and maximum figures recorded at the end of treatment were red cells in millions 3.55, 4.55 and 5.25 haemoglobin 62, 77 and 91 haemocrit readings 27 33.7 and 41. As anemia improves symptoms disappear. All these good effects are seen while the worms are left.

During the observation of the course of the anemia, the degeneration of the hematic indices becomes conspicuous as an important factor both in the hypofunction of blood and in occasioning the appearance of the symptoms of the disease. We verified that, with one and the same Hb. rate in the circulating blood, the symptoms may either appear with great intensity or be absent according as the hematic indices may be degenerated or normal.

Accordingly it is held that the anaemia is not the result of a toxin nor of haemorrhage but is due to disturbance of iron metabolism.

III Ten cases of ankylostomiasis were given anthelmintic but no other treatment. The minimum, average and maximum figures were red cells before treatment 2,070 000 2,620 000, 3,530,000 and after anthelmintic treatment 2,370 000 4,270,000 5 620 000 haemoglobin before treatment 22 27.5 38, and after it 23 47.5 75. The final conclusion is this —

The absence of blood modifications ascribable to elimination of the intestinal parasites and the resemblance of the blood regenerations induced

by iron both in the presence of helminthes in the intestine and after previous elimination of these parasites are very important verifications for the elucidation of the pathogenesis of the disease, and tend to confirm the essential importance of an organic insufficiency (iron deficiency) in the determination of the anemic syndrome and of the disease " C L.

LANDSBERG (J W) & CROSS (S X.) *The Blood Picture in Acute Fatal Infestations with Ancylostoma caninum*—*Jl Parasitology* 1935 Apr Vol 21 No 2. pp 130-132. With 1 fig

The infection produced an acute post haemorrhagic anaemia, with a blood loss so great that death was inevitable the haemopoietic system being unable to keep pace with the drain

The puppies 2 months old were given by mouth lethal doses of hookworm larvae in gelatin capsules and died within 17 days of infection.

Besides the changes in erythrocytes shown in the accompanying table there was anisocytosis slight poikilocytosis and achromia. The mucous membranes at death were perfectly white. No mention is made of any faecal blood passed during life or of blood in the intestinal contents after death

*Showing changes in the red cell picture during course of infection of three dogs (litter mates) with A. caninum.*

Days on experiment	D 878			D 877			D 878		
	R.B.C.	Hb (gm)	C.V.	R.B.C.	Hb (gm)	C.V.	R.B.C.	Hb (gm)	C.V.
1	5.01	8.4	74	5.12	7.4	78	4.09	6.4	81
3	5.04	7.8	75	4.91	8.0	78	4.51	6.9	89
13	5.00	8.7	77	5.29	9.9	89	5.69	8.9	89
13		Infected			Infected			Infected	
17	4.77	6.7	63	4.78	6.7	63	4.02	6.7	63
20	4.95	6.7	68	4.88	7.6	74	5.09	7.3	75
24	3.03	4.5	67	3.87	5.5	75	4.48	6.4	87
27	1.93	2.7	68	3.06	4.3	63	3.97	5.0	72
29	1.61	2.1	62*					4.6	
30				2.16	2.2	65*	2.09	4.3	65*

R.B.C. = the number of red blood cells per cmm blood expressed in decimals of a million (5.01 = 5,010,000)

Hb = grams of hemoglobin per 100 cc blood.

C.V. = the mean corpuscular volume in cubic microns.

\* Blood sample obtained from heart immediately following death.

C L.

FOSTER (A O) & COIT (W W) *Further Studies on the Effect of a Generally Deficient Diet upon the Resistance of Dogs to Hookworm Infestation*.—*Amer Jl Hyg* 1935 Mar Vol 21 No 2 pp 302-318 With 3 graphs

Experimental studies on twelve dogs have furnished additional evidence that a generally deficient diet renders them more susceptible to infection with *Ancylostoma caninum*

Seven of these animals which were kept until death on the deficient diet, showed a terminal breakdown of resistance which was characterized by a sharp increase in the daily egg productions of the infestations during the last 2 weeks of life. At autopsy these animals were found to be heavily parasitized the number of worms varying from 155 to 614 in dogs which were from 7 to 19 months old at the start of the experiments. The data indicate in general, that the resistance of the younger animals was more easily broken down by the deficient diet."

C. L.

MAPLESTONE (P. A.) A Simple Method of growing Hookworm Larvae—*Indian J. Med. Res.* 1934 Oct. Vol. 22. No. 2 pp. 203-214 With 1 text fig. & 2 figs. on 1 plate.

Maplestone describes and illustrates the apparatus with which he made his previous cultural experiments on hookworm eggs. He reports that larvae will not migrate from culture apparatus of this type and that it is necessary to extract cultures for at least 2 successive days to be sure that nearly all the larvae they contain have been extracted.

These particular experiments were entirely uncontrolled generally or individually "because it has been shown by Maplestone (1934) [this *Bulletin* Vol. 21 p. 967] that this is an efficient method of growing hookworm larvae for it was used on that occasion to check the value of Stoll's egg-counting method, and many times more larvae were extracted from cultures than one was led to expect from the number of eggs estimated by counting. A piece of gauze made of non-corrosive wire, with 1 mm. mesh and 12 cm. square is, by overlapping the corners, made into a square basket with bottom 8 cm. long and sides 3 cm. deep the addition to which of a wire loop makes handling safer and quicker. In the basket is first put a covering of 50 cc. of coarse sand or small glass beads and then in a hollow made in this 8 cc. of earth which has been put through 3 mm. mesh gauze after being heated to 70°C. while moist and then pounded in a mortar. On the earth is poured 4-4 cc. of broken up faeces and water measured but of the same degree of seeming fluidity. The baskets rest by their corners in inverted truncated cones of aluminium open at both ends, and these in turn in petri dishes containing a little water. The corners of the baskets are about 4-5 cm. from the surface of the water. The whole is put under a bell jar. No larvae were ever found in the water in the Petri dish, nor were they in closed funnels when the water in these was within 2 or 3 mm. of the bottom of the basket. But experiments made by suspending small baskets 3 cm. square on rods which rested on the mouths of beakers showed some larvae below them. [Presumably they got there either by forming the threads familiar in Fülleborn's experiments or by climbing up the suspending wire along the rod to the edge of the beaker and down the wall of the beaker to the water.] Extraction from these cultures disclosed from 277 to 882 larvae, but has to be continued for 2 days to show up most of them. 5 per cent. more being accounted for by continuing extraction for 7 days.

Maplestone thus quotes and contradicts the reviewer's view of the "inescapable need to trap cultures."

[This quotation divorced from its purpose and context is misleading. LANE 1928, begins "Under grants from the Royal Society the writer has, during the past 2 years, been endeavouring to disentangle the

various factors which determine whether hookworm ova shall develop into larvae and whether larvae shall grow to infectivity. And LANE 1932 in its first sentence says— I have tried to separate the factors which favour their [hookworms'] extracorporeal development. To do so two things were necessary—to know the number of eggs with which each experiment started, and to be sure that all larvae that matured were accounted for. Maplestone has not attempted the first as to the second the conditions do not seem to preclude a great likelihood of the death of larvae in their attempt to leave the cage]

C L

WATSON (W H) Drainage as a Controlling Factor in the Spread of Hookworm.—*East African Med J* 1935 Jan. Vol. 11 No 10 pp 308-315 With 9 figs. [14 refs]

The author in Nyasaland reaches the following conclusions —

It is considered that the [natural] drainage factor plays a most important part in controlling the incidence of hookworm infestation among the native population of plain districts such as Port Herald [in which it is high] as compared with the population of mountainous districts such as Zomba [in which it is low]

C L

LANE (Clayton) The Appraisalment of Hookworm-killing Drugs.—*Lancet* 1935 June 22. pp 1459-1464 [40 refs]

The author points out that accurate scientific determination of the actual vermucidal value of any drug and consequently the relative values of several cannot be reached unless answers are first obtained to certain questions namely 1 Should deworming be complete? 2 Do egg-counts measure worm loads? 3 Do egg-counts measure faecal egg-content? 4 Which is the best diagnostic technique?

The evidence *pro* and *contra* for each of these is impartially marshalled. Colonel Lane shows as regards the first that a few (7-8) hook worms may give rise to severe symptoms while in another patient more than ten times as many may not. Hence in the interest of the host complete deworming should be the aim of treatment. As regards the second the author has himself shown that worm loads cannot be measured by faecal egg-counts with any approach to accuracy. Whether egg-counts are a measure of faecal egg-content depends obviously on the accuracy of the method employed and putting natural bias aside (not an easy thing to do) the author shows by evidence that the D.C.F.F. technique is not only the most accurate egg-counting method but that by it the faecal egg-content can be measured more accurately than by any other provided the directions for its use are followed in every particular [this is a point which does though it ought not to need stressing]\* The fourth question is thus inseparable from the third and the same answer applies. To sum up

Evidence for complete deworming is the only stable criterion of drug efficiency and hygienic risk caused by infected persons can be graded rapidly usefully and empirically by the D.C.F.F. technique. Also the lessening of hygienic risk produced by mass treatment is the proper and adequate measure of the success of such treatment

D.C.F.F. or direct centrifugal floatation is a qualitative (yes or no) diagnostic technique which examines a single specimen obtained by a single centrifuging. D.C.F.F. or direct centrifugal floatation pushed to finality is a quantitative technique aiming at disclosing the total number of eggs present by examining 4 (plus 1) specimens from 4 (plus 1) centrifugings."

The following drugs are next considered *seriatim*. Oil of chenopodium, thymol carbon tetrachloride tetrachlorethylene and hexyl-resorcinol. Oil of chenopodium has no stable composition. Its active principle ascaridole is very variable between 33 and 88 per cent. Though it is given arbitrarily regardless of the ascaridole content such a procedure is indefensible. Many tens of thousands of doses have been given and results of a kind reported, but only in a small proportion has the amount of active principle contained been known and the measurement of success has been gauged by other means than proof of deworming. Hence as the author states, he finds "no acceptable published evidence of its efficiency against hookworms."

Thymol crystals readily agglomerate into a mass and for success this drug must be particulated *as, for example, by mixing with an adequate quantity of sugar of milk*. It is, or has been, often taught that absorption should be prevented, but Lane holds that the drug only acts after absorption. Evidence goes to show that two, 60 gram courses of the drug will result in deworming in about half the cases in adults. It is a safe drug in practice because toxic symptoms occur early and the intoxicating dose is well below the lethal dose.

As regards carbon tetrachloride, it has been stated that after large doses much is passed unchanged and that large doses are safer than small ones. This is hardly credible, for the amount absorbed constitutes the danger. The minimum lethal dose is 1.5 cc. but doses up to double this are often given and its toxic effects depend on individual susceptibility.

The dosage of tetrachlorethylene employed by GARRISON is 3 cc. weekly 1 cc. in three successive hours, for a child of 10 years, the patient being kept in bed on the day of treatment and the third dose being followed by a purge. This quantity is given for 3 weeks, i.e., 9 cc. in all. No death has as yet been reported and "the drug merits massive, controlled, field investigations, but present claims to its pre-eminence are premature."

No attempts have been made to evaluate the results of hexyl-resorcinol by the only sound test—deworming. It is liable to cause local irritation and erosion and on that account its purchase has been restricted in U.S.A.

In default of deworming tests there remain comparative tests with control of single factors. One such (the only one discoverable) was effects of thymol in a 60 grain dose, ascaridole 1 cc. and carbon tetrachloride 1 cc. on *A. duodenale* and *V. americanus* by CARO and MEASKEAN using the Schöffner Vervoot method. Thymol gave 90.1 and 89.6 per cent success on the two worms respectively, ascaridole 60.9 and 85.4 and carbon tetrachloride 11.5 and 60.8. This supports the author's conclusion that thymol heads the list especially when safety and efficiency are both considered, it being again stated emphatically that *safety must have the first place*. [The article apart from its intrinsic value, has the additional merit of almost necessarily provoking argument and further research.] H H S

- 1 TUXFORD (A. S.) H. LANE (Clayton) Administration of Carbon Tetrachloride for Hookworm. [Correspondence.]—Lancet. 1935. June 1 & 8. pp 1302 1357

1. Tuxford advocates carbon tetrachloride with castor oil for hook worm. Having treated many hundreds of such cases without a death

he advises 3 cc of tetraform with  $\frac{1}{2}$  oz of castor oil Discomfort after it is rare. It is advised as having no ill effects

ii. Lane points out that GIGLIOLI [this *Bulletin* Vol. 21 p 972] felt that the same result was produced by shaking carbon tetrachloride in water and that both experiments were uncontrolled and of insufficient extent. The only animal experiment traced was one by Maurice HALL It suggested that the mixture was not efficient but this could not be determined by herd treatment. C L

VAN SLYPE (W) Sur la détermination des strongyloïdes humains d'après les dimensions de leurs oeufs. [Determination of Human Strongyloïdæ from Dimensions of Ova.]—*Bull Soc. Path Exot* 1934 Dec. 12. Vol. 27 No 10 pp 939-942

The range of the paper is that which the title shows.

The paper concerns Lomami, in Katanga, and judging by the size of the eggs presumably in smears of 100 persons examined the percentages infected with the various strongyle parasites were estimated as follows *A duodenale* 53 *N americanus* 74 *A braziliense* 2, *Ternidens* 19 *Trichostrongylus* 10 Of the *ternidens* egg the distinctive points are its width of 45-56 $\mu$ , its length of 73-80 $\mu$ , its double contour the cells numbering 6 to 12, well defined with obvious refractile nuclei the shell having a double contour C L

McCoy (O R.) Artificial Immunization of Rats against *Trichinella spiralis*—*Amer J Hyg* 1935 Jan Vol. 21 No 1 pp. 200-213

The author's summary is as follows —

The majority of rats given six intraperitoneal injections at 5-day intervals of living trichina larvae heat killed larvae or dried and powdered larvae developed some degree of immunity against a subsequent light infection with *Trichinella spiralis* The degree of immunity in the individual animals varied from none to practically complete. The injection of living larvae was usually more effective in establishing immunity than the injection of either heat killed larvae or dried and powdered larvae. Artificially immunized rats showed little or no resistance to the initial development of adult worms in the intestine but the worms were lost more rapidly than in control animals. This of course would result in a smaller amount of muscle invasion in the immunized rats. The immune state produced by the injections is apparently of the same general nature as that brought about by actual infection in each instance the mechanism is directed against the intestinal stages of the parasite. The former immunity however is not nearly as potent as the latter and is much more easily broken down by large doses of larvae C L

ROTH (Hans) Ein Beitrag zur Frage der prenatalen Trichineninfektion [Prenatal *Trichinella* Infection.]—*Acta Path et Microb Scandinavica*. 1935 Vol 12. No 1-2. pp 203-215 [25 refs.]

Foetal trichinous infection was produced in guinea-pigs the larvae in the young being at the same stage of their development as those in the mothers. C L.



BAUDRY (E. A. R. F.) Over de werking van cansyth op trichinen bij ratten. [Action of Cansyth on Trichinae in Rats.]—*Tijdschr. v. Diergeneesk.* 1935. May 15 Vol. 62 No. 10. pp. 527-532. English summary (6 lines).

Cansyth, a coal-tar preparation containing sulphur was used with apparent success by WELTMANN (1931) in a case of human trichinosis. The author found it useless in the prevention of intestinal or muscular trichinosis in rats, and concludes that its action in man was not specific.

A G B

WU (L. C.) Chronic Salpingitis caused by *Oxyuris vermicularis*. Report of a Case.—*Chinese Med. J.* 1935. Mar Vol. 49 No. 3. pp. 256-259 With 2 figs. on 1 plate.

A small yellowish nodule in the wall of the left fallopian tube showed on section many thread worm ova in a capsule. The faeces showed ascariid ova. The operation had disclosed much-dilated, tortuous and congested tubes matted to ovaries and uterus.

C L

SCHULTZ (R.) & IVANITSKI (S.) Gongylonematosis of Man, with the Description of a New Case.—*Med. Parasit. & Parasitic Dis.* Moscow 1934 Vol. 3. No. 6. [In Russian pp. 516-527]

The total number of cases of Gongylonema infections reported from man is seven. The authors describe a new case from Kharkov (Ukraine). A review is given of the literature on gongylonematosis and the question of its possible rôle in the aetiology of cancer is discussed. The parasite is identified as *Gongylonema pulchrum*.

C A Hoar

KELLER (Alvin E.) The Occurrence of Eggs of *Heterodera radicicola* in Human Faeces.—*Jl. Lab. & Clin. Med.* 1935. Jan. Vol. 21 No. 4. pp. 390-392 With 1 fig.

The eggs were obtained from the faeces of 34 of 44,350 whites and 5 of 6441 negroes in Mississippi. It is believed that they can be mistaken for unfertile ascaris or hookworm eggs and so may lead to unnecessary giving of anthelmintics.

C. L.

HU (Stephen M. K.) & YEX (C. H.) Studies on the Comparative Susceptibility of *Culex pipiens* var. *pallens* Coquillett and *Culex fatigans* Wiedemann to Experimental Infection with *Wuchereria bancrofti* Cobbold.—*Far Eastern Assoc. Trop. Med. Trans. Ann. Congress Nanking China 1934* Vol. 1 pp. 483-490 [12 refs.]

A continuation of experiments already recorded [this Bulletin, Vol. 31 p. 804] on susceptibility of the mosquitoes noted in the title.

The maximum macrofilarial count in the mosquito-meal-provider was 248 in 20 cmm. of blood as compared with 23 in the earlier series. Both species of *Culex* were fed on him at the same time and the time of reaching full development in each was about the same and of those surviving for this period 80.1 per cent. of *C. p. pallens* and 94.5 per cent. of *C. fatigans* were infective. In both, larvae from one feed might fail to reach infectivity while those from another might do so. The average number of infective larvae in each *C. p. pallens* was 14.4 and in each *C. fatigans* 7.3

C L

HU (Stephen M. K.) Experimental Infection of *Culex fatigans* Wiedemann from Foochow, Fukien Province, with *Wuchereria bancrofti* Cobbold.—Reprinted from *Lingnan Sci J* Canton. 1935 Jan. 1 Vol. 14 No 1 pp 87-92. [10 refs]

Of 193 *Culex fatigans* bred from larvae collected in Foochow and fed on a filarial subject with many microfilariae in the blood 70 per cent. harboured embryos on dissection 141 survived the period of incubation and of these 96 harboured infective larvae that is 50 per cent. of those fed and 68 per cent. of those surviving C. L.

FENG (Lan-chou) Some Experiments with Mosquitoes and *Microfilaria malayi* in Huchow (Chekiang China).—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 491-494

The author gives the following account of his experiments.

1 Experiments with five species of mosquitoes for the transmission of *Microfilaria malayi* were carried out in Huchow Chekiang Province in the summer (July-August) of 1933

2 Partial development of *Microfilaria malayi* took place in *Culex pipiens*, *Stegomyia albopictus* and *Armigeres obturbans*

3 Normal development of *Microfilaria malayi* has been observed in *Mansonia* (*Mansonioides*) *uniformis* up to the 4th day after which a certain number of the embryos died and only comparatively few reached maturity 8 days after the infective feed.

4 Normal development of *Microfilaria malayi* took place in *A. hyrcanus* var *sinensis*. The filarial embryos reached maturity on the 6th day and from the 6th to the 8th day after the infective feed invasion of the labium by mature larvae was very common. As many as 59 mature actively motile larvae have been found in one mosquito in various parts of the body including the labium.

5 *A. hyrcanus* var *sinensis* is probably the most important carrier of *Microfilaria malayi* in the Huchow area although *Mansonia* (*Mansonioides*) *uniformis* may also participate in the transmission of this parasite. C. L.

ROMITI (Cesare) Filariasis in British Guiana. A Comparative Study of *Filaria bancrofti* and *Filaria ozzardi* Infections.—*Trans Roy Soc Trop Med & Hyg* 1935 Apr 17 Vol. 28. No 6. pp 613-626

*Filaria bancrofti* The presence of the adult worm in the varico-lymphocele of the cord is constant. The site where the worms are found is always the same viz. in the distal portion of the lymphatic plexa of the cord in proximity to the epididymis. The author has not been able to find adult living worms in any other situation, nor to observe in any other district of the lymphatic system the lesions which are characteristic of invasion by the adult worm.

*Filaria ozzardi* On no occasion were any traces of adult worms seen nor was there observed any pathological change in the lymphatic system of those infected with *F. ozzardi*.

The paper summarizes the conclusions drawn from the clinical and pathological findings in over 7000 cases. It is confirmed that in British Guiana *Wuchereria bancrofti* is limited to the coastal district. It affects as evidenced by microfilariae in the blood 40 per cent of negroes

and Portuguese, 20 per cent. of East Indians, and few Chinese, is rare under 10 years of age, is periodic in direct relation to the intensity of the infection with the higher count at night, the physical signs affecting the lymph glands are mainly confined to those draining the genital organs, especially to the "mesal superior group of the superficial sublingual lymph glands," varicolymphecele is constant in the male and an "elephantoid condition of the broad and ovarian ligaments" in the female.

*Filaria ozzardi* is confined to the interior—race, sex and age do not influence it—is without variation of the microfilarial count from day to day and hour to hour and causes no physical signs. *Mf bancrofti* was found in no fluid, ascitic, synovial, cystic, other than in cysts connected with the cord or internal female genital organs; *Mf ozzardi* has been found only in the peripheral blood in admittedly incomplete examinations. The site of adult *Mf bancrofti* in Ronitt's view is as quoted above. Since from tissue removed at operation and placed in warm saline adults, if present in patent lymphatics, emerged with rapid twisting movements, it is held logical to conclude that the same holds after death and that the worms then migrate from superficial into deep lymphatics. No adults of *F ozzardi* were seen, nor was any pathological change in the lymphatic system attributable to them discovered. In both infections bacteria were not discovered apart from acute inflammation and then the organism was predominantly *Staphylococcus pyogenes aureus* C. L.

NEUBER (Edmund) Beiträge zur Diagnose, Epidemiologie und Therapie der Filariase (*Filaria bancrofti*) auf Grund zweier Fälle. Two Cases of *Mf bancrofti* Infection. Treatment. Arch. Dermat. u. Syph. 1935. May 31 Vol. 171 No. 5. pp. 515-525 With 3 figs.

Two cases are described in whom the scrotum and penis showed lymphangectatic vesicles and who were treated with malaria and gold. In both it is stated that microfilariae were present in the blood. In one the microfilariae disappeared and the lymphangiectasis lessened. The other is under observation. C. L.

DAVIS (Nelson C.) An Investigation of Possible Vectors of *Wuchereria bancrofti* (Cobbold) in Bahia, Brazil.—Jl Parasitology 1935. Feb. Vol. 21 No. 1 pp. 21-26. [10 refs.]

The chief transmitter of *Mf bancrofti* infection in Bahia, Brazil is *Culex fatigans*.

"1. Experimental proboscis infections with *Wuchereria bancrofti* (Cobbold) were obtained in the following mosquitoes: *Culex fatigans* Wiedemann, *Mansonia (Rhynchotarsus) juxtamansoni* (Chagas) and *Anopheles (Nyssorhynchus) albipennis* Arlt-Balzaga.

"2. Advanced development of larvae took place occasionally in *Anopheles (Nyssorhynchus) bachmani* Petrochi and in *Culex nigripalpus* Theobald. Retarded development was also noted in one specimen of *Anopheles (Nyssorhynchus) ternstroemi* Goeldi.

"3. A slight degree of development, followed by degeneration, occurred in *Aedes (Stegomyia) aegypti* (Linnaeus) and in *Aedes (Ochlerotatus) flavipennis* (Lutz).

4 No metamorphosis was noted in *Aedes (Ochlerotatus) taeniorhynchus* (Wiedemann) or in *Aedes (Ochlerotatus) scapularis* (Rondani). Invasion of the thorax occurred only once in *Aedes taeniorhynchus* and never in *Aedes scapularis* C L.

NEUBER (Eduard) Ueber den Heilwert und Wirkungsmechanismus der Goldpräparate mit besonderer Rücksicht auf einige chronische Infektionskrankheiten (Sklerom Aktinomykose Filariase) [Curative Value of Gold Preparations with Special Reference to Filariasis].—*Wien. Klin. Woch.* 1935 Apr 19 Vol. 48, No 16. pp 486-490 [13 refs.]

Gold had no influence on 2 cases of infection with *F. bancrofti*. After combination with malaria one was cured 4 years later C L.

TISSEUIL (J) De la longévité des microfilaires de la sangue *Phlander* dans la circulation générale [Longevity of Microfilariae of *Opossum* in Circulation].—*Bull. Soc. Path. Exot.* 1935 Mar 13 Vol. 28, No 3 pp 193-194

A single microfilaria was found 6 and 11 days respectively after blood rich in embryos had been injected into the peritoneal cavities of two other opossums [see TISSEUIL, this *Bulletin* Vol. 32 p 278] C L.

MONTEL (M.) Le carbone animal intraveineux dans le traitement des recrutes aiguës fébriles de la lymphangite chronique éléphantiasique des pays chauds. [Animal Charcoal Intravenously in the Treatment of Acute Relapses of Chronic Lymphangitis].—*Bull. Soc. Path. Exot.* 1935 Mar 13 Vol. 28 No 3 pp 171-174

A severe case of lymphangitis responded dramatically to intravenous injections of animal charcoal.

A man of 45 had had for 10 years lymphangitic attacks which had left permanent enlargement of the right leg. The three attacks which Montel had observed never retrogressed before the 8th or 10th day and necessitated a slow convalescence. In the last the temperature reached 40.5°C. with shivering delirium pulmonary congestion lymphangitis in the right leg and corresponding painful adenitis. An intravenous injection of 5 cc. of a 2 per cent. suspension of finely ground animal charcoal in physiological (normal) serum on the second day and one of 10 cc. on the third day were followed by a return to 37°C. (98.4°F) on the fourth day with a recovery of well being so complete that the man insisted on taking forthwith a business journey of 400 km. by car. He took 15 cc. ampoules for daily injections and supported the journey well. C L.

MARTÍNEZ BÁEZ (M.) Sur la structure histologique des nodules à *Onchocerca volvulus* et *O. caecutiens* [Histological Structure of *Onchocerca* Nodules, *Volvulus* and *Caecutiens*].—*Ann. Parasit. Humains et Comparés* 1935 May 1 Vol. 13 No 3 pp 207-230

A comparative study of the structure of *onchocerca* nodules based on 21 specimens from Africa and 28 from America, described in detail, though the author's experience covers 61 specimens in all.

The skin over nodules is never normal. The epidermis is practically so the dermis never having very often an oedema and always showing numerous foci of cellular infiltration most markedly so in deeper layers. These are apt to form sleeves round dilated blood and lymph vessels, and comprise lymphocytic, histiocytic, plasmocytic and eosinophilic types. The nodules are almost always sharply delimited by a fibrotic capsule composed of concentric collagenous fibres often undergoing hyaline degeneration, the spaces between being occupied by macrophages, histiocytes, lymphocytes, some polynuclears and eosinophils and a few labrocytes and often harbouring microfilariae. The uteri contain the young which may be in various stages from egg to fully developed larva but it is particularly noted that, when the latter are present in the uteri, there are abundant microfilariae in the tissues of the nodule and in the superjacent skin [an observation which suggests that in onchocerca the parturition of each female takes place when the products of parturition fill the uteri]. In one case there were in the nodule microfilariae of double the normal length as described by OCHOTZKINA. In the same nodule there may be found normal and disintegrating adult worms and of the cellular elements giant cells were generally very numerous particularly in nodules from America.

The differences discovered between nodules from the old and new worlds are tabulated thus it being noted that their structure is essentially the same, and that the observed differences need further investigation.

	" <i>O. volvulus</i> ."	<i>O. caecutiens</i> .
Perivascular infiltration of the dermis	Little accentuated	Marked
Microfilariae in the overlying dermis	Many	Few or absent
Granulomatous tissue in the centre of the nodule	In small areas	In larger areas
Local eosinophilia	Frequent and intense	Frequent but light
Dead and living parasites in the same nodule	Frequent	Not seen
Cavities with fibrinous fluid	Frequent	Rare
Cavities with purulent fluid	Rare	Frequent
Disintegrating worms	Frequent	Rare

C. L.

BRYANT (J.) Endemic Retino-Choroiditis in the Anglo-Egyptian Sudan and its Possible Relationship to *Onchocerca volvulus*.—*Trans. Roy Soc Trop Med & Hyg* 1935 Mar 8. Vol. 28. No. 5. pp 523-532. With 1 map & 5 figs. on 2 plates.

Two ocular conditions are associated with devastating blindness in the Sudan of which one is certainly and the other inferentially caused by onchocerca infection. The infection has been endemic for years, but has recently taken on epidemic character.

About 4 years ago Bryant's attention was drawn to one of these conditions which he calls "Sudan blindness," the lesion being gross retino-choroiditis with optic atrophy. HISSETTE suggesting that it might be due to *O. volvulus* further investigation has shown blindness

to be appallingly common in places. Thus 8 per cent. of Dinka taxpayers were exempted for blindness contracted during last year of the Bellanda tribe 4.5 per cent were totally blind 8 blind were found in a family of 13 on the Naam river 14 of 21 in 4 huts near Wau 4 of 6 in the Tonj district. Most of these were due to retino-choroiditis but some definitely to onchocercal punctate keratitis.

To take the latter first the onset is with intense irritation (even severe pain) and enduring lachrymation. A case seen a month after onset showed dilated pupils some loss of corneal lustre oedematous and rather red conjunctiva fundus covered with pigment patches optic disc pink and rather indistinct in outline. Vision is usually better in early morning and late afternoon when glare is less the eyes are shielded the man keeps in the shadow and tears stream down his cheeks. The media become opaque and adhesions slowly obliterate the pupil. Microfilariae have always been present on puncturing the anterior chamber under 2 per cent. pantocaine with a tuberculin syringe. On sectioning the eye microfilariae are found throughout it the cornea is vascular the sclerotic and choroid show a plasma cell reaction the ciliary body marked inflammatory and fibrotic change.

As for Sudan blindness the slight initial irritation and lachrymation end usually within 3 weeks when night blindness becomes established. The eye looks normal but within 2 to 5 months blindness is established. The media are clear though cataract is not uncommon. Microfilariae are not found on puncturing the anterior chamber. The appearance of the fundus with its patches of retinal pigment this tissue being otherwise rarified allowing the choroidal vessels to shine through it is illustrated. On sectioning microfilariae were entirely absent the cornea ciliary body and choroid showed no inflammation, the retinal layers especially that of nerve fibres are irregularly atrophied and the cell layers lessened in numbers the retina shows pigment masses on, and within it and its vessels are more numerous than usual, but have no cellular reaction round them.

As to the first condition the presence of intraocular microfilariae and of onchocerca nodules leaves no doubt as to its causation. As to the second Bryant gives reasons for excluding as causes organic poisons antimony as a cosmetic nephritis diabetes yaws eating of cassava root to excess, heredity consanguinity famine and vitamin A deficiency but a possible association with *Onchocerca volvulus* is suggested by the following. Of 750 adults paraded for sleeping sickness inspection 9 per cent showed manifestations of this infection namely thickened skin onchocercal tumours keratitis hydrocele and elephantiasis. The last two are included because *W. bancrofti* is unknown here and because *Mf volvulus* has been found in swarms in elephantoid tissue and in hydrocele fluid and sac. On the other hand of a number of cases of Sudan blindness 58 per cent. showed these visible evidences of *O volvulus* or 49 per cent. more than the average of the adult population.

As to tumour distribution the author agrees with HISSETTE that tumours on the head are more apt than others to give rise to the known ocular manifestations of *O volvulus* and records that the nodules may produce deep erosion of the frontal bone.

*Simulium damnosum* is common indeed at times is a swarming scourge was present in hundreds in a rest house kitchen 1 km. from water and appeared to be thoroughly domestic none being found outside on the road.

BOASE (A. J.) Ocular Filariasis.—*East African Med. J.* 1933. Jan. Vol. 11 No. 10 pp. 326-328.

Case of a Muganda whose left eye was sightless with evidence of kerato-iritis the right having vision 6/5 and microfilariae in the anterior chamber

The history was acute. It appears that both eyes began to water and ache, the right became apparently normal in a few days, the left deteriorated rapidly and its sight was lost in 6 weeks. Examination 4 months after the onset revealed nothing abnormal in the right eye except evidence of past papillitis. The left eye showed intense ciliary congestion, a very hazy cornea, profuse keratic precipitate (visible to the unaided eye) and posterior synechiae. The fundus was completely obscured." Examination of the right eye with a corneal microscope revealed many nematode larvae. The description is as follows —

"Prolonged examination revealed many of these organisms. At one instant four were in focus in close proximity to each other while rapid movements of the beam of light across the anterior chamber disclosed others. The manner in which they propelled themselves through the aqueous immediately suggested to my mind the well-known antics of the mosquito larva, though I think that a better description of their movements would be to say that they tied themselves into knots and untied themselves with amazing rapidity. For this reason it was difficult to form an estimate of their individual length, but in a few instances in which a larva (for such they were deemed to be) was momentarily straightened out a rapid comparison led me to judge its length to be approximately equal to the depth of the optical section of the cornea, that is about a third of a millimetre

*Mf persians* was present in the blood but the embryos were not found in the eyes of other patients in whose blood they were present. [The history the ocular symptoms (*cf* BRYANT above) and the estimated size of the microfilariae are suggestive of infection with *Onchocerca colvialis*. The grave blinding effects of this worm, not only in the Belgian Congo but in the Sudan, must give rise to anxiety as to whether the case cited is not the first reported evidence of its presence in Kenya Colony. The existence of nodules is not mentioned.] C. L.

PRISTON (P. G.) Report of a Case of Human Onchocerciasis in Kenya.—*Jl Trop Med & Hyg* 1935. Apr 1 Vol. 38. No. 7 p. 81

This is believed to be the first case of onchocerciasis microscopically identified in Kenya.

The man had always lived in South Mugango in the Kisii Reserve except for service as a porter with the King's African Rifles near Kisumu during the Great War. He had four swellings on the left side of the chest, in both axillae, both iliac fossae, both popliteal fossae, and under the left angle of the lower jaw. On extension the swellings contained onchocerca worms. The man had complained of pain in the temporal region as if a knife were thrust into the backs of his eyes, and stated that he had had occasional and temporary blurring of vision and that this was now becoming impaired. The swellings were of about 2 years duration and had steadily grown. Vision and eye grounds are not reported on. C. L.

ISSAJEV (L. M.) Einfache Methode zum Nachweis der Nematoden Larven in den Crustacea. [A Simple Method for the Detection of Nematode Larvae in Crustaceans.]—*Med Parasit. & Parasitic Dis* Moscow 1934 Vol. 3 No 3 [In Russian pp 238-240 German summary p 240]

Working on the transmission of guinea worm larvae by cyclops the author devised the following method for the rapid examination of large masses of these crustaceans. Captured cyclops are placed in test tubes from which most of the water is pipetted off and which are kept at 35-36°C for 1-2 days after which the contents are examined under a microscope at a magnification from 25 to 75. By this time the majority of the crustaceans are macerated and broken up while the *Dracunculus* larvae retain their normal structure and can easily be detected. This method is based on the fact that under natural conditions the larvae escape into the outer world only after the death and decomposition of their vector. It is suggested that it might be applied for the examination of crustacean vectors in the case of the larvae of other nematodes and cestodes.

C A Hoare

ISSAJEV (L.) Ueber die Eindringung der *Dracunculus medinensis* Larven in den Cyclops. [On the Method of Penetration of the Guinea-Worm Larvae into Cyclops.]—*Med Parasit. & Parasitic Dis* Moscow 1934 Vol. 3 No 3 [In Russian pp 212-230 With 13 figs. [20 refs.] German summary p 230]

Working in Turkestan the author conducted a series of experiments with the view to determine the method by which the larvae of *Dracunculus medinensis* penetrate into the local vectors *Cyclops oithonoides* and *C. vicinus*.

The copepods and the nematode larvae were placed together in watch-glasses containing distilled or filtered pond water and were observed under a microscope. The cyclops actively hunts the larvae and ingests them. To facilitate the observation of the larvae within the body of the crustaceans, these were starved and placed between slide and coverslip sealed with vaseline. About 5-6 hours after ingestion but sometimes after a few minutes the larvae pass into the body cavity of the cyclops by actively boring head first through the stomach wall. Active penetration of the larvae through the integuments of cyclops could not be observed under the most favourable conditions. Similar experiments conducted with a number of Cladocera showed that they were incapable of ingesting guinea worm larvae while those taken up by *Diaptomus* passed through its intestine and were discharged from the anal aperture unaltered. The paper contains a detailed illustrated account of the structure of the alimentary tract of cyclops and of its feeding methods.

C A Hoare

ISSAJEV (L.) Experimentelle Dracunculosis beim Hunde. [Experimental Dracunculosis in Dogs.]—*Med Parasit. & Parasitic Dis* Moscow 1934 Vol. 3 No 3 [In Russian pp 231-238 With 5 figs. German summary pp 237-238.]

Description of the results of experimental infection of dogs with *Dracunculus medinensis* undertaken in Turkestan between 1927 and 1932. Pups from 4 to 6 months old were starved for 24 hours and each given 100 cc. of water in which were infected cyclops containing a total



of 28-50 guinea-worm larvae, the last having moulted twice. Of 42 pups 27 became infected. Dissection of the worms at various periods of time (up to one year) following the infective meal showed that its development up to the production of ripe, motile larvae takes 9-10 months. Males could not be found. In one case cyclops were infected with larvae isolated from a worm obtained in one of the experimental infections after developing for 13 days in the crustaceans 25 larvae were fed to another pup and gave rise to an infection with 5 adult worms the uteri of which contained motile larvae when examined about 9 months later. It is suggested that the successful experiments coupled with the finding of naturally infected dogs points to the latter as sharing with man the rôle of final hosts. The incidence of dracontiasis in the town of Old Bokhara was 30 of 30 000 of the human population and 5 of 2 023 dogs examined. C. A. Hoare.

RAMSAY (G. W. St. C.) Observations on an Intradermal Test for Dracontiasis.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935. Jan. 25. Vol. 28. No. 4 pp. 399-404

The antigen for the test was obtained from guinea worm and the results which were satisfactory indicated a high rate of infection in Northern Nigeria.

To 100 cc. of ether was added 0.25 gm. of dried powdered guinea-worm with frequent shaking at room temperature for 2 hours to remove lipoids. The dried ether free residue was extracted, with shaking, for 4 hours in 100 cc. of 0.85 per cent sodium chloride at 37°C. After centrifuging and passing through a No. 6 Seitz filter 0.25 cc. of this 0.25 per cent saline extract was used for injection, a positive wheal being one at least 2.3 cm. across, with outrunners. Of 41 visibly infected cases 85 per cent. gave an immediate positive result. Of 187 persons in a non-endemic area a negative reaction was obtained in 84 per cent. and a spurious positive reaction in 16 per cent. There was failure to produce an antigen suitable for a precipitin test. Of 1,267 other persons in Northern Nigeria 47.6 per cent. gave an immediate positive reaction, suggesting that this persists for years after infection has ceased, and that in some local areas dracontiasis is hyperendemic. C. L.

MOORTHY (V. N.) The Influence of Fresh Bile on Guinea-Worm Larvae encysted in Cyclops. (A Preliminary Report).—*Indian Med. Gaz.* 1935 Jan. Vol. 70. No. 1 pp. 21-23. With 1 fig.

Bile kills cyclops and activates guinea-worm larvae which they harbour.

Like 0.2 per cent. hydrochloric acid, fresh bile of certain species of the fish genus *Barbus* killed cyclops in 1 to 2 minutes and so activated guinea-worm larvae within that they disorganized the host's internal structure and might escape from its body after 30 to 35 minutes, usually at the junction of the anal segment with the furcal ram. With fresh goat's and sheep's bile the corresponding figures were 30 to 36 and 60 minutes and in human bile from a suicide 6 hours after death 20 and 79 minutes. In *Barbus* some development of the guinea worm larva is believed to occur. The work continues. C. L.

## Erratum

Vol. 32, No 4 p 246 BEQUAERT's summary line 3 of title for *Blandfordia* read *Blanfordia*, and for H. A. PILSBURY read H. A. PILSBRY Also in text of summary read *Blanfordia* for *Blandfordia* throughout.

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- ASHKAR (M. F.) & ISRA (I. I.) Bilharzial Haemospermia.—*Jl Egyptian Med Assoc* 1935 Apr Vol. 18 No 4 pp 274-283
- CRAWFORD (F. G.) Elephantiasis in South Africa and Basutoland.—*Jl Trop Med & Hyg* 1935 Feb 1 Vol. 38 No 3 p 34 With 1 fig
- CHEN (H. T.) A Preliminary Report on a Survey of Animal Parasites of Canton, China, Rats.—Reprinted from *Lingnan Sci Jl* Canton 1933 Feb Vol. 12. No 1 pp 63-74 [10 refs.]
- CHEN (H. T.) On a Method of expelling Disintegrated Tapeworms in *Ctenoce phalides felis*—Reprinted from *Lingnan Sci Jl* Canton. 1933 May Vol. 12 Supp pp 43-48
- CHEN (H. T.) & WANG (Shou-chi) Notes on Some Abnormal *Clonorchis sinensis*—Reprinted from *Lingnan Sci Jl* Canton. 1933 Oct. Vol. 12. No 4 pp 541-546 With 4 figs on 2 plates.
- CHEN (W. L.) & ROSE (G.) Untersuchungen ueber die Verbreitung der Menschlichen Paragonimiasis im Talbezirk von Landin (Provinz Chekiang Hsien Shaoching).—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 519-524
- GRUBER (Georg B.) Zur Frage der Wurmkrankheiten (Zu Soldat's und Wigand's "Leitfaden der einheimischen Wurmkrankheiten des Menschen.")—*Muench. Med Woch* 1935 May 9 Vol. 82. No 19 pp 733-735 [13 refs.]
- KHALIL Bey [Opened by]. A Discussion on the Criteria of Cure from Bilharzia.—*Jl Egyptian Med Assoc* 1935 Apr Vol. 18 No 4 pp 228-231
- KHAW (O. K.) Treatment of *Schistosomiasis japonica* in Rabbits with Concentrated Fouadin. (A Preliminary Report).—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 535-541
- KOIZUMI (Makoto) Studies on the Toxic Actions of the Coelomic Fluid of Ascaris.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 589-590 With 4 figs. on 3 plates. [43 refs.]
- KOMIYA (Y.) KAWANA, K. & TAO (S.) Investigations into Helminthiasis among Japanese Pupils in Shanghai.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 611-617
- KU (D. Y.) Oxyuris Infection of the Wall of the Fallopian Tube.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 605-610 With 2 figs. on 1 plate. [11 refs.]
- MALLIK (K. L. Basu) A Case of Guinea Worm Infection.—*Indian Med Gaz* 1935 May Vol. 70 No 5 p 264 With 1 fig
- MARTILLOTTI (F.) Lascariellosi nell'infanzia.—*Pediatrics* 1935 Mar 1 Vol. 43 No 3 pp 321-331
- MUELLER (Justus F.) A *Diphyllbothrium* from Cats and Dogs in the Syracuse Region.—*Jl Parasitology* 1935 Apr Vol. 21 No 2. pp 114-121 With 21 figs. [10 refs.]
- OHIRA (Tokuro) On the Active Immunization of Animals against Tape Worms.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 601-604
- OTTO (J. H.) Clinical Pathophysiological and Therapeutical Aspects of Human Clonorchiasis.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China, 1934* Vol. 1 pp 543-561 [73 refs.]
- ODERMUS (Kurt) Zur Behandlung des Pruritus ani bei Oxyuriasis.—*Muench Med Woch* 1934 Dec. 20 Vol. 81 No 51 pp 1977-1978

- ROSS (G.) & KOW (T. M.) Beobachtungen ueber die Fortpflanzung und die Lebensweise der Zwischenwirtschnecke (*Oncosolentia japonica*) von *Schistosoma japonicum* unter Laboratoriumsbedingungen.—*Far Eastern Assoc. Trop. Med. Trans. Ninth Congress Nanking China, 1934*. Vol. 1 pp. 525-533
- SCADUTO (Pasquale) Alcuni animali da cortile ed i pasceri quali vettori della diffusione a distanza delle uova di *Ankylostoma duodenale*.—*Riv. Sanitaria Siciliana*. 1935 Apr 15 Vol. 23 No. 2. pp 597-600 603-604 (14 refs.) English summary (5 lines)
- VOGEL (Hans) Der Entwicklungscyclus von *Opisthorchis felinus*.—*Far Eastern Assoc. Trop. Med. Trans. Ninth Congress Nanking China, 1934*. Vol. 1. pp 619-624
- YOUNG (Smiten) The Blood Picture in Human Fasciolopsiasis (*F. buski*).—*Far Eastern Assoc. Trop. Med. Trans. Ninth Congress Nanking China, 1934*. Vol. 1 pp 563-566.

## MISCELLANEOUS

POGGI (Igino) Parassiti intestinali nei bambini rilievi statistici e note cliniche. [Intestinal Parasites in Children (in Milan)]—*Arch Ital Sci Med Colon* 1935 May 1 Vol. 16 No 5 pp 321-349 With 1 fig [34 refs.] English summary (2 lines)

The author examined the faeces of 1 100 children between the ages of 2 and 14 years in the South Corona Hospital Milan and found 614 or 56 per cent. harbouring parasites of some kind. [The method of examination is not stated presumably it was by direct smear]

These include all forms even those not regarded as pathogenic such as *Trichomonas intestinalis* *Entamoeba coli* *Spirochaetes* *Blastocystis* and *Bodo* The commonest was ova of *Trichuris trichiura* found in 298 or 27 per cent. *Ascaris* 158 or 14 per cent, *E coli* 123 *Blastocystis hominis* 108 and *Giardia* 98. *E histolytica* was found in 7 or 0.6 per cent. *H nana* in 10 or 0.9 per cent Helminthic infestations were commonest at the age of 7 years being found in 39 of 76 children at that age almost the same proportion 44 out of 91 and 39 out of 78 was found at ages 6 and 10 years. Details are given of 15 patients. There is no mention of any having resided outside Milan. H H S

PECKOLT (Waldemar) & PRADO (Alcides) Contribution au traitement des protozooses intestinales par le *Jacaranda decurrens* Cham. (*Bignoniaceae*) [Treatment of Intestinal Protozoal Infections by *J. decurrens* ]—*C R Soc Biol* 1934 Vol. 117 No 33 pp 719-720

Tincture of *Carobinha* prepared from the South American plant *Jacaranda decurrens* Cham. has in the authors hands given good results in the treatment of giardia, chilomastix and trichomonas infections and even results which may be regarded as encouraging with amoebic dysentery The tincture has a pleasant taste and is quite non toxic.

C M Wenyon

BALENA (Alfredo) Giardiose biliar [Biliary Giardiasis.]—*Brasil Medico* 1935 Jan. 19 Vol. 49 No 3 pp 47-56 With 1 chart. [11 refs.] French summary

The study of 19 cases of giardia infection by radioscopy of the gall bladder and examination of the bile obtained by duodenal tubage has convinced the author that a condition of cholecystitis caused by the flagellates in the gall bladder exists. The symptoms are varied and may resemble those due to ulceration of the stomach the presence of biliary or renal calculi, or cardiac disturbances as revealed by arrhythmia or angina Various lines of treatment are recommended but it is admitted that it is not easy to eradicate the parasite. The conclusion that the parasites actually inhabit the biliary passages is somewhat equivocal, for the author admits that they were not found in the gall bladder in cases which were treated surgically [The discovery in bile obtained by duodenal tubage of a flagellate known to live and reproduce in large numbers in the duodenum would hardly seem to justify the assumption that it has necessarily come from the gall bladder. There appears to be a growing tendency in the literature to attribute to this flagellate serious pathogenic properties based largely on this

assumption. The records of the discovery of giardia in the gall bladder itself at the time of surgical interference are as yet far from convincing.)

C. M. W.

FILLON (H.) & MILLISCHER (P.) La résine du *Schinus terebinthifolius* dans le traitement de la lambliaze. [Resin of *S. terebinthifolius* in Treatment of Giardiasis.]—*Bull. Soc. Path. Exot.* 1935. Feb. 13. Vol. 28. No. 2. pp. 92-97

The author claims that the product of distillation of the resin of *Schinus terebinthifolius* a colourless essence, has a specific action on lamblia infections, when administered by the mouth in doses of 1 to 4 cc. daily in a mixture containing purgative syrup of tragacanth and julep. In discussion DIECHER points out that temporary disappearance of flagellates and their cysts from the stool is a common occurrence without treatment so that care is required in drawing conclusions as to the action of any drug administered.

C. M. W.

GRAMS (H.) Beitrag zur Lamblienerkrankung [Giardiasis].—*Klin. Wochs.* 1934. Dec. 15. Vol. 13. No. 50. pp. 1796-1797  
13 refs.

SINCKE (G. E.) Zur Therapie der Lambliose. Bemerkungen zur Mitteilung von H. Grams, Beitrag zur Lamblienerkrankung. In Jy. 1934 S. 1796 dieser Wochenschrift.—*Ibid.* 1935. Feb. 6  
Vol. 14. No. 6. p. 204

In the first paper 3 cases of lamblia infection are described, two of which were cured, one by a single neosalvarsan injection of 0.6 gm. and the other by duodenal lavage with magnesium sulphate and olive oil combined with neosalvarsan injection of 0.3 to 0.6 gm. The third case proved refractory to all the treatments tried.

In the second paper the author records failure to cure lamblia infections by neosalvarsan injection but success by introduction of the salvarsan solution (0.3 to 0.45 gm. in 200 cc. water) into the duodenum.

C. M. W.

DOBELL (Clifford) Researches on the Intestinal Protozoa of Monkeys and Man. VI. Experiments with the Trichomonads of Man and the Macaques.—*Parasitology* 1934. Oct. Vol. 26. No. 4. pp. 531-577 [44 refs.]

After a number of carefully controlled experiments with the trichomonads of man and macaques the author arrives at the general conclusion that the intestinal and vaginal trichomonads of man are not specifically distinct from one another nor from the flagellates of similar habitat in macaques. The consequence of this is that *Trichomonas vaginalis* Donné 1837 *T. hominis* Davaine, 1860 [= *T. intestinalis* Leuckart, 1879] and *T. macacovaginalis* Hegner and Ratcliffe, 1937 are synonymous. Within this species there exist diverse strains distinguishable by minor morphological characters (size average number of anterior flagella, etc.) and physiological properties (infectivity for various hosts, ability to ingest red blood corpuscles, etc.). In these experiments a human being the author himself was infected with an intestinal trichomonad from a monkey the infection produced being a typical *T. hominis* infection which has persisted for 4½ years. With

this same strain a monkey free from intestinal trichomonad infection was given a vaginal infection which has been in existence for 3½ years. [Though in no case was the author able to infect a monkey with a trichomonad of human origin the experimental infection of man with a monkey strain noted above, and the cross infection experiments between monkeys of different species can leave no doubt that the general conclusions drawn by the author are correct.] C M IV

HEGNER (Robert) & ESKRIDGE (Lydia) Elimination and Cross-Infection Experiments with Trichomonads from Fowls, Rats and Man.—*Amer J Hyg* 1935 Jan. Vol. 21 No. 1 pp. 135-150

A 1 per cent. carbarsone in 1 per cent. sodium bicarbonate solution given to rats in place of water will eliminate all trichomonads from the intestine in 5 days. Each rat ingested about 0.1 gm. carbarsone a day. Other protozoa (amoeba, giardia, hexamita and chilomastix) were not affected to any considerable extent. The solution administered to chicks eliminated a caecal trichomonad infection in 1 to 7 days. They could be reinfected immediately after the treatment was discontinued. Trichomonas-free rats were infected with *Trichomonas hominis* in culture, the infection lasting at least for 61 days in some cases. Clean rats became infected with rat or human trichomonads when made to associate with infected rats. C M IV

WESTPHAL (Albert) Das Verhalten von *Trichomonas vaginalis* in der Kultur [Behaviour of *T. vaginalis* in Culture].—*Arch f Schiff's u Trop Hyg* 1935 Mar Vol. 39 No 3 pp 106-112. With 5 text figs. [13 refs.]

By a special technique the author has succeeded in maintaining *Trichomonas vaginalis* in culture for 9 months. Compared with the intestinal *T. hominis* it exhibits structural differences which justify its retention as a distinct species. C M IV

HEGNER (Robert) & ESKRIDGE (Lydia) Influence of Carbohydrates on Intestinal Protozoa in Vitro and in Vivo.—*Amer J Hyg* 1935 Jan. Vol. 21 No 1 pp 121-134 With 1 chart. [18 refs.]

The estimation chiefly by a colour reaction of the quantity of starch in 94 specimens of human faeces did not show that there existed any relation between the quantity of starch and the protozoal infections present. In cultures of *Trichomonas hominis* the flagellate growth is greatly improved by the addition of rice starch. C M W

BRUMPT (E.) Au sujet de la prétendue schizogonie régressive des gamètes femelles d'*Haemoproteus paddae* présentation de préparations. [The Alleged Regressive Schizogony of Female Gametes of *H. paddae*].—*Bull Soc Path Exot.* 1935 Mar 13 Vol. 28. No 3. pp 144-154 With 8 figs. [30 refs.]

In this illustrated article the author discusses the references which have been made in the literature to the subject of the possible schizogony of the female gametocytes of *halteridium* of birds. He shows conclusively that a failure to recognize the existence of double infections of plasmodium and haemoproteus, and the apparent fusion in the red

blood corpuscle of a number of parasites when multiple infections occur are responsible for the opinion that schizogony of gametocytes may take place.

C. M. W.

MAGATH (Thomas Byrd) The Coccidia of Man.—*Amer. J. Trop. Med.* 1935 Mar Vol. 15, No. 2 pp. 91-129 With 3 figs. [129 refs.]

In this lengthy discussion of the subject of coccidiosis in man it is pointed out that there is no proof that any species of *Eimeria* inhabits the body of man as a parasite. Of the *Isospora* there is one species, which the author argues (in the reviewer's opinion fallaciously) should be known by the name *Isospora hominis* Fantham 1917. Owing to the low incidence of infection with this parasite which is not adequately separated, in the author's opinion from the similar parasites of cats and dogs the suggestion is made that some reservoir host may exist. A list is given of all the previous records of *I. hominis* infection, with a new one from the territory of Hawaii. The question of the nomenclature of this parasite is admittedly involved and it is not clear that the author's arguments solve the difficulties associated with it.

C. M. W.

METELKIN (A.) The Role of Flies in the Spread of Coccidiosis in Animals and Men.—*Med. Parasit. & Parasitic Dis.* Moscow 1935 Vol. 4 Nos. 1-2 [In Russian, pp. 75-82. English summary p. 82.]

The author carried out a number of experiments with a view to establishing the possible epidemiological rôle played by flies in the dissemination of coccidial infection. Various laboratory-bred and "wild" flies (*Musca domestica*, *Calliphora erythrocephala*, *Lucilia cortex*, *Cynomyia mortuorum*, *Stomoxys calcitrans* and *Phormia proclinator*) were fed on the faecal suspensions of rabbits containing coccidial oöcysts. These were subsequently examined in the droppings and oral discharges. It was found that all the flies were capable of ingesting the oöcysts, which remained unaltered and viable in the intestinal contents up to 24 hours, and in the discharges until the latter dried up. Oöcysts were also recovered from the external parts of the body of the insects. The viability of the oöcysts was tested by the counter-staining reaction and by their capacity to sporulate in a solution of potassium bichromate. The length of time during which the oöcysts remain viable in the gut of the flies, the rate at which these discharge (as intestinal contents and the range of their flight (700 metres in the case of the house-fly) are all epidemiological factors suggesting that these insects play an important rôle in the mechanical transmission of coccidiosis.

C. A. Howe

TAYLOR (Frank H.) A Check List of the Culicidae of the Australian Region.—*Commonwealth of Australia Dept. of Health, Service Publication (School of Public Health & Trop. Med.) No. 1* 1934 May 25 24 pp. With 1 folding map.

The list enumerates the mosquitoes including *Dixa* Chaoborae, etc., known to occur in Australia and New Zealand and in the islands from the Celebes and Moluccas on the west to the Marquesas on the east.

The pamphlet is interleaved with plain paper and includes a map of the region.

The list is based on EDWARDS *Culicidae* in *Genera Insectorum* but the information on geographical distribution is much more complete and thoroughly up-to-date. There is one error which is of considerable medical importance and to which attention must be called. The author (apparently copying EDWARDS) includes New Caledonia in the range of *Anopheles punctulatus*. We can find no evidence for the insect occurring there either in collections in this country or in the papers to which the author refers in his bibliography\*. We think that the mosquitoes of New Caledonia are fairly well known and believe that the island is free of *Anopheles* and of indigenous malaria.

P A Buxton

LI (Feng-swen) & WU (Shih-cheng) *The Mosquitoes of Hangchow, Chekiang*—Year Book No 3 Bur Entom Hangchow (1933) 1934 pp 97-123 With 3 plates.

According to the authors of this compilation twenty-seven species of mosquitoes, including four anophelines (*Anopheles aikeni*, *A. hyrcanus* var *sinensis*, *A. lindesayi* and *A. minimus*) have been met with at Hangchow. Included in this total, however, is *Aedes scutellaris* as to which the present reviewer is informed by Dr F W EDWARDS that Messrs. Li and Wu are in error since that species is not known to occur in China and almost certainly is not to be found there.

In the present publication, which should be locally useful, Brief diagnostic characters and notes on distribution are given for each species mentioned with in addition where such records exist data as regards Sanitary importance.

E E Austen

HANCOCK (G L R.) *The Mosquitoes of Namanvo Swamp, Uganda. With an Appendix on the Estimation of Organic Carbon in Waters* by G GRIFFITH—*Jl Animal Ecology* 1934 Nov Vol. 3 No 2 pp 204-221 With 4 figs. on 3 plates. [11 refs.]

The paper sets out observations both biological and physico-chemical, on the mosquito larvae which occur in and about a large swamp containing papyrus.

The problem which the author has undertaken is an extremely complex one for in a period of one year he discovered 35 species of mosquito in his swamp and he refers them to eight types of habitat. He is able also to contrast the fauna of his swamp with that of forest pools. The physico-chemical factors were not studied at regular intervals but a considerable number of observations are recorded. In spite of the fact that the swamp is permanent, it is interesting to observe that the numbers of certain species show marked seasonal prevalence. For instance there was an increase of larvae of *Anopheles gambiae* after rain. In the author's view the numbers of these were reduced during the dry season owing to the higher organic content of the water. When the rain fell and diluted the water it became more suitable to larvae of this insect. It seems that more rapid progress in our understanding of the ecology of mosquitoes might be made if workers would test their ideas experimentally.

\* In a letter recently received Mr Taylor agrees that this is so.



The paper concludes with a note by G. Griffith, describing a method for estimating organic carbon in water. The method can be applied to the water sample itself and not to the residue left after evaporation.

P. A. Buxton.

DOVE (W. E.) & HALL (D. G.) Dikes and Automatic Tide Gates in Control of Sand Flies and Salt Marsh Mosquitoes. [Abstract.]—*Jl. Parasitology* 1934 Dec. Vol. 20 No. 6 pp. 337-338.

"Sandfly and salt marsh mosquito breeding places are being eliminated at Savannah, Georgia, by the use of dikes fitted with automatic tide gates. The gates close to prevent tidal waters from entering the diiked areas but open to permit surface drainage of these areas. In Chatham county where 36 principal breeding places were eliminated by dikes and automatic gates, there has been a marked reduction in the population of both sandflies and salt marsh mosquitoes. Isolations of sandfly larvae from soil samples and the sandflies emerging in field cages show that actual drying of the breeding places either destroys sandfly larvae or concentrates them in the wet soil of the ditches. Observations on the populations of both sandflies and salt-marsh mosquitoes suggest a reduction of 60 per cent. to 75 per cent. of the numbers usually encountered in this county. In view of the fact that only about 30 per cent. of the work is completed in Chatham county the results suggest a high degree of control."

REV HORT AGRIC. AFR. & Algiers 1934 Sept. Vol. 22 No. 8 p. 250.—La destruction des moustiques par les cactus épineux. [Mosquito Control by Prickly Pear].—[Summarized in *Rev. Appl. Entom.* Ser. B. 1934 Dec. Vol. 22 Pt. 12 p. 333.]

Good results in mosquito control have been obtained by means of a mucilaginous mixture made by steeping in water the chopped leaves of prickly-pear (*Opuntia vulgaris*). The mixture floats on the surface of pools and gradually obstructs the tracheae of the larvae killing them in from 15 to 50 hours. Further the adult mosquitoes seldom oviposit on the water and if they do the eggs cannot develop. If the leaves are not steeped but are merely cut up and thrown into the water the result is the same though slower. This treatment has been found as effective as oiling and has the advantage of not affecting fish."

OKOUNEVSKI (J.) & KHAKHAIYA (V.) La volatilité et évaporabilité des déin(s)ectants. [The Volatility and Rate of Evaporation of Insecticides].—*Med. Parasit. & Parasitic Dis.* Moscow 1934 Vol. 3 No. 1 pp. 82-91 [In Russian. French summary p. 91.]

The authors have studied some of the physical properties of a number of insecticides from the point of view of their practical application. Their efficiency depends upon the lethal concentration of the chemical and upon the rate at which it is capable of producing the required concentration. This is determined by the volatility and rate of evaporation of the substance in question. These properties were examined in various insecticides and it was found that the most suitable substances for use at room temperature are carbon tetrachloride and benzene, since they possess a high degree of volatility and a low boiling point (below 120°C.). On the other hand, substances with a higher boiling point (120-180°C.) and a medium rate of evaporation, such as the xyloles and solvent naphtha, can only be utilized at very high temperatures.

C. A. Hoar

CAMPBELL (F L.) SULLIVAN (W N) SMITH (L. E.) & HALLER (H. L.)  
**Insecticidal Tests of Synthetic Organic Compounds—Chiefly Tests of Sulfur Compounds against Culicine Mosquito Larvae.**—*Jl Econom Entom* 1934 Dec. Vol. 27 No 6 pp 1176-1185

The object of this work was to test a number of synthetic compounds—chiefly sulphur compounds—for insecticidal powers. Culicine larvae were considered a convenient material for the preliminary testing but use against other insects including terrestrial forms is also contemplated. The substances were applied in the form of extremely dilute solutions, often more nearly suspensions since the substances were of very low solubility. Sixty-eight compounds mostly solids were tried in all.

Larvicidal activity was tested against *Culex pipiens* L. *C. territans* Walk. and *C. quinquefasciatus* Say in Erlenmayer flasks containing 100 cc. distilled water and 50 or 100 3rd or 4th instar larvae at a standard temperature ( $29.3 \pm 0.1$ ). The compounds were rejected if less effective than nicotine that is if killing less than 65 per cent in 8 hours at a dilution of 1:10 000. Twenty four of the compounds—benzo-thiazoles disulphides, sulphides thioethers and thiophenols—were further studied, but 11 further were rejected as not killing 50 per cent. overnight at 1:40 000. The most active substances were tested again at dilutions of 1:100 000 and 1:200 000. The order of activity is not necessarily the same at all dilutions.

Replacement of sulphur in the molecule by oxygen in general resulted in formation of a substance inactive at 1:40 000. diphenylene oxide was a noteworthy exception, being slightly more toxic than diphenylene sulphide. These substances were the most toxic killing nearly 100 per cent. of the larvae in 5 hours at 1:200 000. (In an addendum it is noted that thiodiphenylamine (phenothiazine) is even more toxic functioning at 1:1 000 000.)

Larvicidal activity against *Culex* was found to be no criterion of activity against other insects. Several examples of anomalies are given.

D R. P. Murray

NIESCHULZ (Otto) & DU TOIT (René M.) **Handling Mosquitoes for Experimental Purposes under South African Conditions.**—*Onderstepoort Jl Vet. Sci & Animal Industry* 1934 July Vol. 3 No 1 pp 79-85 With 5 figs.

Though primarily interesting to veterinarians this paper contains information of value to all who require to keep mosquitoes alive, especially in dry climates where day temperatures reach a high level.

Throughout work on mosquitoes as vectors of horsesickness and blue-tongue in sheep the chief difficulty was the maintenance of humidity high enough to suit the insects. With this end in view the mosquitoes were kept either in small jars covered with mosquito netting or in cages similarly enclosed. The former were placed on wet cotton wool in slightly larger jars provided with loosely fitting lids. The wooden tops of the cages were protected by galvanized iron, and tops and sides were draped in a hessian cover wetted by a constant flow of water. Before being required for use the mosquitoes (*Aedes* spp.) were fed by large balls of cotton wool saturated in a 10 per cent solution of sugar water encased in mosquito netting, hung from the roofs of the cages.

and changed and sterilized on alternate days to prevent moulds. Ingenious arrangements for feeding the mosquitoes on animals are described.

E. E. Austin.

BUCKNER (James F.) An Improved Technique for mounting Mosquito Larvae.—*Amer J Trop Med* 1934 Sept. Vol. 14. No. 5. pp. 488-491

Instead of the customary but distorting and damaging method of immersion in hot water it is recommended that mosquito larvae for mounting be subjected to a somewhat lingering (four hours for asphionate two hours for asphionate larvae) death in 2 per cent. cocaine hydrochloride solution. The methods of preliminary cleansing in 1.5 per cent. magnesium sulphate solution, and subsequent preparation for mounting are described. For the composition of cells in which to mount specimens in any desired medium the following formula is given

	Grams.
Beeswax	25
Paraffin (melting point 60° to 62°C.)	10
Gum mastic	6
Prepared chalk	2
Vermilion (for colour)	4

The gum mastic is to be powdered, mixed with the last two ingredients and the mixture added to the first two after the latter have been melted. The whole should then be allowed to thicken and be stirred for fifteen minutes.

It is claimed that cells so composed will withstand extremes of heat and cold.

E. E. A.

WATER (Fritz.) Der Einfluss der Larvalernährung auf die Fortpflanzungsphysiologie verschiedener Stechmücken. [The Influence of the Nutrition of the Larvae on the Reproductive Physiology of Certain Mosquitoes.]—*Arch. f. Schiffh. u. Trop Hyg* 1934 Sept. Vol. 38. No. 9 pp. 304-308.

The paper describes experiments the purpose of which is to discover whether the food which is given to mosquito larvae has much effect on the biology of the adults, and in particular on their reproductive powers.

The author describes experiments in which larvae of *Culex pipiens* were fed on different diets including powdered liver. On this the larvae grew rapidly and produced vigorous adults which laid a large number of eggs autogenously. But the larvae of the second generation tended to die and produced very weak adults, in many of which the ovaries failed to develop completely. [It is not clear whether this result was obtained consistently or once.] In similar experiments with *C. fatigans* and *Aedes aegypti* it was found that the powdered liver gave rise to large vigorous adults, and in a few instances in *A. aegypti* the eggs began to mature without the female receiving a blood meal. The author then applied the same method to *Anopheles maculipennis* of the races *stropaeus* and *maciensis*. In *maciensis* he observed a commencement of ovarian development in females which had not fed on blood [this is interesting if it implies that these insects are tending to become autogenous] but if the females had developed from larvae fed on hay

infusion is it certain that no development of the ovaries would have been observed?] It was also found that male *mesases* suffered from a zoospermia if they had been bred from larvae fed on liver the development of the sperm in wild males is quite different and it seems possible that this explains the fact that this race fails to breed in captivity  
P A Buxton

SILVERTHORNE (Nelles) & BROWN (Alan) Cutaneous Myiasis in Infants.  
—*Arch Dis in Childhood* 1934 Dec. Vol 9 No 54 pp 339-342. With 3 figs.

Three cases of cutaneous myiasis produced by the larvae of *Neohabrobia vigili* (Walk.) are reported. The lesions occurred in healthy infants sleeping out of doors in June in Montreal. Several references are given to similar cases reported from Canada [see this *Bulletin* Vol. 30 p 310]  
A G B

AUBERTIN (D) & BUXTON (P A) *Cochliomyia* and Myiasis in Tropical America.—*Ann. Trop Med & Parasit* 1934 Oct. 19 Vol 28 No 3 pp 245-254 With 1 plate. [26 refs.]

CUSHING and PATTON [this *Bulletin* Vol 31 p 359] writing on the Screw Worm Fly of the New World showed that this well-known cause of myiasis in man and animals had been wrongly identified as *Cochliomyia macellaria* and believing the species to be then undescribed they proposed to term it *C. americana*. This designation, however as pointed out by the reviewer is synonymous with *C. (Lucilia) hominivorax* Coq which dates from 1858 and, in default of proof of any earlier title must be accepted as the true name of the Screw Worm Fly. The present contribution after dealing in some detail with Systematics discusses *C. hominivorax* under the headings Biology Geographical Distribution and Pathology. It is probable that the fly which is believed to be specifically parasitic in the larval stage deposits from 150 to perhaps 300 eggs at one time. Its distribution like that of the true, non-parasitic saprophagous *C. macellaria* extends from the southern United States, through Central America and the West Indies to the Argentine. In the five years 1928 to 1932 there were treated in public hospitals in British Honduras British Guiana and Trinidad (with Tobago) 179 cases of myiasis the majority of which though perhaps not all, were probably due to *C. hominivorax*. Fifteen of these cases ended fatally giving a case mortality of 8 per cent.  
E E Austen

STEWART (M. A.) & BOYD (A. N.) A New Treatment of Traumatic Dermal Myiasis.—*Jl Amer Med Assoc* 1934 Aug 11 Vol 103 No 6 p 402.

Traumatic dermal myiasis is defined as the invasion of wounds or skin ulcers by dipterous larvae. For treatment is advised chloroform in light vegetable oil.

The usual treatment for this condition in U.S.A. is irrigation with 20 per cent. chloroform in sweet cow's milk. This has to be made up fresh on each occasion and two to four treatments are usually needed. The authors find that light vegetable oil is a more satisfactory vehicle or diluent of the chloroform for in this chloroform is entirely soluble.

If in a closed container the solution will keep indefinitely and the oil has a soothing effect on the wound. 15 per cent. of chloroform is a sufficient proportion. Seventeen cases were treated either by submersion for 30 minutes or by constant irrigation or keeping a flat gauze dressing saturated for the same period. In each case all the larvae were removed in a single treatment. In 13 of these, flies raised from the maggots were *Cockliomyia macellaria* Fabr. [See above.] A. G. B.

VON SZENTKIRÁLYI (Siegfried) Ueber eine durch Goldaugenlarven verursachte Hautveränderung. [A Skin Reaction caused by Lacewing-Fly Larvae.]—*Dermat. Woch.* 1934. Nov 17 Vol. 89 No. 46. pp. 1502-1504 With 2 figs.

On two occasions in July 1934 in his garden in Hungary the author was bitten by a lacewing-fly (*Chrysopa*) larva, once on the back of the hand and once on the arm. The bites resulted in a string of small, tense red, itching vesicles, which persisted for four or five days and disappeared without treatment. Similar cases were repeatedly seen by the author in the course of practice and he is convinced that they are not uncommon in June and July when children playing in gardens are especially liable to be bitten, although the results are usually ascribed to ants or mosquitoes. Lacewing-fly larvae feed on the juices of aphids but do not suck vertebrate blood—the punctures occasionally made by their sucking-spears in human skin would seem to be experimental. (Similarly robber-flies (*Asilidae*) normally predators of other insects, have been known to inflict bites on man.) E. E. Astruc.

YATSEVICH (F.) PARETHKAYA (M.) & KIPRITCH (S.) (A Case of Myiasis of the Urethra.—*Med. Parasit. & Parasitic Dis.* Moscow 1934. Vol. 3 No. 4 [In Russian p. 348.]

The authors report a case of a boy 6 years old passing maggots in his urine some of which were actually seen protruding from the urethra. The larvae were identified as belonging to *Musca domestica*.

C. A. H. W.

EVANS (A. C.) Studies on the Influence of the Environment on the Sheep Blow Fly *Lucilia sericata* Meig. I. The Influence of Humidity and Temperature on the Egg.—*Parasitology* 1934. Aug. Vol. 26 No. 3. pp. 368-377 With 8 figs. [11 refs.]

*Lucilia sericata* has a very wide distribution in temperate and sub-temperate countries, and in many parts of its range it causes myiasis of sheep. What climatic factors limit its distribution and abundance?

The paper is the first of a series of articles in which the author proposes to discuss the effect of climatic factors upon successive stages of *Lucilia sericata*. The principal value of the paper is, therefore, to veterinary entomologists, though the author's conclusions may be briefly mentioned here. He finds that drier air retards the development of the egg and that this effect is due to loss of water. The process is irreversible and the egg cannot absorb moisture from a saturated atmosphere nor if it is covered with water. The author has also mapped those combinations of temperature and humidity which are fatal or favourable to the egg.

P. A. Busham.

STEWART (M. A.) The Role of *Lucilia sericata* Meig. Larvae in Osteomyelitis Wounds.—*Ann Trop Med & Parasit* 1934 Dec. 20 Vol. 28. No 4 pp 445-460 [23 refs.]

A number of factors are responsible for the beneficial action of maggots in the treatment of osteomyelitis. The maggots must be used with care because though preferring necrotic tissue they will attack healthy tissues.

All observers are agreed upon the beneficial effect of larvae of *Lucilia sericata* and other blow-flies in chronic osteomyelitis. The author discusses the vexed question of the nature of this action. From his own observations and those of others he concludes that many factors are at work. By means of their lacerating mouth-hooks and excreted trypsinase they destroy and ingest necrotic tissue most of the ingested bacteria are killed in the acid region of their mid-intestine which has a pH of 3.0-3.5 the wound is rendered alkaline by ammonia and calcium carbonate excreted by the larvae the calcium ions are believed to stimulate phagocytosis, and perhaps both the calcium and the alkalinity promote the growth of healthy granulation tissue and finally the bacterial exotoxin is thought to be rendered inert by the acidity in the mid-intestine of the larva. No bacteriophage has been found in the maggots. Experiments on guineapigs showed that all races of *L. sericata* investigated can establish themselves in and destroy healthy tissue though given the choice they usually settle in wounds containing dead matter. The destruction of living tissues has been observed also in clinical cases and the author showed in experiments on himself that the maggots can penetrate the healthy skin of the arm. For therapeutic purposes they must therefore, be used with care if a destructive myiasis is to be avoided. *V B Wigglesworth*

DUNN (Lawrence H.) Prevalence and Importance of the Tropical Warble Fly *Dermatobia hominis* Linn., in Panama.—*Jl Parasitology* 1934 June. Vol. 20 No 4 pp 219-228.

In Panama, subcutaneous myiasis in man caused by the gusano de monte, i.e. the larvae of *D. hominis* (this *Bulletin* Vol. 31 p 63) has been recognized for eighty years at least, but has doubtless existed for centuries albeit the Report of the Governor of the Panama Canal for 1928 speaks of two separate introductions of the maggot in cattle from Venezuela and from Nicaragua. Surveying expeditions which preceded the construction of the Canal suffered severely from this form of myiasis, which is prevalent in the humid and low-lying as also in the forested regions of Panama, and from which no area of the body whether clothed or not, from the eyelids to the middle of the back is apparently exempt. In children the head and neck seem to be affected more often than other regions, and at least one case (in an infant 1½ years old) of the penetration of a larva of *D. hominis* through the anterior fontanelle into the brain with fatal results, is on record. From personal experience, summarized previously (*loc cit*) the author considers the newly hatched larva capable of penetrating drill clothing but difficult as it doubtless often is to explain the presence of the maggot in a particular spot its capacity to pass through an unbroken closely woven fabric needs to be demonstrated.

While a white man may harbour several of these parasites at the same time and a native although in no way immune, usually a

smaller number cattle are much more severely attacked, sometimes to the extent of having thousands of the warbles in their skin. In 1928, among cattle belonging to the Supply Department of the Canal, 900 head are said to have died and some 3 000 more to have been rendered unfit for slaughter as a result of the prevalence of warbles. Similar losses, though on a smaller scale, occurred in the following year and in consequence the system of pasturing cattle in the Canal Zone was to a large extent abandoned.

In addition to human beings and cattle, the victims of *D. hominis* include sheep dogs, cats, rabbits, and various species of wild animals, such as monkeys and agoutis (*Dasyprocta*).

[With so extensive a list of hosts the abundance of this insect in Panama and other parts of Tropical America, and the frequency with which it parasitizes man are not surprising. Control would seem to be out of the question and repellents (in this case against various species of Diptera forced by *Dermatobia* to act as porters for its eggs) have but a limited and temporary value in hot countries.] E. E. Axtell.

i. MELENEV (Henry E.) & HARWOOD (Paul D.) Human Intestinal Myiasis due to the Larvae of the Soldier Fly *Hermetia illucens* Linné (Diptera, Stratiomyidae).—*Amer. J. Trop. Med.* 1933. Jan. Vol. 15 No. 1 pp. 45-49 With 2 figs.

ii. SCHWETZ (J.) Sur un cas de myiase intestinale provoquée par les larves de *Chrysomya putoria* Wied. [Intestinal Myiasis caused by Larvae of *Chrysomya putoria*.]—*Ann. Soc. Belges de Méd. Trop.* 1934 Dec. 31 Vol. 14 No. 4 pp. 469-471

i. In October 1933 some fifty larvae of *Hermetia illucens*, a fly which breeds normally in decaying vegetable and animal matter and occurs in North and South America as also in Samoa, were passed at Nashville, Tennessee, by a white boy aged ten. Before expulsion, the larvae "caused symptoms of local irritation in the stomach and rectum, and spells of fainting," and their presence in the patient's intestines is presumed to have been a result of "eating raw fruit or vegetables in which the eggs of the fly had been deposited." Only one similar case of parasitization by larvae of *H. illucens* is believed to be on record. [Should the present instance find its way into text books, it is to be hoped that the spurious vernacular name "soldier fly" which, if used at all, can only be applied to the entire family Stratiomyidae, will be omitted.]

ii. More than one hundred larvae of *C. putoria*, nearly all in very young stages were passed at stool by a European in Stanleyville, Belgian Congo. There were no morbid symptoms, and, although evidence is lacking the infestation was probably acquired with food. Six of the larvae were reared, and PATTON who determined the species states that he has "never heard of this fly from intestinal myiasis before." [This widely distributed tropical African species—a green-bottle fly some 9 mm. in length—usually breeds in carrion, cow-dung and latrines. Its larvae in at least one instance (at Lorenzo Marques) have been found in sores.] E. E. A.

BOUVIER (G.) & VAN SLUYKE (W.). Pseudo-myiasis rampante. [Crawling Pseudo-Myiasis].—*Ann. Soc. Belges de Méd. Trop.* 1934. Dec. 31 Vol. 14 No. 4 pp. 409-411

A case with linear lesions on the foot with much itching. Subcutaneous tunnels with vesicles. Cause not found. Condition considered to be the

same as the larbiach of Senegal and other parts of the West Coast, but hitherto not recorded from Belgian Congo [see this *Bulletin* Vol. 29 p 277] A G B

JANISCH (Ernst) Ueber die Vermehrung der Bettwanze *Cimex lectularius* in verschiedenen Temperaturen. (Beobachtungen bei der Aufzucht von Bettwanzen II) [Multiplication of *C lectularius* at Various Temperatures].—*Ztschr f Parasitenk* 1935 Mar 21 Vol. 7 No 4 pp. 408-439 With 18 figs. [10 refs.]

The author gives a large mass of numerical fact relating to the reproduction and death of bedbugs (*Cimex lectularius*) kept under a variety of conditions of temperature feeding etc. Such information as this is valuable because it produces a better understanding of the growth of bug populations.

The author's general method was to isolate pairs of adults at a standard humidity of 75 per cent. and a number of different temperatures. Eggs and deaths were booked daily also the hatching of eggs and the growth of larvae. Among a number of different subjects to which attention was given, the author studied the effect of the increasing age of the female on her powers of reproduction towards the end of life a high proportion of the eggs which were laid failed to develop. He also exposed larvae to rather high temperatures and investigated the effect of this upon the reproductive powers of the adult insect later in life. The author also studied the effect of keeping bugs continuously at 34 C at this temperature several generations follow one another but the insect eventually dies out. The following figures extracted from many others are surely interesting —

27°C. mean no of eggs 318 293 viable.

32 119 88

34 88 67

These facts are consistent with the observations of MELLANBY quoted below who shows that 34°C is the highest temperature at which eggs can develop if the exposure is continuous.

We are grateful to the author for showing how inconsistent the results are if different individual insects are treated in a way which is believed to be identical. But many of the experiments are presented almost in the original form so that it is difficult to grasp what conclusion may justly be drawn from them. No tests of significance in the statistical sense appear to have been applied, so that one cannot always distinguish the results which may justly be attributed to the experimental conditions from those which are due to the inherent variability of the insect. P A Buxton

MELLANBY (Kenneth) A Comparison of the Physiology of the Two Species of Bed-Bug which attack Man.—*Parasitology* 1935 Feb Vol. 27 No 1 pp. 111-122. With 3 figs. (1 map)

The author endeavours to discover by controlled laboratory experiments why it is that two species of bedbug so similar in shape and size inhabit two rather different climatic zones. Is it possible to discover whether the tropical species tolerates a higher temperature or breeds more rapidly at higher temperatures than the species found in temperate countries?

The author confines himself to the study of temperature and humidity over a very wide range of conditions. He finds that humidity has very



of the meal-mite *Aleurodinus farinas* in scrapings of the intestinal mucosa. No other explanation for the deaths of the animals could be found. The mites were also present in the grain supply from which the animals had been fed.] A G B.

DAVIES (J. Rodyn) [The "Chigoe Flea."]. [Correspondence.]—*East African Med. J.* 1935. Feb. Vol. 11 No. 11 p. 367

With reference to the introduction of the chigoe flea to Abyssinia which NEGELSBACH assigns to a date between 1920 and 1924 [see this *Bulletin* Vol. 31 p. 735] Davies writes that about the period 1924-26 the natives in S. Abyssinia called the insect Moyale, associating this place with its first appearance. He suggests that Moyale was reached via Marsabit and Meru and that the chigoe reached Abyssinia by way of the Northern Frontier Province of Kenya.

A G B

LOW (G. Carmichael) & CORDNER (G. R. Mather). A Case of *Poroccephalus* Infection in a West African Negro.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935 Mar. 8. Vol. 28. No. 3. pp. 535-537. With 1 plate.

Infections with the cysts of *Poroccephalus acmillatus* have been described from Tropical Africa [see Vol. 1 of this *Bulletin* p. 405]. They have in every case been found post-mortem. Here they were shown up by X-rays in a negro in London as "calcareous opacities" in the liver and other parts of the abdomen. Some of these shadows showed clearly the curved or spiral appearance taken up by the nymphal forms within the cyst.

A G B

PAVLOVSKY (E. A.) & STERN (A. K.) [The Action of *Scolopendra* Venom upon Human Skin. II.]—*Med. Parazit. & Parazit. Dis.* Moscow 1935 Vol. 4 No. 1-2. [In Russian pp. 88-90.]

Working in the Crimea, the authors carried out 20 experiments upon the effect of the venom of *Scolopendra cingulata* upon human skin. The isolated poison glands of several score myriapods were dried, emulsified in salbe and left to stand overnight, after which the clear fluid was injected intradermally. The injection provokes an acute local inflammatory reaction which increases up to the fourth or fifth hour after the inoculation and is characterized by acute pain, oedema and the formation of a papule. The latter may persist up to four days after which it is absorbed. The reaction observed under experimental conditions is similar to that produced by the bite of the myriapod. The drying of the glands does not effect the toxic properties of the venom which are retained for more than 15 months.

C A Hart

- I. KELLAWAY (C. H.) A Note on the Venom of the Sydney Funnel-Web Spider *Atrax robustus*.—*Med. J. Australia.* 1934 May 26. 21st Year Vol. 1 No. 21 pp. 678-679
- II. MACKERRAS (I. M.) The Venom of *Atrax robustus* Cambridge. [Correspondence.]—*Ibid.* June 16. No. 24. p. 794

I. The author finds that though the bite of *Atrax robustus* is deadly to man, four fatalities being recorded and several instances of extremely

severe symptoms he was unable to produce symptoms in rabbits guineapigs or mice which were bitten or injected with venom. The spiders were six fine specimens kept in captivity. The experimental animals he suggests may have been immune to the venom or the venom was reduced in potency or the symptoms in man are due to acute anaphylactic shock in sensitive individuals or are due to a potent bacteria-produced toxin not invariably present in the venom. He is inclined towards the first of these hypotheses.

ii. In an interesting letter the writer says that in his own experiments with this species three guineapigs were bitten. Two showed no ill-effects and one died but it was in an enfeebled state.

A G B

MARZINOVSKY (E.) [The Clinical Aspects of *Lathrodectus Bites*.]—*Med Parasit & Parasitic Dis* Moscow 1934 Vol. 3 No 4 [In Russian pp 342-348 With 5 figs.]

A detailed account is given of the clinical course of three cases of persons bitten by the Karakurt spider *Lathrodectus tredecimguttatus*.

These cases were selected from a large number observed in Turkestan the general symptoms of which are as follows. At the site of the bite there appears a haemorrhagic spot or isolated petechiae and a slight swelling of the skin. There is acute local pain radiating into the adjoining areas general weakness copious sweating and tremor in the legs the patient being unable to stand. The pulse-rate is slow respiration irregular the temperature is slightly raised, there is insomnia, pains in the region of the solar plexus, marked *défenso musculaire* anuria and constipation. As regards the blood picture there is slight leucocytosis at the beginning (9 400) and about 5 per cent. of eosinophils by the third day. The symptoms persist from three to five days.

C A Hoare

GILBERT (Elmer W) & STEWART (Charles M) Effective Treatment of Arachnidism by Calcium Salts. A Preliminary Report.—*Amer Jl Med Sci* 1935 Apr Vol. 189 No. 4 pp 532-536. [29 refs.]

The authors publish five cases of *Lathrodectus mactans* bite in which the intense pain was promptly relieved by injection of calcium salts.

It is generally accepted they say that the venom directly stimulates the myoneural junctions or that it acts on the nerve-endings since calcium depresses the neuromuscular junctions salts of this metal were selected for trial. Intravenous injection of 10 per cent.  $\text{CaCl}_2$  were found to give instantaneous and prolonged relief of pain and to produce immediate relaxation of muscle spasm but owing to its necrotic action on tissue outside a vein calcium gluconate (10 cc. of 10 per cent sol.) was substituted, with complete success. The intramuscular route is preferable for children. The case records bear out the authors statements.

A G B

UGANDA PROTECTORATE ANNUAL MEDICAL AND SANITARY REPORT FOR THE YEAR ENDED 31st DECEMBER 1933 Appendix I. pp 57-59—Annual Report of the Government Entomologist for 1933.

In Uganda, the two most dangerous species of *Anopheles* are *A. gambiae* and *A. funestus* whose pre-adult life-cycles in approximately

natural conditions, were found to vary in length from 11 to 18 days in the case of the former and from 20 to 21 days (two experiments only) in that of the latter. No mosquitoes were observed to breed in an unshaded gutter an experiment which was continued. In shaded gutters *Aedes aegypti* bred freely but no Anopheline larvae were met with.

As regards fleas, it is considered that at least locally in rural Buganda *Xenopsylla brasiliensis* as in certain districts in Kenya, is the chief carrier of plague and that the range of *X. cheopis* which in Kampala is the more abundant species, is very restricted.

In West Nile *Glossina palpalis* was found to be moderately abundant along the River Ora, and also in places on the Nile itself and both *G. pallidipes* and *G. morsitans* were locally common. For the protection of the population, which is living in close contact with *G. palpalis*, a limited amount of clearing on the Ora was thought advisable. In view of the scarcity of fly along part of the shore of Lake Edward and in the Katwe Forest whence the neighbouring people originally derived their food restricted advance into the damper portion of the Forest was recommended. On the other hand the "damp forested ravines" in Katwe which yield hut-poles but all of which are to some extent infested with fly should remain closed. In the course of a brief survey of the Kagera River within the confines of Uganda, *G. palpalis* was not found.

Regarding the prevalence at certain seasons of *Simulium damnosum* near Jinja it is interesting to learn that preliminary attempts at trapping this pestilent little fly have proved encouraging and that the experiments, especially as to the lure of scent in this connexion, are to be continued [see this Bulletin Vol. 31 p. 60] E E A

CAMERON (J.) Addition à la liste des phlébotomes signalés pour la Palestine en Grèce.—Bull. Soc. Path. Exot. 1935, Jan. 6 Vol. 28, No. 1 pp. 44-46

CORRAN (JESS A.) CONNERY (JOSEPH E.) & GOLDWATER (LEONARD J.) A Study of Intestinal Parasitism in New York City.—Jl Parasitology 1935, Apr. Vol. 21 No. 2, pp. 125-127

DOUG (LAWRENCE H.) Notes on the Water Lettuce *Pistia stratiotes* Linn. as a Nursery of Insect Life.—Reprinted from Ecology 1934, July Vol. 13 No. 3, pp. 329-331

HARRIS (W. B.) Mosquito Control in California under the CVMA.—Jl Econ. Entom. 1934, Oct. Vol. 27 No. 5 pp. 1014-1020 With 3 figs.

HULENBY (A. A.) & FLE (P. C.) A Case of Melioidosis.—Acta Leidensia [Schweiz. Med. Wochenschr.] 1934, Vol. 6 pp. 162-175 With 5 figs. on 1 plate. [See this Bulletin Vol. 31 p. 344]

IMPALONERI (ROBERTO) Il parassitismo intestinale in Cerenica.—Giorn. Ital. di Malat. Esot. Trop. 1935, May 31 Vol. 8, No. 5 pp. 114-117-39 [15 refs.]

JOFF (I.) & ARONOVIC (A.) Die Flöhe Arthropoden.—Ztschr. f. Parasitenk. 1934, Dec. 11 Vol. 7 No. - pp. 138-165 With 21 figs.

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- TAYLOR (F H.) Medical Entomology in Australia.—*Health* Canberra. 1934 Nov Vol. 12. No 11 pp 83-91
- TREILLARD (M) *Myzomys minima* Theobald doit-elle être appelée *Myzomys vincenti* Lavettan?—*Bull Soc Path Exot* 1934 Oct. 10 Vol. 27 No. 8. pp. 750-751
- URECHIA (C. I.) & DRAGOMIR (L.) Névralgie du petit sciatique et du sciatique après une injection de quinine.—*Bull et Mém. Soc Méd Hôpît de Paris* 1935 June 10 51st Year 3rd Ser No 18 pp 931-933 With 1 fig
- YAKIMOFF (V) & SOKOLOV (B) On a New Coccidium, *Eimeria becheri* n. sp., of the Ground Squirrel, *Citellus pygmaeus* Pall.—*Rev Microbiol Epidemiol et Parasit.* 1934 Vol. 13 No 4 [In Russian pp 331-334 With 2 figs. English summary p 334]

## REVIEWS AND NOTICES.

PEIPING UNION MEDICAL COLLEGE. *Laboratory Manual of the Department of Bacteriology and Immunology*. Prepared under the Direction of C. E. LIM. Second Edition.—190 pp. With 3 figs. 1935. Peiping, China. [\$1.50]

The second edition of this little book the first edition of which was reviewed in the *Tropical Diseases Bulletin* Vol. 26 p. 867 hardly calls for any detailed comment. Some changes have been made and certain new matter has been introduced, but on the whole the new edition is very much like the previous one. The book still remains a guide to the various techniques employed in the Department of Bacteriology and Immunology of the Peiping Union Medical College, N. China, and is thus intended chiefly for local use. It gives the composition of the various media, solutions and stains used and the methods of carrying out the various reactions and tests which are undertaken in this department. The section devoted to the care and breeding of laboratory animals still remains a feature of the book, while additional information regarding the methods of examination for pathogenic fungi is given. As did the first edition the new one deals with bacteriological and serological matters, the methods of blood examination and protozoal diagnosis being omitted. As a handy work of reference, though written for one particular laboratory in China, the book should prove very useful in any bacteriological department.

C. M. Wrayson.

## BUREAU OF HYGIENE AND TROPICAL DISEASES

TROPICAL DISEASES  
BULLETIN

Vol 32]

1935

[No 10

## SLEEPING SICKNESS

ECONOMIC ADVISORY COUNCIL. East Africa Sub-Committee of the  
Tsetse Fly Committee [HEMMING (Francis) Chairman] Report.  
Cmd. 4951—56 pp 1935 London H.M.S.O [1s.]

In May 1934 the Secretary of State for the Colonies communicated to the Economic Advisory Council the report of the Conference on Tsetse and Trypanosomiasis Research held at Entebbe in 1933 and also the conclusions of the recent Governors Conference on the same subject and asked that he might be furnished with the observations of the Council's Tsetse Fly Committee on these papers. On 3rd July 1934 the Earl of Plymouth Chairman of the Tsetse Fly Committee appointed an East Africa Sub-Committee of that Committee to prepare a report on these questions.\*

In the introduction to their Report the Sub-Committee state that one of the most important subjects they have had to consider was the question of the future of the Human Trypanosomiasis Institute, Entebbe. They received valuable assistance in this part of their inquiry from Dr DUKE and from Dr KAUNTZE Director of Medical Services Uganda. In addition they are much indebted to Dr Edward MELLANBY Secretary Medical Research Council, for the assistance which he gave in regard to the co-operation which might be obtained from the Medical Research Council in carrying out certain investigations suggested by the Conference.

The Sub-Committee state that they found it convenient to preface their discussion with a general outline of the problem as a whole and consequently in Section II of the Report they describe briefly the main characteristics of trypanosomiasis both animal and human and the principal methods available for controlling it. Section III is devoted to a discussion of items of fundamental research, the object of which is to obtain further knowledge of the causes of the disease and Section IV emphasizes the necessity for maintaining contact between the scientific work on these subjects being carried out in different parts of Africa and the world. Section V consists of a summary of the principal conclusions and recommendations of the Sub-Committee.

The members of the Sub-Committee were —

Mr Francis Hemming, Chairman Dr W Horner Andrews Sir Arthur Bagshawe Sir Guy Marshall Sir Thomas Stanton Dr C M. Wenyon  
Mr F G Leo Mr D H P Rickett, Secretary

SECTION II. THE CONTROL OF TRYPANOSOMIASIS IN MAN AND ANIMALS.—After giving an excellent and readily understandable statement of the "General Character of the Problem" the report passes to a consideration of the various available methods of control. These are of three kinds —

I. *Control by administrative measures.*—Broadly these represent an attempt to prevent or eradicate infection by controlling the movements of population. There seems little doubt that the spread of sleeping sickness has been largely assisted if not caused, by the development of the means of communication which took place at the end of last century. Obviously infected persons should not be at liberty to migrate where they please. Fishing in fly infested areas should not be permitted except under control and access to watering places similarly endangered should only be allowed after clearing of the bush. Such measures as these may be regarded as part of the routine to be observed in preventing the spread of infection. Administrative control in the wider sense has, however, a larger scope than this. The policy of controlling population movements has in most cases been designed to play a large part in furnishing a solution of the sleeping sickness problem. The most drastic and most obvious of these measures is the evacuation of the population from an area affected by an outbreak of sleeping sickness. Reference is made to the evacuation in Uganda and the benefit which it was anticipated would accrue therefrom. Subsequent discoveries have shown, however, that there is little prospect of success for such a policy if unaccompanied by direct attempts to exterminate the fly. Experience has shown that temporary withdrawals of the population would often in practice tend to become permanent. Apart from the grave effects upon the industry of the areas concerned, the absence of population promotes the growth of bush and multiplication and spread of game and usually these factors operate together to assist the advance of fly. Undoubtedly the most effective means of preventing the spread of fly is by the concentration into closer settlements of scattered native populations. It has been found that a settlement with a minimum population of 3,500 to 4,000 is large enough to secure freedom from fly roughly two years from its establishment. The Entebbe Conference considered this method of control very carefully and agreed that organized settlement and development of this nature was ordinarily the most important general preventive measure which could be taken by administrations in the campaign against trypanosomiasis and this view is fully shared by the Sub-Committee.

II. *The control of tsetse flies*—This section of the report is in large measure devoted to an account of the results and progress of the work proceeding in Tanganyika under the direction of SWYMERHOOD. The biggest fly belt in Tanganyika is 500 miles at its longest by 300 miles at its widest point. In order to deal with a problem of this magnitude these great fly belts must be subdivided by means of suitable barriers into a number of small compartments from which the fly cannot escape. At the present time the great Shinyanga fly-belt has been divided up by corridor clearings into a number of blocks in which different methods of eradicating tsetse are being tested e.g. (1) organized grass fires, (2) differential, as opposed to wholesale, clearing (3) fly and game barriers formed by dense strips of thicket, (4) fly traps, and (5) eradication of the fly by protecting blocks of bush from grass fires. The advantages and limitations of these various measures are discussed in some detail.

iii. *The control of trypanosomiasis by chemotherapy*—The third of the principal methods of control is the treatment of the disease by drugs. It has been shown by a number of clinical trials that Bayer 205 has a definite prophylactic value but the sub-committee agree with the Entebbe Conference that further information is required before the drug can be employed to the fullest effect in this direction. There is little doubt that Bayer 205 remains in the blood and tissues for a considerable time probably for several months and that it is eliminated in the urine very slowly. Very little work has however been done on the rapidity or manner of excretion of the drug from the animal body. The Entebbe Conference recommended that the Medical Research Council should be approached with a request to work on this problem and they suggested that the subject might be of interest to Dr WORMALL, who is engaged on cognate research under the auspices of the Medical Research Council. In order to give consideration to this suggestion, the sub-committee invited the Secretary of the Medical Research Council to attend one of its meetings and discuss the matter with them. Dr MELLANBY informed the sub-committee that Dr WORMALL had expressed his willingness to undertake preliminary investigations on the problem in question. WORMALL proposed to study the methods of STEPPUHN and UTKINA LYUBOWZEWA (1924) and of LANG (1931) for the chemical determination of Bayer 205 and then to examine the excretion of the drug by small animals after one or more injections.

At the same meeting the sub-committee discussed with Dr MELLANBY the recommendation put forward by the Entebbe Conference that the Medical Research Council should be approached with a view to interesting prominent British research workers in the synthesis of therapeutic compounds for the treatment of trypanosomiasis. The suggestion of the Conference was that such drugs could then be tested in East Africa. From the discussion which the sub-committee had with Dr DUKE and Dr KAUNITZ they had gathered that it was the feeling of these engaged in work on trypanosomiasis in British Territories in Africa that the drugs at present employed are susceptible of improvement. The Conference was accordingly anxious to secure the co-operation of scientific workers in this country in the production for subsequent trial in Africa of new forms of drug for use against trypanosomiasis. Dr MELLANBY assured the sub-committee that there is no lack of such new compounds awaiting experimental use in Africa. In 1927 the Medical Research Council with the co-operation of the Department of Scientific and Industrial Research appointed a Chemotherapy Committee with the main object of investigating drugs having specific action in trypanosomiasis and malaria. For some years before this the Medical Research Council had already been supporting two groups of workers engaged in research for new trypanocidal drugs viz. Professor COHEN at Leeds and Professor BROWNING at Glasgow and Dr KING and Miss DURHAM at Hampstead. The Chemotherapy Committee began by inviting a number of well-known chemists to prepare a series of new compounds for test on experimental trypanosomiasis lines which had been carefully discussed before. To deal with the new compounds another Biological Station under the reviewer at the Liverpool School of Tropical Medicine was established by the Medical Research Council in addition to the two already so engaged. [It would be fairer to say that this centre was established and is mainly financed, by the Liverpool School of Tropical Medicine



and that it is supported by an annual grant from the Medical Research Council].

Dr MELLANBY went on to inform the sub-committee that Professor MORGAN of Teddington had prepared a long series of compounds which had been examined by Professor YORKE, and that five of these compounds had been selected as having maximal activity. Dr KNOX of the National Institute for Medical Research had also discovered two arsenicals of novel type of extreme efficacy in trypanosomiasis of mice and rabbits. Dr MELLANBY further informed the committee that having regard to the fact that there were now seven drugs which had been synthesized by workers under the Chemotherapy Committee known to have considerable trypanocidal activity the Medical Research Council believed that the time had come when the best opportunities for the clinical trial of these drugs should be made available. The sub-committee considered the subject in the light of this information, and reached the conclusion that the importance of securing the most precise information possible in regard to the use of these new drugs is such that the appointment of a special investigator to undertake this work would be fully justified. They accordingly recommended that the Secretary of State for the Colonies should invite the Medical Research Council to arrange for an investigator to proceed to Africa for the purpose of conducting clinical tests on trypanocidal drugs.

[The Secretary of the Medical Research Council was a little premature when he informed the Sub-Committee that the Chemotherapy Committee has available 7 drugs ripe for testing in the field. As a matter of fact, only one of these compounds—Preparation S 107 of Professor MORGAN—had been sufficiently examined to justify its despatch to Africa for testing in the field on cases of sleeping sickness. The other six compounds have not so far been administered to man, nothing is known about the dosage in which they could be used, and they have not even been prepared in more than minute amounts.]

SECTION III PROTOZOAL RESEARCH.—This portion of the report summarizes the work which is being done at the Human Trypanosomiasis Institute Entebbe and also the investigations which have been conducted in other parts of Africa by CONSON and others during the last few years. All this work is familiar to readers of this Bulletin.

SECTION IV CONTACTS WITH RESEARCH WORKERS IN OTHER COUNTRIES.—The main purpose of the Entebbe Conference was to co-ordinate the tsetse and trypanosomiasis research being done at the present time in East Africa. From their examination of the program of research drawn up by the Conference the sub-committee is convinced that that result has been in large measure attained. The important subject is discussed very fully in the report.

In the sub-committee's opinion, the publication of the *Tropical Diseases Bulletin* goes far towards filling the need for information let by research workers in trypanosomiasis. In order that workers in the field should be informed of what is going on in different parts of Africa at the earliest possible moment, Sir Arthur BAGSHAW, Director of the Bureau, informed the sub-committee that he was prepared to arrange for the list of titles of papers awaiting review which he compiled each week, to be reproduced in cyclostyle and distributed to the Director of Medical Services at a small charge. The sub-committee believes that this will be of real service to those engaged on trypanosomiasis research in Africa.

SECTION V SUMMARY OF PRINCIPAL CONCLUSIONS AND RECOMMENDATIONS—In this very interesting and important section the sub-committee first of all summarizes its principal conclusions and then lays down certain definite recommendations. It is unfortunately impossible to reproduce the whole of this section here but the following are the chief recommendations.

1. *Control of trypanosomiasis in man and animals*

(a) *Control by administrative measures*—This calls for constant co-operation between the large number of departments concerned. Small *ad hoc* bodies might therefore with advantage be set up in the larger territories to secure an adequate machinery for consultation and discussion of problems as they arise. The proposal that a central body should be set up either in Africa or in the United Kingdom to conduct a general investigation into the principles to be adopted in applying administrative methods of control was not received with favour.

(b) *Control of tsetse flies*—It is strongly recommended that the fullest financial support should be given to the Tsetse Research Department in the Tanganyika Territory. As there is a great danger that the Department may lose the services of officers who by training and past experience are exceptionally qualified for their work it is recommended that the question of granting permanent pensionable status to the officers now working in the Department should receive consideration at the earliest possible moment. It is also recommended that the biological study of tsetse flies in *rhodesiense gambiense* and *brucei* areas should be included in the program of research and that the biological study of the stomach contents of the tsetse fly should be undertaken by Mr C. B. SYKES at the Medical Laboratory Nairobi.

(c) *The control of trypanosomiasis by chemotherapy*—It is recommended that an investigation of the prophylactic value of Bayer 205 should be undertaken, and that the Secretary of State should invite the Medical Research Council to arrange preliminary investigations on the rapidity of the excretion of Bayer 205 to be carried out by Dr WORMALL.

With the object of testing the new drugs prepared by the Chemotherapy Committee it is suggested that the Secretary of State should invite the Medical Research Council to arrange for an investigator to proceed to Africa for the purpose of conducting clinical tests on trypanocidal drugs and to arrange for him to be afforded all necessary facilities for his work including the concentration in some suitable centre of a sufficient number of sleeping sickness cases who could be kept under observation.

It is also recommended that the Secretary of State for Dominion Affairs should ascertain from the Government of Southern Rhodesia whether it would be possible for the Trypanosomiasis Bureau to test the veterinary effects of some new drugs, and from the Government of South Africa whether these tests could also be undertaken at the Veterinary Research Institute Onderstepoort.

ii. *Protozoological research*—It is recommended that in order to enable Dr DUKE to complete his present experiments the Human Trypanosomiasis Institute Entebbe, should be maintained on its present basis till the 31st Dec. 1935 when the Institute as such should be closed and that thereafter the Medical Department in Uganda should undertake such research as its resources permit.

It is recommended that the fullest support should be given to the work of Dr CORSON at Tinde, and that the investigations on immunity and the relation of trypanosomes now being carried out by Mr HOSMER at the Veterinary Laboratory Mpwapa, should also form part of the program of research.

The sub-committee also makes recommendations regarding other protocol research.

The report closes with two Appendixes.—The first reprinting the program of tsetse and trypanosomiasis research in East Africa prepared by the Entebbe Conference and the second giving an account of diagnostic methods in human trypanosomiasis by Sir Arthur RATHBONE.  
W York

SELWYN-CLARKE (P. S.) Trypanosomiasis in the Gold Coast (with Special Reference to 1933-34)—*Gold Coast Rep. Med. Dept. for Year 1933-34* Appendix IX. pp. 100-107 With 1 map.

This article opens with a general account of the history of trypanosomiasis in the Gold Coast. In a table the author shows that the incidence of recorded cases of sleeping sickness per 10 000 of all cases treated has steadily increased from 3.2 in 1924-25 up to 56.1 in 1933-34. He points out, however, that particular attention has been paid to the subject on the Gold Coast during the last few years, and that consequently the marked increase in the number of cases reported cannot be attributed entirely to the occurrence of localized epidemics.

After discussing briefly the distribution of the disease in the Colony the author passes to a summary of the work done during the year 1933-34. In April, McKERNAN examined 300 persons in the hyperendemic area of Mamprusi under mandate and found the infection rate (judged by examination of gland juice only) to be about 11 per cent. In August and September of the same year Dr PURCELL carried out a rather more detailed survey over a large area. He found little evidence of the disease in the eastern and central parts of Northern Mamprusi. In the northern part of the district the incidence of persons suspected to be suffering from the disease was 1.5 per cent. The disease was found to be scattered somewhat scantily throughout Southern Mamprusi, except in the Mandated Territory where it appeared to be hyperendemic. Towards the end of 1933 a temporary field hospital was established at the centre of this hyperendemic area. A general description of the measures taken to deal with the situation follows.

W Y

DUPUY La maladie du sommeil dans les régions soumises à l'action du Fonds Reine Elisabeth pour l'assistance médicale aux indigènes du Congo Belge (Foreani) Rapport pour l'année 1933. [Sleeping Sickness in the Regions dealt with by the Queen Elizabeth Funds for the Medical Assistance of the Natives of Belgian Congo (Foreani) Report for 1933.—*Ann. Soc. Belge de Méd. Trop.* 1935. Mar 31 Vol. 15. No. 1 pp. 39-84.]

This lengthy report describes the results of the anti-trypanosomiasis work done with the aid of the Queen Elizabeth Fund during the year 1933 and compares the position during that period with that during the two previous years.

In his preliminary remarks Dupuy defines the conditions under which lumbar puncture is performed—these are—

(a) *Lumbar punctures for diagnosis*—These are punctures made on new cases recognized by gland puncture and on suspected cases in whom gland puncture was negative

(b) *Lumbar punctures of elimination*—After treatment consisting of large doses a puncture of 1st elimination is made at the end of the course of treatment. After an ordinary treatment of 12 injections of 2 gm. the 1st puncture of elimination is made 3 months later. If the puncture of 1st elimination revealed changed spinal fluid the patient is put on treatment again and a puncture of 2nd elimination is performed 3 months after its termination. If this puncture also reveals a changed spinal fluid the patient is considered to be in a chronic condition a third course of treatment is given and this in turn is followed by a puncture of 3rd elimination

(c) *Lumbar punctures of control*—When the puncture of elimination reveals a normal spinal fluid the patient is considered as provisionally cured for a period of 6 months and then is subjected to a puncture of 1st control. If the result of this is favourable he is subjected to two further punctures at intervals of 6 months and then if the fluid is still normal he is regarded as definitely cured. If the puncture of control gives an unfavourable result the patient is again put on treatment and further punctures of elimination and control performed according to the above scheme.

In order to combat arsenic resistance which has been recorded by various medical officers it was decided to add germanin to the tryponarsyl usually given and to increase the dose of the arsenical. Two types of treatment were used—The first is that recommended by VAN HOOFF viz. recent cases 1 gm of germanin followed 2 or 3 days later by 4.5 gm. of tryponarsyl, and then at weekly intervals two further injections of tryponarsyl with sodium hyposulphite. grave advanced cases 1 gm. of germanin followed 3 or 4 days later by 4 gm of tryponarsyl with sodium hyposulphite then at weekly intervals 2 gm of tryponarsyl up to a total of 24 gm. The second line of treatment is that advocated by RODHAIN and consists of 2 doses of 1 gm. of germanin on consecutive days followed by a series of injections of tryponarsyl according to the preceding scheme.

In all 620,549 persons have been examined and 15,285 patients treated, but nothing is to be gained by analysis of these totals as certain places had not been examined previously. The Lower Congo has, however, now been under investigation by Foreman for 2½ years and consequently it is possible to compare the state of affairs in 1933 with that of previous years. Among the 548,556 persons examined, 1,646 new patients were discovered this gives a contagious index of 0.30 per cent. as compared with 0.59 per cent for 1931 and 0.41 per cent. for 1932.

The number of patients remaining on treatment on 31st Dec. 1932 was 6,212 as against 7,288 in 1931 that of patients put again on treatment was 1,262 as against 1,404 in 1932. The total number of patients treated was 9,120 as compared with 12,301 in 1931 and 10,873 in 1932. The endemic index was thus 1.66 per cent. in 1933 as against 2.45 per cent in 1931 and 2.08 in 1932. The number of provisionally cured patients was 4,834 as against 3,855 in 1932.

Efficacy rate =  $\frac{\text{cured} \times 100}{\text{number treated}} = \frac{4834 \times 100}{9120} = 54.1$  In 1932 this figure was only 35.5

The number of patients who disappeared was 354 in 1933, and 391 in 1932 of those who died 301 as compared with 340. Some 2,539 patients remained on treatment on 31st Dec. 1933 the maintained endemic index thus being 0.84 per cent. as against 1.36 per cent. for 1931 and 1.2 per cent. for 1932.

Having summarized in this way the total results obtained, Dupuy passes to an analysis of the results in the various subsectors. An interesting table is given regarding the efficacy of treatment—

$$\frac{\text{cured under control} \times 100}{\text{number treated.}}$$

This figure had improved considerably in all the subsectors except Mayombe and Lufimi where treatment was handicapped by the existence of chronic arsenic resistant cases.

After giving some interesting information regarding the results of lumbar puncture, Dupuy passes to the subject of arsenic resistance. This has now been recognized at various foci, viz. Mayombe 71 new cases in 1933, Cataractes-Nord 7 new cases Cataractes-Sud 33 new cases and Lufimi Baso-Selo 4 new cases. The total of new arsenic resistant cases discovered during the year was thus 121.

The last portion of this long report is concerned with details regarding the various subsectors and must be consulted in the original by those interested. H Y

JAMOT (E.) Note sur la maladie du sommeil en A. O. F. (A. I. in French West Africa).—*Bull. Soc. Path. Exot.* 1935. June 12. Vol. 28. No. 6. pp. 499-507

In 1920 a Commission presided over by LAFERAN published a detailed account of the position of sleeping sickness in the French West African Colonies. At that time the disease was recognized in French Guinea in the Ivory Coast and in parts of Senegal. Isolated cases had been found in Dahomey and the disease had also been recognized at certain places in Haut-Sénégal Niger. In 1926 HERIVAUX discovered the great focus in Togo which extended to Dahomey and in 1928 SORREL and ROBINEAU drew attention to the fact that the disease was endemo-epidemic in Haute-Volta, in Dahomey and on the Niger.

In this paper Jamot summarizes the situation as it exists in the various French West African Colonies at the present time. After dealing with each of the Colonies separately he states that the total number of cases recognized on 31st Dec. 1934, was more than 90,000. They are distributed as follows—Niger 969, Soudan 2,560, Congo 4,002, Dahomey 6,331 and Ivory Coast 33,167. If to these are added the 16,000 patients found in Togo in May 1934 the total figure for French West Africa is no less than 68,000 (? 68,000). When it is remembered that only part of the infected regions have been visited, that in the Ivory Coast which has been most investigated not more than two-thirds of the people have been examined, and that the limitations of the method of examination must allow many cases to escape recognition, it is obvious that the true figure is much greater than 68,000. H Y

BEVAN (L. E. W.) Notes on the Human Trypanosomiasis of Southern Rhodesia.—*Jl Comp Path. & Therap* 1935 June. Vol. 48. No 2. pp 97-111 [20 refs.]

After giving a general account of the development of knowledge of sleeping sickness due to *T. rhodesiense* since its discovery in November 1909 the author passes to a consideration of human trypanosomiasis in Southern Rhodesia. Since 1912 there have apparently been only 7 European cases all of whom contracted the disease in the Sebungwe and West Hartley districts. No cases have been recorded from the Lomagundi and Darwin districts in parts of which *G. morsitans* are plentiful, and where the author has found domestic animals to become infected with the *brucei* type of trypanosome. During the same period 49 native cases have been recorded.

During the last two years some alarm has been caused by the death from trypanosomiasis of a European, Mr L— who is believed to have contracted the infection at Gowe. Another European Mr A— also developed the disease in this neighbourhood. During 1933 a number of cases of sleeping sickness were met with amongst native hunters in the Gowe district. Having thus located Gowe as the focus of recent infection it is interesting to note that according to the Chief Entomologist there are certain small areas depicted in his maps where the tsetse fly survived after the rinderpest in 1896 and the Gowe area is one of these. Another such area is the Manzituba Vlei and environs in the Sebungwe district and it is in this vicinity that the medical expedition of 1913 found its cases.

Bevan believes that it is in these places that the local natives would be liable to infection from birth and any premunity would be maintained by constant re-infection. It is in such places that one would expect to find carriers and as a matter of fact carriers were actually found in these districts by the Commission of 1913 and by Dr BLAIR in 1934. Other parts of the country appear to be free from human trypanosomiasis and it is probable that with the clearing up of these comparatively limited areas this undesirable menace will soon be entirely eliminated from Southern Rhodesia.

IV Y

LESTER (H. M. O.) Report of the Tsetse Investigation.—*Nigeria Rep Med & Health Services for Year 1933* Appendix B pp 74-83

Topics discussed here are—Tartar emetic treatment of cattle histopathology of bovine trypanosomiasis relation of *T. gambiense* and *T. rhodesiense* tsetse surveys testing of new drugs infection rates in man in Nigeria and measures to cope with the spread of infection.

During the year there have been further big increases in the amount of sleeping sickness work done in the field in Nigeria, and as far as possible research has been continued in the Gadau laboratories, although only a skeleton research staff is at work there. In May Dr NASH Entomologist joined the investigation.

Further experiments have been conducted on the treatment by tartar emetic of cattle infected with *T. congolense* and *T. vivax*. The results are disappointing. At the request of the Chief Veterinary Officer a small experiment was carried out to test the possibility of transmitting bovine trypanosomiasis directly from one animal to

another by means of an unwashed hypodermic needle. A "record" needle was inserted into the muscles of an ox, the blood of which contained numerous *T. vivax*. It was then removed and inserted immediately subcutaneously into a clean animal and subsequently into a second clean animal. Both became infected.

Dr. MERRITT has continued work on the histopathology of bovine trypanosomiasis (*T. vivax* and *T. congolense*). The post-mortem findings were extremely variable but sufficient constant features were present to warrant a division into (a) completely negative autopsy (b) slight involvement of the heart and (c) marked cardiac lesions, associated with variable changes in other organs. Tissues from all the organs were sectioned and examined microscopically. Changes in the brain were not seen. The heart was the organ chiefly affected, showing all changes of myocarditis up to a condition of fibrosis and muscular fragmentation.

Work on the characteristics of Nigerian strains of the polymorphic trypanosomes has been continued. In all, 17 such strains have been investigated, and it has been found that certain strains exhibited characteristics intermediate between *T. rhodesiense* and *T. gambiense*. As a result of this work it is believed that *T. rhodesiense* is only a virulent type of *T. gambiense*. A full report has already been published [this Bulletin Vol. 31 p. 183].

An attempt is being made to maintain various strains of trypanosomes by constant cyclical transmission through *G. tachinoides* and *G. morsitans*. The characters which are being investigated are virulence to small laboratory animals and reaction to trypanamide.

The Entomologist has carried out tsetse surveys, and as the result of a prolonged tour through the south-eastern and southern districts of the Gambia Emirate recommendations have been made for a number of local clearings intended to reduce fly-man contact to a minimum. It is believed that judicious clearing of narrow belts of riverine vegetation would reduce the incidence of sleeping sickness in these areas to very small proportions. Frequently the existence of *G. tachinoides* depended upon a belt of quite light vegetation, which in many cases was only 10 yards in width. Research is being carried on with the object of studying the relationship between tsetse and different types of vegetation and to ascertain the reasons for the tsetse preferences by measuring the climatic conditions in favourable and less favourable vegetation types.

*The testing of new chemical compounds*.—A system of co-operation with certain large chemical firms in Europe has been inaugurated, and arrangements have been made for promising new drugs to be sent to Gambia to be tested against freshly isolated strains. If the results seem encouraging, the drugs will then be tested against human and animal trypanosomiasis in the field.

Observations have been made on two new chemical compounds supplied by Messrs. Bayer Meister Lucius. The first of these, Series C, a quinoline derivative, was found to be very active in laboratory animals infected with trypanosome strains isolated from man, but in man himself the strains did not appear to be nearly so sensitive, and the use of the drug in human trypanosomiasis is contra-indicated, as it is liable to produce acute nephritis. The drug is being tested against *T. vivax* and *T. congolense* and it seems possible that it may prove to be a valuable remedy in animal trypanosomiasis.

Experiments have been started with the second drug Std 386B an organic compound of arsenic and antimony. The results are as yet incomplete.

The next portion of the report summarizes the work on sleeping sickness. During the year 27 919 cases of sleeping sickness have been treated. To begin with there were three sleeping sickness teams in the field, but by the end of 1933 five complete teams, each consisting of one medical officer, two nurses and 24 dispensing attendants were at work whilst a 6th team was due to start in January 1934. Part of this service has been paid for by the Native Administrations.

The infection rates which have been found give some indication of the magnitude of the problem with which they have to deal. In various districts this ranges from 16 to 29 per cent. There is a good deal of indirect evidence to show that the disease has spread rapidly during the last few years. In many areas the death rate has been high and there has been a definite decrease in the population especially in the Zaria Emirate where shrinkage in the population has been alarming.

An attempt is being made to cope with the disease by mass treatment and by localized protective measures against the tsetse fly. Experience has shown that mass treatment itself is quite effective in reducing the incidence of the disease. ELLIS working in Hadeija found that of 829 positive cases which had been given a course of 23 gm. of trypanamide, only 15 i.e. 1.8 per cent. had trypanosomes in their gland juice or blood at the end of treatment. In other parts of the country however many more cases had been found to be resistant to treatment with trypanamide. For this reason arrangements had been made to use a combined treatment of antrypol and trypanamide on a large scale.

The article closes with a detailed report of Dr PAISLEY the Senior Sleeping Sickness Officer

W Y

DUMONT (Robert) Influence des conditions alimentaires sur la gravité et l'extension de la maladie du sommeil. [The Influence of the Food Supply on the Gravity and Extension of Sleeping Sickness.]—*Rev Méd et Hyg Trop* 1935 Jan.-Feb Vol. 27 No 1 pp 36-37

In this note the author stresses the importance of nutrition in a combat against sleeping sickness. He quotes from HUOT (1924) to the effect that insufficient crops with malnutrition is a condition constantly found in all places gravely infested by sleeping sickness and furthermore that it appears that trypanosomiasis does not kill in populations normally nourished.

MARTIN concluded that under feeding of the natives greatly increased the evil effects of trypanosomiasis. JAMOT cites a striking example. In the valley of the Koumi 9 villages at the beginning of 1913 contained 5,933 inhabitants. Towards the middle of the year the first cases of sleeping sickness were imported. In 1924 Poux records that the population was industrious and prolific and covered the country with magnificent plantations. In this region sleeping sickness had not done much harm. There are two factors which play a part in the epidemiology of the disease—the parasite and the resistance of the subject. Other examples are given.

Dumont concludes that in the combat against sleeping sickness one should not rely entirely on medicaments no matter how active



they may be but also on the resistance of the organism conferred by good feeding

17 1

DUKE (H. Lyndhurst) On *Trypanosoma brucei* *T. rhodesiense* and *T. gambiense* and their Ability to Infect Man.—*Parasitology* 1935, Feb. Vol. 27 No. 1 pp 46-67 [30 refs.]

In this work the author has continued his inquiry into the relationships of the African polymorphic trypanosomes to one another and to man. He has worked with 11 strains and has examined the transmissibility of each by *G. palpalis* and also the power of each to infect man, after it had been maintained in the laboratory for various periods and by different methods. The results of his observations are summarized as follows —

"1. A strain of *T. rhodesiense* [Tinde III], isolated from man and readily transmissible by tsetse, was passed by direct inoculation through a series of fourteen guinea-pigs over a period of 18 months. At the end of that time it had lost its transmissibility by *Glossina palpalis* and it also failed to infect a volunteer.

"2. Another line of the same strain after 93 days in a bushbuck, 30 days in a fowl and 294 days in oxen, proved still readily transmissible by *G. palpalis* and also readily infective to man.

"3. A second strain [Tinde I] underwent seven consecutive cyclical passages through tsetse, then two passages by the syringe, and finally another cyclical passage all as one in monkeys. When tested on man at the tenth and eleventh passages it was found to be non-infective.

"4. A strain of *T. gambiense* [Bram], isolated in November 1933 from a patient from Fernando Po was found in February 1934 to be readily infective to man. The strain was entirely non-transmissible by and almost completely non-infective to *G. palpalis*.

"5. Three strains of *T. brucei* [LV, LVI, LVII], one from the west, one from the north and one from the south of Uganda Protectorate, were found to be incapable of infecting normal healthy man. All the tests were carried out with cyclically infected tsetse.

"6. A freshly isolated strain of *T. gambiense* [LII] from a Uganda native was transmitted to man by cyclically infected laboratory-bred *G. palpalis*.

"7. A strain of *T. rhodesiense* [LX] shortly after its recovery from a native of Tanganyika Territory underwent three successive cyclical passages by laboratory-bred *G. palpalis* from monkey to monkey. At each passage the strain was tested on man and found to be readily infective.

"8. A strain from Nigeria [BR] showing points of resemblance to both *T. gambiense* and *T. rhodesiense* was found to be pathogenic to man, on subcutaneous inoculation of infected blood three years after its first isolation.

Duke lays stress on the fact that this work constitutes the first record of the experimental infection of man either with *T. gambiense* or with *T. rhodesiense* by the bite of a cyclically infected tsetse. It also contains an account of the loss by two accredited strains of *T. rhodesiense* of the power to infect man. The fact that *T. rhodesiense*, under conditions which may reasonably be described as natural, may lose its power of infecting man is of considerable interest. The possibility was to some extent fore-shadowed by the work of the reviewer and his colleagues (this Bulletin Vol. 27 p. 804), but the only reliable criterion in the matter is the test on the human subject applied as nearly as possible in the way nature applies it.

The loss of pathogenicity to man by strain Tinde III is the first substantiated record of this phenomenon. Duke states that this is

apparently ascribable to the effect of passage through guineapigs for under different conditions the strain retained this property. Reference is made to the fact that CORSON has found that a strain of *T. rhodesiense* was still pathogenic to man after maintenance in goats by direct inoculation for a period of 19 months and also to the fact that CORSON in a later paper refers to the increased susceptibility to human serum caused by guineapigs. There is thus some evidence that maintenance of a trypanosome in guineapigs has an unfavourable effect on certain of its activities viz. reducing its transmissibility by *Glossina* and probably impairing its ability to infect man.

Although after passage through the guineapigs the infectivity of strain Tinde III to *G. palpalis* was diminished enormously passage through oxen produced no such effect. This is especially interesting in light of Duke's previous experience of the effect on man's trypanosomes of sojourn in calves in these experiments the indices of a strain examined in the blood of a calf were invariably reduced [this *Bulletin* Vol. 31 p 566].

The striking contrast between the behaviour of the *T. gambiense* strain (Braun) and that of Tinde III in guineapigs is a matter of interest. Prolonged residence in small laboratory animals extending over 14 years had failed to impair the pathogenicity of the former strain for man although the strain had completely lost its transmissibility by *G. palpalis*. The observations indicate the relative antiquity of *T. gambiense* as a parasite of man and the comparative instability of the power of *T. rhodesiense* to infect man and show how easily this trypanosome may revert to a form indistinguishable from typical wild *T. brucei*. These facts tell against KLEINE's hypothesis that *T. gambiense* and *T. rhodesiense* are one and the same species zoologically distinct from *T. brucei*. Duke finds in the present observations support for the view advanced by him in 1921 viz. *T. gambiense*, *T. rhodesiense* and *T. nigeriense* are to be regarded as particular strains of *T. brucei* which have become after sojourn in other hosts more or less adapted to life in the blood of man.

No one has yet witnessed the exhibition by an unequivocal *T. brucei* of the power to infect man but the issue is confused by the convention whereby any *T. brucei*-like trypanosome recovered from game or wild tsetse and proved capable of infecting man, is at once styled *T. rhodesiense* and assumed to have had previous acquaintance with man. Duke states that he has long believed that there are in nature strains of *T. brucei* which given the opportunity can use man as a host and it is now quite certain that a trypanosome can and does change in relation to a particular host i.e. man. TAUTE's big experiment in which 129 natives including weaklings and diseased withstood exposure to 6 strains of *T. brucei* seems to Duke to justify the conclusion that if man is to become infected by *T. brucei* the onus is on the trypanosome to overcome some degrees at least of the range of resistance possessed by a normal human community.

Duke believes that the resistance of man to *T. brucei* though considerable is not absolute and in *palpalis* regions man has paid the penalty of this imperfection by becoming the principal mammalian host for the representative of *T. brucei* in those regions, *T. gambiense*. The paper concludes as follows —

As matters stand at present, the claim of *T. rhodesiense* to distinction as a species, or even a subspecies, is indeed feeble. The name is, however, useful until it is decided whether *T. brucei* or *T. gambiense* can best absorb

it zoologically. The evidence recently acquired at Entebbe seems to us to identify this trypanosome with *T. brucei*. If this be the correct interpretation then the two types of human trypanosomiasis are to be ascribed to *T. gambiense* and to *T. brucei* respectively. For the former trypanosome, by virtue of its long establishment as a parasite essentially dependent on man in primitive African conditions, surely possesses a fair claim at all events to dominion status. If not to complete severance from its parent stock.

W 3

DUKE (H. Lyndhurst). Further Studies of the Behaviour of *T. rhodesiense* recently isolated from Man, in Antelope and Other African Game Animals.—*Parasitology* 1935. Feb. Vol. 27 No. 1 pp. 68-82. [20 refs.]

The work dealt with in this paper is a continuation of similar work published in 1933 [this *Bulletin* Vol. 30 p. 769]. Its object is to determine the effect on the trypanosomes of man of prolonged residence in antelope. Duke has had two main questions in mind: firstly, whether prolonged residence in antelope interferes with the power of the trypanosome to infect cyclically *Glossina*; and secondly, whether it interferes with the capacity of the trypanosome to infect man.

After briefly reviewing previous work bearing on these important problems, Duke passes to a detailed account of his own work. The following summary is given:—

1 Evidence is produced to show that *T. rhodesiense* may retain its cyclical transmissibility by *Glossina* for at least 600 days in an antelope.

2 Prolonged residence in these animals tends to impair the power of a strain to infect man, when infection is attempted by the cyclical route. Thus of six volunteers exposed to cyclically infected tsetse carrying *T. rhodesiense* that had been for many months continuously in antelope, only one became infected. *All these flies derived their infectiveness from the antelope itself.* As the cyclical method is the one operating in nature, these observations suggest that although certain species of antelope are admirable hosts for *T. rhodesiense*, yet as a reservoir from which tsetse can become infected with trypanosomes pathogenic to man these animals do not constitute so great a menace as has hitherto been supposed.

3 In contrast to (2) in every instance where the trypanosome from the antelope before being tested on man, were inoculated by the syringe into a monkey every volunteer exposed became infected.

In the single experiment where the monkey was infected by tsetse instead of by direct inoculation from the antelope, one volunteer became infected and another did not. There is thus a suggestion that the pump through the monkey prepared the trypanosome for survival in man. On the other hand the behaviour of strain Thode I shows that *T. rhodesiense* may lose its power to infect man in spite of repeated passage through monkeys.

4 Some further indirect evidence is produced to show that *T. rhodesiense* may owe its origin to *T. brucei* and that pathogenicity to man may be a property possessed in different degrees by different strains of *T. brucei* in nature.

5 These researches suggest, also, that human beings differ in their susceptibility to *T. rhodesiense* but that these differences only operate within a narrow range of variation in the power of strains to infect man. In other words strains strongly pathogenic to man will infect anyone.

but strains whose power has been weakened will only be able to use individuals of subnormal resistance

6 Two different strains of *T. rhodesiensis* have been shown to behave differently in the same man. One did and the other did not infect him

7 There may be a difference in the suitability of the various species of antelope to act as hosts to *T. rhodesiensis*. Thus the bushbuck seems to be a better host to the trypanosome than the oribi.

8 A young hyaena infected with *T. rhodesiensis* for 180 days remained in excellent health. Flies infected from a monkey sub-inoculated with the blood of this hyaena infected a volunteer. The trypanosome had then been 80 days in the hyaena.

9 Clean flies that had taken their first two meals off monkeys infected with a strain of *T. rhodesiensis* non-pathogenic to man were nourished entirely on human blood during the first 3 weeks of the cycle of development of the trypanosomes in their interior. These flies on the completion of this cycle were still unable to infect man.

10 A strain of *T. rhodesiensis* after a series of cyclical passages through a reedbuck and six monkeys was found to be non-pathogenic to man. The possibility has to be borne in mind that this strain owed its original association with man to meeting an abnormally susceptible individual. This strain since its arrival at the Institute has been tested on nine different volunteers and none of them became infected. There is therefore nothing to distinguish it from *T. brucei* save the fact of its isolation from man.

11 It is recorded that a single cyclically infected fly infected a volunteer at a single feed.

12. It is shown that the appearance of a tender indurated swelling at the site of the bite of an infective fly is a not uncommon symptom of an infection with *T. rhodesiensis*. Local tenderness and swelling were also noted where the glands of an infected fly had been inoculated subcutaneously even in cases where no infection ensued. Where inoculations of blood were employed on man the local disturbance disappeared rapidly when no infection resulted, but when infection took place the local symptoms steadily increased during the last few days of the incubation period and before trypanosomes were recognised in the peripheral blood.

13 The only infection of an antelope with *T. gambiense* carried out during this research was that of oribi III with strain LI. This strain at its first isolation was not very transmissible by *G. palpalis* and after a few months in the antelope showed signs of failure to adjust itself of this particular host. Another strain mentioned in a previous paper (Duke 1935) failed to infect an adult female *sitotunga* although two sheep exposed to the same strain at the same time duly became infected."

W Y

DUKE (H. Lyndhurst) Studies on the Factors that may Influence the Transmission of the Polymorphic Trypanosomes by Tsetse  
IX.—On the Infectivity to *Glossina* of the Trypanosome in the Blood of the Mammal.—*Ann. Trop. Med. & Parasit.* 1935  
July 17 Vol. 29 No 2 pp 131-143.

In this paper Duke gives a selection of the various transmission experiments carried out at Entebbe which in his opinion illustrate what appear to be different phases of the phenomenon of transmissibility. ROBERTSON (1912) wrote "Given reasonably favourable conditions of temperature and moisture it is the strain of trypanosomes and not the fly that within a relatively wide range plays the deciding

role in limiting the number of infected glossina." Duke states that in his earlier work he adopted as a working hypothesis the assumption that there are certain forms of the trypanosome in the mammal especially fitted to infect tsetse and that when a fly takes up a sufficient number of these forms it becomes infected. More recent experience showed, however that the problem is by no means so simple. The part played by the fly is undoubtedly of considerable importance and TAYLOR (1932) has produced evidence that temperature also exerts an influence.

During 15 years of experimental work, Duke has acquired certain impressions regarding the laws which govern the transmission of trypanosomes by tsetse. He considers that he has demonstrated that there exist in nature in Africa strains of trypanosomes which, at the time of their original isolation from the vertebrate, man or antelope, are non-transmissible by *G. palpalis*. Such strains remain consistently non-transmissible. The disappearance of transmissibility has actually been witnessed in a number of strains of *T. gambiense* during their maintenance in the laboratory. These observations all point to an inherent and permanent change in the trypanosome itself, quite unconnected with the variability of the insect vector.

Four series of transmission experiments are discussed in the present paper. Series I consist of paired experiments. Two batches of flies were fed at the same time on the same infected animal thereafter one of the batches was nourished on a clean animal, while the other was fed again on one or more occasions on an infected animal. In Series II each of the tests consisted of 4 or 5 experiments instead of a pair as in Series I. The flies of one experiment of each test fed on 3 or 4 different days on the infected animal, and on each of these days a box of clean flies fed on the same animal only once. The general conclusion from these two series of experiments is that they furnish no evidence that multiple feeding results in a higher infection rate than does single feeding.

The experiments of Series III represent another attempt to raise the infection rate of *G. palpalis* by repeated exposure to the chance of infection. The results confirm the conclusion reached from the first two series of experiments.

The experiments grouped into Series IV were selected from the records of the Entebbe Institute to illustrate various phenomena of common occurrence. They are summarized in a table which is divided into four sections. Section A illustrates consistent infectivity of the trypanosome to tsetse. Section B illustrates periods of intensified activity. Section C illustrates non-infective periods, and Section D illustrates the results of feeding flies on man for several consecutive days a fresh box of flies being fed each day.

The author's conclusions are as follows —

1. A study of the Entebbe records of transmission experiments with man's trypanosomes and *G. palpalis* lends support to Robertson's views on the endogenous cycle expressed in 1912.

"Of special interest is the evidence of the existence of negative phases in the development of the trypanosome in the mammal, phases during which the trypanosomes though often numerous in the blood are non-infective to the tsetse.

"2. An examination of the experimental section of this paper suggests that repeated feeds on an infected animal during a positive phase of the cycle do not increase the infection rate of the flies over that produced by one such feed."

- i. BORREMANS (P) & VAN BOGAERT (L.) Les manifestations extra pyramidales de la trypanosomiase chez l'Européen. (Syndrome d'inhibition avec stéréotypies, pigmentations cutanées symétriques et anneau cornéen.) [Cases of Extra pyramidal Syndrome and Psychosis in S.S.]—*Jl Belge Neurol et Psych* 1933 Vol. 33 No 8. pp 561-588 With 12 figs. [38 reis.]
- ii. BAONVILLE (H.) LEY (J) & TITECA (J) Psychose hallucinatoire chez un trypanosomié—Ibid 1934 Feb Vol. 34 No 2 pp 129-138.

1. A detailed clinical account is given of a patient who exhibited a particularly well marked extra pyramidal syndrome. The case is assumed to be one of trypanosomiasis but the diagnosis appears to be based on the clinical history and the pathological findings at the autopsy there is no evidence that a definite diagnosis was ever made.

The patient had spent 12 years in Uganda and Urundi. During 1927 he had two severe febrile attacks and pronounced erythema of the abdomen and lower extremities. These attacks were accompanied by severe head ache but there is no record of any adenitis. lumbar puncture was not performed. In 1929 the patient became very irritable he manifested violent paroxysms of anger especially when in an alcoholic condition he slept badly and became very emaciated. During his last year in Africa he indulged in sexual excesses of all sorts and in sadism and had a severe attack of dysentery. A course of neosalvarsan was given without benefit and he was invalided home. Shortly after his arrival in Belgium, things became worse. He exhibited visual hallucinations and later mental confusion and somnolence. Sphincter trouble finally developed and the patient owing to his obscenities and violence had to be put in a mental home. Lumbar puncture gave a negative Wassermann protein 1.04 gm. Pandý +++ lymphocytosis 113. As he became a little better he was discharged, but had to be re-admitted two months later. Blood examinations were negative and arsenical treatment was of no avail.

During his second sojourn in hospital the patient exhibited several epileptiform attacks. He lay on his back with his limbs completely extended for hours without making any movement. When spoken to he replied correctly in a monotonous voice there was a complete absence of spontaneity and he made only those movements which were absolutely necessary. There were no tremors but a permanent hypertonic state of the muscles. Examination of the eyes was interesting the cornea was surrounded by a greenish brown pigmented circle but the movement of the eyes was completely normal and the pupils reacted normally. All the cranial nerves were intact the reflexes were normal as was also sensation. He was habitually in a torpid mental state and it was only during the acute periods that there was a tendency towards paranoia. There was very deep brown pigmentation of the skin of the legs and feet, which stopped at the level of the prominence of the tibia the penis was similarly pigmented.

The condition remained more or less like this for 3 months when there was a sudden febrile disturbance with dyspnoea and death.

There follows a lengthy account of the post-mortem findings these consisted of a meningo-encephalitis with pronounced meningeal infiltration, and an intense infiltration of the central grey nuclei.

The findings in this case are compared in detail with those of other observers and the conclusion is reached that the case was one of trypanosomiasis.

ii. A description is given of a case which exhibited a paranoid syndrome and which from the history and development of the disease was believed to be one of trypanosomiasis.

It is noted that the patient—a native of the Belgian Congo—left Africa in 1922 and remained in Europe in a state of apparent good health for 10 years. Delusions of persecution then developed markedly. A lengthy clinical account of the case is given and this is followed by a discussion regarding the correct diagnosis. [These papers may be consulted in the original by those interested.] J. Y.

RASKIN (A.) The Clinical Aspect of Trypanosomiasis.—*Med. Parasit. & Parasitic Dis.* Moscow 1935 Vol. 4. No. 1-2. [In Russian pp. 117-120. English summary p. 120.]

A detailed description of the clinical course and treatment of a case of human trypanosomiasis contracted by an accidental laboratory infection with a mouse-strain of *T. gambiense*. The incubation period in this case was 8 days. The patient was successfully treated with Bayer 205™ combined with neosalvarsan. C. A. HARR

VAN SLIYKE (W.) Instabilité Liquidiennne de certains trypanosés traités par la trypanamide. [Instability of the Cerebrospinal Fluid in Cases of Trypanosomiasis treated with Trypanamide.—*Bull Soc Path. Exot.* 1935 June 12. Vol. 28. No. 6. pp. 42-43.]

In the course of treating 378 sleeping sickness patients with trypanamide the author encountered five in whom the changes in the spinal fluid were peculiar. Details of the treatment and of the cell contents of the spinal fluid found at 3 subsequent lumbar punctures are given. In 4 of the 5 cases the lumbar puncture made immediately after treatment showed an excess of cells, whereas the punctures made 1 to 3 months later revealed in every case a normal cell count. The third puncture made 3 to 5 months after the second showed in all cases but one an excess of cells.

The author inquires whether these changes can be explained on the following hypothesis.—The excess of cells found at the first puncture is due to a meningeal reaction caused by the drug; this disappears after a month or two and hence the second puncture is normal, whilst the abnormal findings at the third puncture are the result of a nervous relapse due to the infection. On such a hypothesis it is curious that those cases which exhibit a meningeal reaction to the drug should likewise relapse. Are we concerned here with individuals possessed of a peculiarly fragile nervous system, especially sensitive to trypanamide and at the same time especially liable to relapse? It is unlikely that all these successive changes are due to trypanamide alone because a second course of trypanamide made the spinal fluid normal.

The conclusion reached is that a certain small number of cases of sleeping sickness exhibit an unstable spinal fluid after treatment with trypanamide and that consequently several punctures at intervals of several months should be performed after treatment as a second course may prove to be necessary. Details are given of 5 other cases in which so far only 2 post treatment punctures have been made, but which the evidence so far collected suggests fall into the same category as the above cases. The author therefore believes that 9 of his 378 cases exhibit what he designates as instability of the spinal fluid, i.e., a normal post treatment puncture sandwiched between two abnormal punctures. J. Y.

SCHWETZ (J) Sur un nouveau cas de trypanosomiase (humaine) arsénico-résistante. [*New Arsenic Resistant Case of Sleeping Sickness.*]—*Arch f Schiffs u Trop Hyg* 1935 Mar Vol. 39 No 3 pp 123-125

Information is given regarding a case of trypanosomiasis which was resistant to tryparsamide but susceptible to foudadin.

The patient who came from the region of Stanleyville was diagnosed as suffering from trypanosomiasis on the 3rd December 1932. From the 4th to the 24th December he was given 7 gm of tryponarsyl. On the 2nd January 1933 a lumbar puncture revealed 3-4 lymphocytes per cmm. When examined at the laboratory at Stanleyville on the 9th February 1933 no puncturable glands were found but fresh preparations of his blood showed numerous trypanosomes. Between the 7th March and the 3rd July 1933 the patient was given 36 gm of tryparsamide. On the 5th July there were no puncturable glands but two trypanosomes were found in 10 cc. of blood examined by the triple centrifugation method. The patient was then put on a course of foudadin and between the 17th July and the 10th August 1933 he received 10 injections. Examinations made on the 21st August and the 23rd September were completely negative. IV Y

DE MARQUEISSAC (Henri) Emploi des principaux médicaments spécifiques dans le traitement de la maladie du sommeil et utilisation de ces médicaments dans les traitements associés. [*The Use of the Chief Specific Drugs in the Treatment of Sleeping Sickness and the Employment of these Drugs in Combination.*]—*Gar hebdomadaire de Médecine de Bordeaux* 1935 Jan. 27 & Feb 3 Vol. 56 Nos. 4 & 5 pp 58-60 67-71

These papers give an account of the various drugs used in the different forms and stages of human trypanosomiasis and discuss the various indications for the employment of the particular drugs and the various signs of intoxication which they may produce. The articles are of general interest to the practitioner but contain nothing new and do not require special mention in this *Bulletin*. IV Y

VAN DEN BRANDEN (F) & APPELMANS (M) Au sujet du tryponuril [*On Tryponuril.*]—*Ann Soc Belge de Méd Trop* 1935 Mar 31 Vol. 15 No 1 pp 107-112. [12 refs.]

Tryponuril (Meurico) is a product prepared by I Union Chimique containing equal parts of tryponarsyl and hexamethylene tetramine. It may produce kidney lesions.

The authors gave 5 rabbits an injection of 2 gm of this preparation. The animals were kept under observation for 15 days and all remained alive. The urine was collected and examined and in that of 2 rabbits albumen was found. The rabbits were then killed and the kidneys examined. Pronounced degeneration of the epithelium of the uriniferous tubules was discovered in all 5 animals. In 2 other rabbits which had been given an injection of 1 gm. of tryponarsyl only similar lesions were found but they were not so pronounced and were more discrete.

A summary of the literature relating to the administration of tryponuril to man is given. The general conclusion reached is that in view of the accidents which had been observed in man and of the



renal lesions which were found in rabbits, trypanuril must be given with caution in the treatment of human trypanosomiasis. Van den Branden is of opinion that the initial dose of trypanuril for man should not exceed 4 gm.

W Y

SILBERSCHMIDT (W) Ueber Chemotherapie durch Inhalation. Versuche mit Trypanosomen. [Chemotherapy of Trypanosome Infections through Inhalation.]—*Schweiz. Med. Woch.* 1935. June 15 Vol. 65 No 24 pp. 551-553.

The object of the experiments described in this paper was to ascertain whether inhalation-therapy was of any use in infectious diseases. The author selected as his experimental infection *T. cruzi* in rats and mice, and tartar emetic as the drug to be examined.

The tartar emetic solution was sprayed by means of a water-pump into a 25 litre triangular box, the apex of which was covered with glass. The experimental animal was placed in an open cage at the bottom of the box. The strength of the tartar emetic solution varied from 1 to 5 per cent. and 3 cc. were sprayed into the box within an hour. How much was inhaled by the animal and how much was deposited on the sides of the container it is impossible to say. The animals were exposed to the spray for 2 to 8 hours once or twice daily for several weeks: some died of dysentery (antimony poisoning) but others tolerated the treatment for 4 weeks.

The results of the experiments, which are summarized in tables, show that the treatment controlled the infection and prolonged the life of the rats and mice very considerably (3-8 days for the controls, over 30 days for the treated animals) *therapia sterilisans magna* was, however, not obtained.

W Y

LAUXON (L.) & PRIEUR (M.) Contribution à l'étude de l'essai biologique de la trypanamide. [The Biological Testing of Trypanamide.]—*Bull. Soc. Path. Exot.* 1935. May 8. Vol. 21 No. 5. pp. 389-398.

Although trypanamide is perfectly crystallizable and it exhibits constant physical and chemical properties, it is subjected to a biological control, which is essentially a test of its toxicity. This consists in the intravenous injection of 5 well-nourished adult male rabbits with a dose of 0.75 gm. per kilo. of trypanamide in a 10 per cent. solution. 3 of the 5 animals should survive without signs of serious intoxication. A period of observation is not stated, but is ordinarily 7 days. This control has been accepted by all firms possessing a licence from the Rockefeller Institute.

Reference is made to the work of POTTIER & VAN DER BRANTEN [this Bulletin Vol. 30 p. 786] who working with the different brands of trypanamide, found that rabbits easily tolerated a dose of 1.25 gm. per kilo., and that 100 per cent. of fatalities was obtained only when the dose was 2.5 gm. These authors accordingly suggested that for the efficient test the dose should be 1 gm. or 1.25 gm. instead of 0.75 gm. as hitherto.

During the period September 1933 to March, 1935, the authors have had occasion to make numerous tests on the toxicity of trypanamide. Most of their work has been done with the French product. They point out that before the biological investigations are undertaken,

a chemical analysis of the drug is essential. The drug should contain 24.6 to 25 per cent. arsenic it ought not to lose more than 0.5 to 0.6 per cent. of water after heating for 4 hours in the air at a temperature of 88°C. Anilarsinic acid should be present only in imponderable amounts.

The results of the authors' experiments on the toxicity of trypanamide for a rabbit are summarized in tables. In all, 162 rabbits were given a dose of 0.75 gm. per kilo. and of these 75 per cent. survived 7 days, 70 per cent. 10 days, 59 per cent. 20 days and 55 per cent. 30 days. The results obtained for the 308 rabbits which received 1 gm. per kilo. were 57 per cent. alive after 7 days, 49 per cent. after 10 days, 41 per cent. after 20 days and 39 per cent. after 30 days. It is pointed out that the differences obtained after 20 and 30 days of observation are very slight but the differences between 7 and 10 days and 20 and 30 days are considerable. The conclusion is that the observation period should be 20 days, the usual 7 days being insufficient. The dose of 0.75 gm. gives more regular results than does the larger dose. It is probably therefore to be preferred.

The authors give an account of the technique used by them in the preparation of their solution of trypanamide. In this they point out what is generally well known viz. that if one wishes to make a 10 per cent. solution of trypanamide he should not add 10 gm. of the drug to 100 cc. of water (the final volume of such a solution would be 107.75 cc.).

Information is next given regarding the toxicity of trypanamide for mice. The results of an enormous number of experiments with the French product manufactured between 1933 and March 1935 are summarized in the following table —

Number of mice treated	Doses in cgm. per 20 gm. mouse	Percentage of survivals after 10 days	Percentage of survivals after 30 days
105	6	80	71
895	7	64	54
495	8	60	49
155	9	50	43
145	10	38	33

The paper ends with some observations on the trypanocidal action of trypanamide on *T. brucei* infections in mice. IV 1

LOURIE (E. M.), MORGANTHOYD (Frederick) & YORKE (Warrington). Studies in Chemotherapy. XII.—The Diffusibility of the Aromatic Arsenicals into Erythrocytes and the Action of the Latter on the Pentavalent Arsenicals.—*Ann. Trop. Med. & Parasit.* 1935 July 17. Vol. 29. No. 2. pp. 265-282. [10 refs.]

These experiments show that the aromatic arsenicals reduced trypanamide and trypanamide diffuse into the red cells that that part of the trypanamide which enters the red cells is changed into a more actively trypanocidal substance that a solution of red cells is capable of greatly increasing the trypanocidal power of trypanamide, possibly by converting it into reduced trypanamide and that haemoglobin is not responsible for the change which depends on a constituent that is relatively thermostable.

In the previous article of this series (*ante* p 28) the trypanocidal titre of the serum of rabbits was recorded after the intravenous injection of certain aromatic compounds of arsenic. It was found —

1 That the effect of injection of an arsenobenzol compound (N.A.B.) or of an aromatic trivalent arsenical compound (reduced trypanamide thioglycollate) is to confer immediately upon the serum an enormously high trypanocidal titre — this titre, which is proportional to the dose given, immediately falls—quickly at first and more slowly later—until it ultimately returns to zero. The fall in the case of reduced trypanamide thioglycollate is much more rapid than in that of novarsenobillon.

2 That the immediate effect of injection of an aromatic pentavalent arsenical compound (trypanamide) is to confer but a relatively low trypanocidal titre upon the serum. Instead of falling, however as happens with the other two drugs, the titre steadily rises and does not attain to its maximum for some time after injection. The titre reached is, moreover, in no way comparable with the enormous titres obtained with novarsenobillon and reduced trypanamide thioglycollate. [These observations are illustrated by the graph on page 27 above.]

3 That, whereas in the case of the arsenobenzol compound the trypanocidal titre exhibited by the serum 2½ minutes after intravenous injection approximated fairly closely to the calculated value, in the case of the other two compounds the titres observed were only small fractions of the calculated values."

The authors asked themselves —

Why in the case of N.A.B. does the titre observed 2½ minutes after injection approximate to the calculated titre, whilst in the case of reduced trypanamide thioglycollate it is only a small fraction of the calculated value — why during the hours which follow the injection does the titre fall so much more rapidly in the case of reduced trypanamide than in that of novarsenobillon? Why — should the titre observed 2½ minutes after intravenous injection of trypanamide prove to be only a small fraction of the calculated value, and why should the titre rise during the next 6 hours instead of falling as in the case of the other compounds?

The experiments were designed to answer these questions and had the results described in the summary given here in part.

It was found that if red cells were suspended at 37°C. in a solution of reduced trypanamide in either Ringer-glucose or nutrient medium, a certain amount of the drug rapidly passed into the red cells. This was evident from the fact that when these red cells were laked, after separation from the drug solution and washing rapidly in large volumes of iced saline, the laked solution was powerfully trypanocidal. Furthermore, when drug-laden red cells, washed in iced saline, were subsequently resuspended in Ringer-glucose or medium, drug diffused out of the red cells into the surrounding fluid.

The amount of reduced trypanamide which diffused into red cells depended firstly on the concentration of the drug in the surrounding medium, and secondly although to a much less extent, on the length of time the red cells were exposed to the solution of drug. When red cells were suspended for 15 minutes at 37°C. in an equal volume of Ringer-glucose-drug solution containing 1/25 000 reduced trypanamide, the concentration of drug within them was found to be 1/4th to 1/8th of that in the surrounding fluid — when the concentration of the drug was increased 16 times, i.e. to 1/1 562.5 the concentration found in the red cells was about 1/16th of that of the surrounding fluid. The amount of drug which had diffused into the red cells within 24 hours was in each case about double that found within 15 minutes. It was immaterial whether the drug was dissolved in Ringer-glucose alone or in nutrient medium. (equal parts of Ringer-glucose solution and rabbit serum heated to 64°C. for 30 minutes).

Similar experiments on the diffusibility into red cells of the pentavalent compound trypanamide gave more complicated results. Whilst

there seemed to be no doubt that trypanamide like its reduced homologue diffused readily into red cells, it became at once obvious that another factor was at work which largely obscured the main issue. When red cells, which had been in contact for some hours with 0.5 per cent. solution of trypanamide and then washed thoroughly in iced saline, were suspended in drug-free Ringer-glucose solution, a substance was found to have diffused out of the red cells which was of enormously greater trypanocidal power than the 0.5 per cent. solution of trypanamide. It is therefore clear that red cells are in some way able to change the relatively inert trypanamide into a highly trypanocidal substance.

This recalls certain interesting observations made many years ago by Levaditi, Yamanouchi and others. Levaditi and Yamanouchi (1908) showed that emulsions of liver muscle and lung incubated with atoxyl transformed it into a trypanocidal substance which they termed trypanotoxyl. Yamanouchi (1910) considered that the trypanocidal substance was produced by the red cells: he found that liver and other organs cleared of blood no longer possessed the power of activating atoxyl. Yamanouchi further observed that red cells acted more powerfully in the presence of carbon dioxide than under normal conditions and that in the presence of oxygen they failed altogether to activate atoxyl: pure recrystallized haemoglobin was without action. The active substance was soluble in alcohol, thermostable and free from protein material. Terry (1912) found that both liver and blood when incubated with atoxyl, transformed the drug into a toxic substance. The transforming agent in liver had, however, characteristics which in some respects were quite different from those of the active agent in blood. In a later paper (1915) Terry showed that the toxic substance into which atoxyl is transformed (transformed atoxyl) is thermostable but that the transforming agent in blood is thermolabile.

We have concerned ourselves with a preliminary inquiry regarding the constituent of the red cell which is capable of increasing the trypanocidal power of pentavalent arsenicals.

Our experiments showed that a solution of laked red cells was also able to activate trypanamide in a similar degree to intact red cells. The extent to which a solution of red cells can activate trypanamide is exceedingly great, as is shown by the following observation. The trypanocidal titre of a 1 per cent. solution of trypanamide in medium, either freshly-made or kept for 6 hours at 37°C. is 8; the trypanocidal titre of a 1 per cent. solution of trypanamide in a 12.5 per cent. solution of red cells which has been kept for 6 hours at 37°C. is about 18,000: thus, by substituting the red cell solution for medium, the trypanocidal titre is increased no less than 2,000 times.

We do not know what constituent of the blood is responsible for producing this change. It cannot be haemoglobin itself since solutions prepared from pure crystalline haemoglobin showed no power to activate trypanamide and furthermore no differences were observed whether the haemoglobin was in the form of oxyhaemoglobin, reduced haemoglobin or carboxyhaemoglobin.

Whatever its nature, the activating substance is relatively thermostable in that it resists almost completely a temperature of 65°C. for 30 minutes and is not completely destroyed by a temperature of 75°C. for 30 minutes. The activating power of red cell solutions kept at 0°C. is gradually lost so that, within two months or less, such solutions have become practically inert.

A. G. B.

STRANGEWAYS (Winifred I.) Trypanocidal Action of Two Arsenicals, K. 324 and K. 352, on Infections in Mice and Rabbits.—*Ann Trop Med & Parasit* 1935 July 17 Vol. 29 No 2 pp 231-254.

This paper describes the trypanocidal action of two new aromatic arsenical compounds prepared by Dr KING. The compounds are —

h. 324 Di ( $\beta$ -carboxy- $\beta$ -amino-thyl) benzamide-p-thioarsinite and K. 352 Di glutathionyl-4-acetamido-2-hydroxyphenyl thioarsinite. The tests were carried out on various trypanosomal infections in mice and rabbits. In order to control the investigation, parallel tests were made with trypanamide.

Toxicity tests on mice were made with single intravenous injections. The mice were kept under observation for one month after treatment. It was found that the maximum dose which could be given to mice in a single intravenous injection was 0.075 mgm. per gm. of K. 324, 0.2 mgm. per gm. of K. 352 and 3.0 to 3.5 mgm. per gm. of trypanamide.

The therapeutic values of the two drugs were tested on infections produced in mice by 5 different species of trypanosomes (a) rapidly fatal infections due to *T. equiperdum*, *T. rhodesiensis* and *T. brucei*, and (b) chronic infections due to *T. gambiense* and *T. congolense*. The results obtained with the acute infections are summarized in the following table which gives the approximate dose of each compound which produced 80 per cent. or more of cures, and also the therapeutic index i.e. the ratio of the minimum curative dose (M.C.D.) to the maximum tolerated dose.

Drug	<i>T. equiperdum</i> M.C.D. (mgm. per gm.)	<i>T. rhodesiensis</i> M.C.D. (mgm. per gm.)	<i>T. brucei</i> M.C.D. (mgm. per gm.)
K. 324	0.015-0.025 (1 = 1/3.75)	0.01 (1 = 1/7.5)	0.0075 (1 = 1/13.3)
K. 352	0.02 (1 = 1/10)	0.01 (1 = 1/20)	0.01 (1 = 1/20)

It is clear from this table that the two compounds provide an efficient means of curing the 3 infections in mice. The strain of *T. brucei* was most easily cured, that of *T. rhodesiensis* rather less so, while *T. equiperdum* required relatively large doses.

The strain of *T. gambiense* used in these experiments was obtained from a patient in Entebbe in 1931. Its virulence for mice varied a good deal, some animals dying within the comparatively short period of a month, whereas others lived for as long as 8 or 9 months without showing any signs of infection after the first week. At first these mice were discarded as spontaneous cures, but more recently this was found to be a false assumption and it now seems probable that the choroid plexus is a seat of *T. gambiense* in mice and that animals can harbour the trypanosomes here without showing any signs of disease. In view of the chronic character of the untreated infections, it was necessary to keep the experimental mice under observation for as long as possible. It was found that doses of 0.01 mgm. per gm. of either h. 324 or h. 352, and 0.75 mgm. per gm. of trypanamide sufficed to clear the peripheral blood of *T. gambiense* infections for long periods. Relapses were common after treatment with half the above dose of either K. 324 and K. 352. As might be expected neither drug had any curative action on *T. congolense* infections in mice.

A long series of therapeutic experiments were undertaken on rabbits infected with the strain of *T. rhodesiense*. The drugs were given intravenously 20 to 25 days after the inoculation of trypanosomes. At this time there were pronounced oedematous lesions of the ears and eye-lids as well as of the external genitalia, and trypanosomes could readily be found either in the peripheral circulation or in the fluid from the lesions. Results are given of two types of treatment with each drug viz single injections of small or large doses and repeated injections of small doses. It was found that single doses of K 324 up to 0.02 gm per kilo can be administered with safety to rabbits infected with *T. rhodesiense* and that permanent cures can be produced with doses of 0.015 and 0.02 gm. per kilo. Short courses of treatment consisting of 3 to 6 doses of 0.01 gm per kilo produced permanent cures in rabbits infected with *T. rhodesiense* and longer courses of treatment with the same dose produced no toxic symptoms in normal rabbits.

Single doses of K 352 up to 0.04 gm per kilo could be safely administered to rabbits infected with *T. rhodesiense* and permanent cures were produced by 0.02 to 0.04 gm per kilo. Short courses of treatment with 4 to 8 doses of 0.01 gm. per kilo of K. 352 produced permanent cures whilst longer courses of treatment with the same drug produced no toxic symptoms in normal rabbits.

The following summary is given —

1 The two aromatic thioarsinites K 324 and K. 352 are effective in curing *T. equiperdum*, *T. rhodesiense*, *T. brucei* and *T. gambiense* infections in mice in doses which are only a fraction of the maximum tolerated

2. Neither compound has any effect on *T. congolense* infections in mice

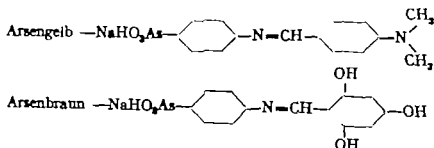
3 Rabbits infected with *T. rhodesiense* can be cured with single intravenous doses of both compounds but more effectively by a short course of 3 to 8 smaller doses

4 The relatively small amount of arsenic required to effect permanent cures in rabbits infected with *T. rhodesiense* when administered as the two thioarsinites compared with that required when given as an arsenic acid such as trypanamide is discussed

W Y

FISCHL (Viktor) & SINGER (Ernst) Chemotherapeutische Prüfung zweier arsenhaltiger Farbstoffe. [The Chemotherapeutic Examination of Two Arsenic-containing Dyes.]—*Biochem Ztschr* 1935 Feb 22. Vol. 276. No 4 pp 277-279 [10 refs.]

The action of two arsenic containing dyes was tested on mice infected with nagana and *Sp. recurrentis* respectively. The dyes in question are referred to as Arsengeib and Arsenbraun they have the following formulæ —



It was found that both especially the "Arsenbraun, were active on the trypanosome infection, and that "Arsenbraun was also active on the spirochaete infection. IF 1

FISCHL (Viktor) Chemotherapeutische Prüfung einiger Pyrrrolfarbstoffe [Chemotherapeutic Examination of Some Pyrrrol Dyes.]—*Ztschr f Immunitätsf u Experim Therap.* 1935. May 29 Vol. 85 No 1/2. pp 77-80. [10 refs.]

WREDE and HETTICH have recently obtained from cultures of *Bacillus prodigiosus* a red dye, Prodigiosin and Fischl has examined the therapeutic value of the perchlorate of this substance. He found that a suspension in almond oil given subcutaneously to mice infected with nagana caused the temporary disappearance of the trypanosomes. Three other pyrrrol dyes—pyrrrolblue pyrrrolred, and phthalocyan—had no trypanocidal action. IF 1

JANCSÓ (N) & V JANCSÓ (H) Chemotherapeutische Mittel mit opsoninartiger Wirkung. [Chemotherapeutic Drugs with an Opsonic Action.]—*Ztschr f Immunitätsf u Experim Therap.* 1935 Apr 29 Vol. 84 No 5/6 pp 471-504 With 1 fig. [16 refs.]

The authors discuss in detail their investigations on the opsonic action of certain drugs. As they have recorded in various earlier papers [*ante* pp. 22 and 358] they have observed that the intravenous injection of an electro-colloidal copper preparation, in combination with splenectomy completely prevents the phagocytosis of foreign particles or micro-organisms from the circulation owing to an efficient elimination of the reticulo-endothelial system. This new technique has shown that phagocytosis and opsonic action plays just as important a part in chemotherapy as in immunology.

When animals experimentally infected with trypanosomes are treated with germanin the reticulo-endothelial cells of the liver spleen and bone-marrow exhibit an enormous phagocytosis of flagellates and this is dependent upon the opsonizing action of the drug. In other experiments trypanosomes were subjected to the action of germanin *in vitro* and then equal numbers were injected into mice with an intact reticulo-endothelial system, and into mice which had been splenectomized and treated with electro-colloidal copper. In this way it was shown that the cells of the reticulo-endothelial system were able to phagocytose and destroy millions of living trypanosomes.

The preparation of trypanosomes for phagocytosis was not brought about only by germanin, but also by withdrawal of sugar. When trypanosomes suspended in a nutrient medium have exhausted the glucose content of the medium they become motionless, and in this condition of "sugar hunger" they are avirulent and become a ready prey to the reticulo-endothelium by which they are phagocytosed and destroyed. The addition of fresh serum or glucose however restores the virulence of the parasites. If trypanosomes in a condition of "sugar hunger" are injected intravenously into a normal mouse they are phagocytosed by the reticulo-endothelial cells to the extent of many millions within a few minutes. Experimental investigations have suggested that the basis of the action of germanin is a toxic

inhibition of the sugar metabolism of the trypanosomes and consequently it is possible that the opsonic effect of the drug depends upon this action. This hypothesis is in harmony with the fact that trypanosomes obtained from an animal which has been given a dose of germanin consume less oxygen and sugar than do trypanosomes from an untreated animal.

The very interesting fact was discovered that whereas a normal strain of *T. brucei* when suspended in a solution of germanin for 30 minutes at 37°C. failed to bind the drug nevertheless its trypaflavin fast branch completely lost its virulence after similar treatment. It appears therefore that systematic treatment of a trypanosome strain with trypaflavin increases the permeability of the trypanosomes for germanin. This observation explains the synergism between trypaflavin and germanin.

W Y

SINGER (Ernst) & FISCHL (Viktor) Arzneifestigkeit und Chemikaleingewöhnung der Trypanosomen [Drug-Resistance and Chemical Habituation of Trypanosomes].—*Ztschr f Hyg u Infektionskr* 1935 Feb 25 Vol. 116. No 6 pp 683-687

In previous papers the authors have put forward the view that although absorption of a drug by the parasite is necessary for chemotherapeutic action it is not necessarily identical with this. They have shown that such drugs as atabrin and rivanol, which have no trypanocidal action are just as readily absorbed by trypanosomes as is the trypanocidal dye trypaflavine.

It has now been established that when trypanosomes are exposed for some time to the action of trypanocidal substances such as trypaflavine a state of affairs is gradually reached in which the parasites no longer absorb the drug. It occurred to the authors that it would be interesting to ascertain what happened when trypanosomes were repeatedly exposed to the action of such non-trypanocidal substances as atabrin and rivanol. In striking contrast to what happens in the case of trypaflavine it was found that trypanosomes which had been subject to the action of the non trypanocidal compounds during 12 passages through mice instead of absorbing less of these dyes than the normal strain were capable of absorbing 2½ times as much.

From this work it is concluded that chemical habituation is fundamentally different from drug resistance. Systematic treatment of *T. lewisi* which possesses a natural resistance to arsenicals with solu salvarsan failed to influence the capacity of the trypanosomes to absorb the drug in either a positive or a negative direction.

W Y

VON JANCsó (Nikolaus) & VON JANCsó (Hertha) The Role of the Natural Defence Forces in the Evolution of the Drug-Resistance of Trypanosomes. II.—The Rapid Production of Germanin fast *T. brucei* Strains in Animals with Paralyzed Defence.—*Ann Trop Med & Parasit* 1935 Apr 25 Vol. 29 No 1 pp 95-109 With 1 fig [21 refs]

A description is given of a rapid method of producing germanin fast strains of trypanosomes. The method consists essentially in eliminating the reticulo-endothelial system in mice firstly by splenectomy 2 to 4 hours before treatment and secondly by the intravenous injection of electro-colloidal copper 3 to 4 hours after the injection of germanin.



It was found that when mice infected with *T. brucei* were treated in this manner a drug fast strain of trypanosomes was obtained with remarkable rapidity. After 12 treatments in the "blocked" animals the trypanosomes were found to withstand the "doles bene tolerata," i.e., 1/200 gm. of germanin per 20 gm. mouse. This is in striking contrast with the attempts to produce a germanin-fast strain in the ordinary way.

The reviewer and his colleagues record that 12 months were required to make a strain of *T. rhodensis* completely resistant to germanin and LEUFOLD who worked with the same strain as von Jancsó, records that maximal resistance to germanin was not obtained until after 100 passages.

von Jancsó considers that the most plausible explanation of this interesting phenomenon is that trypanosomes possess a capacity for adapting themselves very quickly to germanin, and that normally a rapid production of drug fastness does not take place because the defence forces of the host (that is the reticulo-endothelial system) counteract the tendency to its production. IF Y

VON JANCsó (N) & VON JANCsó (H) Chemotherapeutische Schnellfestigung von Trypanosomen durch Anschaffung der natürlichen Abwehrkräfte. [Rapid Production of Drug-fast Strains through Elimination of the Natural Defence Mechanism.]—*Zentr. f. Immunitäts u. Experim. Therap.* 1935. May 29. Vol. 83. No. 1/2. pp. 81-105. With 1 fig. [27 refs.]

Reference is made to the rapid production of germanin-resistant trypanosomes by the treatment of infected mice in which the reticulo-endothelial system is eliminated by splenectomy and intravenous injection of electro-colloidal copper. This experimental work has already been published elsewhere and noticed in this *Bulletin* [vol. p. 22 and p. 353]. [The paper is of a highly technical nature dealing with various problems on the subject of drug-resistance. It should be consulted in the original by those interested.] IF Y

SCHLOSSBERGER (H) & SCHÜFFNER (R.) Festigungsversuche an Trypanosomen mit Arsenpyridinderivaten. [Experiments on Resistance in Trypanosomes with Arseno-Pyridine Derivatives.]—Reprinted from *Angewandte Chemie*. 1934. Vol. 47. p. 79 in *Arch. u. d. Reichsgesundheitsamt* 1935. Feb. Vol. 67. No. 1. pp. 571-584. [19 refs.]

Experiments were devised with the object of ascertaining whether trypanocidal arsenical derivatives of heterocyclic compounds, particularly of pyridine, are capable of a therapeutic effect upon trypanosomes rendered resistant to a phenylarsonic acid preparation, and whether trypanosomes resistant to an arsenopyridine compound can be influenced by a phenylarsonic preparation.

The experiments were made on *T. brucei* infections in mice. Two resistant varieties of the strain, viz. one resistant to trypanin and the other to the preparation BRI (i.e. mono-sodium salt of 2-pyridone 5-arsonic acid) were prepared in the usual way. The minimum therapeutic dose of each of a large number of preparations was determined on infections produced by the normal and by the two resistant strains. The preparations used included trypanin

and BR1 a number of arsenopyridine compounds viz BR20 BR23 BR120 BR121 and also arsenophenylglycine, an arsenostibino-benzene derivative (Sdt 355) trypaflavine, germanin, tartar emetic and fuadin. The results of the experiments are given in detail in tabular form. They show that the strain made resistant to the arsenopyridine compound, BR1 was resistant not only to the other arsenopyridine derivatives but also to tryparsamide trypaflavine and fuadin. The tryparsamide-resistant strain however proved sensitive to BR1 and particularly so to BR23 and to fuadin.

These observations can be explained only on the assumption that the mechanism of action of both pyridine derivatives (BR1 and BR23) differs from that of tryparsamide and from that of the phenylarsonic derivatives. These results resemble those of EHRLICH in the course of his investigations on drug resistance whilst studying arsenophenylglycine results later confirmed by the reviewer and his colleagues.

The conclusion seems justified that similarly to arsenophenylglycine the arsenopyridine preparations BR1 and BR23 possess affinities to the protoplasm of the trypanosomes which tryparsamide and other derivatives of phenylarsonic acid do not have. Since however the BR1 resistant strain can be appreciably affected by arsenophenylglycine the anchoring points of arseno-pyridine compounds must partly differ from those of arsenophenylglycine. In terms of EHRLICH's chemoceptor theory it would appear that the two arseno-pyridines possess 'secondary haptophors' just as does arsenophenylglycine but that they are different from those of arsenophenylglycine. From the practical point of view these conclusions are important because they indicate possibilities of cure in cases where organisms resistant to tryparsamide atoxyl etc. are involved.

IV Y

BROWNING (C. H.) & GULBRANSEN (R.) Variation in Chemotherapeutic Susceptibility associated with Change in Virulence of a Strain of *Trypanosoma brucei*—*Jl Hygiene* 1935 May Vol. 35 No 2 pp 180-184

A strain of *T. brucei* when first introduced into mice produced infections relatively resistant to various drugs, but when the strain had become highly accommodated and its pathogenicity increased to a maximum as the result of repeated passages the infected mice were readily cured.

The strain of *T. brucei* used in these experiments was obtained by ADAMS from a dog which had been exposed to the bites of wild fly in Uganda. It was preserved by passage through six guineapigs during the course of 8 months, and thereafter maintained by passage through mice. Up to the 12th passage most of the mice showed a marked fluctuation in the number of parasites in the blood before death finally took place when they were numerous. This fluctuation as well as the length of survival are better indications of the state of accommodation of the trypanosomes than is the incubation period. From the 14th passage onwards the strain possessed nearly the maximal pathogenicity and the parasites appearing in the blood increased progressively until death which in all animals except one in the 18th passage occurred within 3 days thereafter. The strain therefore accommodated itself fairly rapidly to the mouse.

Therapeutic tests with various trypanocidal substances were carried out during the early passages (1 to 8) and also during later passages

(34 to 290) The results which are summarized in a table, showed that the infection at first was markedly resistant to all the substances tested viz. arsacetin, trypanamide, trypanblue Bayer 205, trypanflavine and styryl-quinoline compounds. Animals of the later passages were however for the most part cured by the same or smaller doses of these drugs.

The exact mechanism on which this difference depends was not investigated, but attention is drawn to the interesting fact that chemotherapeutic response was weak at the time when the host itself was able to exercise an effective resistance and that later when the host's resistance had become negligible the curative action of the drugs was pronounced.

W. Y.

BROWNING (C. H.) & GULBRANSEN (R.) Combined Treatment of Experimental Trypanosome Infections by Chemotherapeutic Agents.—*Jl Path. & Bact.* 1935 May Vol. 40. No. 3. pp. 425-431. 25 refs.]

Experiments showed that combined therapy, in which trypanamide and styryl-245 were used in sequence produced a greater curative effect in mice infected with *T. brucei* than followed the use of large doses of either substance alone.

The results of the experiments are set out in a series of tables. It was found that of the mice treated with trypanamide alone, all those which were given a dose of 1:400 or less relapsed, as did one of the two mice which received a dose of 1:150. In the case of treatment with styryl-245 alone considerable variation in action was seen, thus 1:2,000 did not invariably lead to cure whilst 1:24,000 produced cure in a few cases. With doses of 1:2,000 to 1:5,000, 10 of 23 animals were cured, whilst with doses of 1:20,000 to 1:30,000 only one of 23 mice was cured.

Where trypanamide and styryl-245 were used jointly 1:250 to 1:400 of the arsenical and 1:7,500 to 1:18,000 of the styryl compound produced a cure in all of 17 animals whilst trypanamide 1:400 with 1:24,000 to 1:30,000 of styryl cured 17 of 33 mice.

The authors believe that the evidence is strongly in favour of the result being more than a mere summation of effects. It is not decided how exactly this potentiation or "synergic" action is produced, but it is emphasized that trypanamide is quickly absorbed and excreted whereas the styryl compound is slowly absorbed and acts gradually. The advantage of combined treatment in this particular instance may be due to the prolonged influence of the styryl compound on parasites weakened by the arsenic, as well as to the fact that the substances differ widely in chemical constitution and so are likely to attack the parasites at different points.

W. Y.

1. HASSAO (A.) Experimentelle Beiträge zur Wirkungsweise chemotherapeutischer Mittel I [The Mode of Action of Chemotherapeutic Substances].—*Ztschr. f. Hyg. u. Infektionskr.* 1935. Feb. 25 Vol. 116. No. 6. pp. 680-688. [11 refs.]
2. ——— Untersuchungen ueber den Wirkungsantagonismus chemotherapeutischer Mittel II [The Antagonistic Action of Chemotherapeutic Substances].—*Ibid.* pp. 689-671

i. The experiments described in this paper were devised with the object of ascertaining something about the mechanism of action of

certain drugs *e.g.* paraformosan, trypanflavine and neosalvarsan on trypanosomes and especially whether their action was direct.

Rats were inoculated with a strain of nagana very sensitive to trypanflavine and salvarsan and at the height of the infection were treated with one or other of the three drugs in question. At various intervals afterwards the animals were killed by bleeding and the trypanosomes separated from the cellular elements of the blood by fractional centrifugation. The amount of dyestuff bound by the trypanosomes was estimated colorimetrically and the amount of neosalvarsan by chemical reagents. At various times after treatment the vitality of the parasites and their virulence were examined by subinoculation into mice.

It was found that when trypanosomes which had been treated with trypanflavine or neosalvarsan were subinoculated into normal mice multiplication of the parasites was delayed. Their infectivity was proportional to the dose and the therapeutic index of the drug and to the time of its action. Trypanosomes treated with paraformosan were just as infective for normal mice as was the normal untreated strain. In tables the authors show the amount of paraformosan or trypanflavine found in the trypanosomes at various intervals after treatment of infected rats. Paraformosan showed less avidity for the parasites than did acriflavine. It was found that the trypanosomes took up 10 times as much acriflavine as paraformosan.

Neosalvarsan itself however could not be demonstrated in the trypanosome body. The authors therefore believe that the active agent must be formed by the body of the host from neosalvarsan and that this product whatever it may be acts directly on the parasites.

In further experiments it was noticed that blocking of the reticulo-endothelial system limited the action of tartar emetic and the conclusion is reached that the function of this system is to remove damaged parasites by phagocytosis.

11. Previous experiments had suggested that dyes belonging to the triphenylmethane series behave differently in trypanosome infections of rats and mice. For example it is stated that brilliant green given to a nagana infected rat greatly interferes with the effectiveness of a subsequent dose of acriflavine but that this does not happen with the same infection in white mice and conversely previous treatment of infected rats with methyl- or ethyl-violet scarcely interferes with the action of acriflavine but in mice exerts a definite antagonistic action.

The author determined to re-investigate these questions. A number of experiments were performed with white rats infected with a strain of nagana sensitive to the triphenylmethane dyes. The animals were given 5 mgm. per 100 gm. of either methyl violet, ethyl violet or pyoktanin or 10 mgm. per 50 gm. of trypanrot or trypanblue. An hour later they were given subcutaneously 1 mgm. per 50 gm. of trypanflavine. After the lapse of a further hour the rats were killed by bleeding the trypanosomes separated from the cellular elements of the blood dried and weighed, and their content of dye or acriflavine determined. It was found that a preliminary dose of methyl violet ethyl violet or pyoktanin greatly lessened the capacity of the trypanosomes to take up acriflavine whilst the preliminary dose of trypanrot or trypanblue almost entirely prevented the absorption of acriflavine by the parasites.

LAUXON (L.) De l'action synergique de l'arsenic et de l'antimoine dans le traitement du nagana expérimental de la souris. [Synergic Action of Arsenic and Antimony in the Treatment of Experimental Nagana in Mice].—*Bull. Soc. Path. Exot.* 1935 Apr. 10. Vol. 28. No. 4 pp. 324-329

It is well known that nagana in mice is very sensitive to arsenical compounds and to Bayer 205 but relatively resistant to antimony compounds. The author has asked himself whether it is possible to obtain any synergic action with a very active arsenical compound and a relatively inactive antimonial compound.

For his experimental work he selected orsanine as his arsenical preparation, and two compounds of antimony viz. antimony trithiosalicylate of sodium and antimony III thiomalate of lithium. It was found that a dose of 3 mgm. of orsanine intravenously cured 100 per cent. of infected mice. The doses used in the synergic experiments were (a) Orsanine 1 mgm. and Sb. trithiosalicylate of sodium 0.5 mgm. and (b) Orsanine 1 mgm. and Sb. thiomalate of lithium 1.4 mgm. to 1.8 mgm. It was found that this dose of orsanine alone cured only about 23 per cent. of animals. Of 35 mice treated with 0.5 mgm. of the first antimony compound, none were cured. Of 30 mice treated with 2.8 mgm. of the second antimony compound, 16 were sterilized and some died from poisoning. With the lower dose mentioned above only a few animals were sterilized. The results of the synergic experiments are as follows:—

The first pair of drugs given simultaneously in the doses mentioned cured 5 of 10 mice, and when given successively they cured 3 of 10. The second pair of drugs gave better results. When the dose of the antimony compound was 1.4 mgm. 7 of 10 mice were cured, and when the dose was 1.8 mgm. all the mice were cured. H Y

DUKE (H. Lyndhurst) Arsenic Resistances in Trypanosomes. (Correspondence).—*Lancet.* 1935 Apr. 13. pp. 803-804

Duke complains that the reviewer and his colleague, Dr. MURRAY, in their recent Address to the Royal Society of Tropical Medicine on the subject of chemotherapy omitted to refer to certain experiments performed by him in Uganda. [It was of course impossible in the limited space available to summarize the entire literature of chemotherapy and reference was made to a few only of those articles which seemed to the reviewer and his colleagues to bear most directly on the various points discussed.] H Y

FISCHL (Viktor) & SINGER (Ernst) Die Chemotherapie der Ratten trypanose. [The Chemotherapy of Rat Trypanosomiasis].—*Zeits. f. Hyg. u. Infektionskr.* 1935 Feb. 25 Vol. 116. No. 6 pp. 652-659 [43 refs.]

This work was undertaken with the object of throwing light on the mechanism of the action of chemotherapeutic substances on infections due to *Trypanosoma lewisi*.

Apart from arsenophenyglycin the only substances known to have any action on *T. lewisi* infections are BR23 Sdt. 355 and 3668 (CHRISTIAN) and, to a slight degree, atoxyl. The authors themselves have tried the effect of sodium arsenite, m-amino-p-oxyphenyl sodium arsenite sodium salvarsan, solmsalvarsan, sulfohamstoff, ruthenol, rhodium sodium chloride, trypanflavine and human serum. All these substances were found to be inactive. In a couple of tables are collected

the results obtained by various workers and by the authors themselves with these and many other substances on *T. lewisi* and related apathogenic trypanosomes.

In addition to its action on *T. lewisi* arsenophenyglycin exhibits another peculiarity namely that it can affect pathogenic trypanosomes which have been made resistant to other arsenicals this property EHRLICH called avidity CHRISTISON explained this phenomenon on EHRLICH'S hypothesis as follows—Although *T. lewisi* and arsenic fast nagana trypanosomes possess no arseno-receptors they are provided with an acetico-receptor which is capable of anchoring arsenophenyglycin to their cytoplasm. The negative results of Christison with BR68 and of the authors with solusalvarsan and the positive results of Christison with atoxyl, BR23 and Sdt. 386B show however that the acetic acid ester alone cannot explain the action on the apathogenic trypanosomes. It is still more difficult to explain on chemical constitution the activity of drugs on *T. lewisi* and arsenic fast strains of pathogenic trypanosomes respectively.

In order to throw light on the mechanism of action of chemotherapeutic substances on *T. lewisi* the authors injected a series of rats in an early stage of infection with various substances e.g. arsenophenyglycin atoxyl sodium salvarsan, neosalvarsan solusalvarsan sodium arsenite solganol and sulfoharnstoff. The animals were killed an hour later by bleeding and the amount of arsenic or gold determined in the plasma red corpuscles and trypanosomes respectively. The arsenic was estimated colorimetrically and the gold by a spectrographic method. The results are set out in a table from which it appears that trypanocidal action and anchoring of the drug are parallel. The active arsenophenyglycin is absorbed by the trypanosomes in considerable amount whilst the slightly active atoxyl is absorbed in much smaller amount. The remaining inactive arsenicals were absorbed in very small amounts. The gold compounds—solganol and sulfoharnstoff—were however absorbed in considerable quantities notwithstanding their complete therapeutic inactivity.

These results show once more that absorption of a drug is not necessarily identical with curative effect. Although absorption of a certain quantity of the drug is necessary for curative effect the converse is not true. A considerable quantity of a drug can be absorbed without curative action.

IV Y

CORSON (J. F.) A High Rate of Salivary Gland Infection of *Glossina morsitans* with *Trypanosoma rhodesiense*—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935 Mar. 8. Vol. 28 No. 5 pp. 501-504.

After referring to the fact that in transmission experiments with *G. morsitans* and *T. rhodesiense* it is usual to obtain less than 10 per cent. of salivary gland infections the author gives details of an experiment in which a very high proportion of such infections was obtained.

A reedbuck was bought in the sleeping sickness area of the Kahama District of Tanganyika in September 1934. In 1928-1929 it was estimated by MACLEAN that the sleeping sickness in the particular district in which this reedbuck was caught amounted to the unusually high figure of 22 per cent. The reedbuck was taken to the Tinde Laboratory and remained in good health. Examinations of its blood and subinoculations into 9 white rats were negative. On Sept. 14th two isolated *G. morsitans* infected with *T. rhodesiense* were fed on the reedbuck.

(1937)

C

The history of the strain is as follows—

24.7.33 Nan—Guinea pig 95—Fly 10—Dikdik 2—Fly K8—Dikdik 6—Fly S8—Dikdik 13—Fly AAS—Dikdik 19—Flies AL37 and 41—Reed-buck. 14.9.34

This strain was shown in August, September and October 1934, to be infective for man. In transmission experiments from infected dikdiks by *G. morsitans* usually one or two infective flies out of about 30 to 40 survivors were isolated. On October 4th about 120 laboratory-bred *G. morsitans* were fed on the reedbuck, the blood of which showed a scanty infection of trypanosomes. The flies were again fed on Oct. 7th and another box of about 30 flies was added on this occasion. On this day only 3 trypanosomes were found during the examination of 3 thick films of the reedbuck's blood. The flies were then fed on a healthy sheep on Oct. 23rd after which they were transferred to monkeys. When the monkeys became infected the 85 flies left were put singly into bottles and each fly was allowed to bite a white rat. 47 rats became infected. Further animals were infected, and finally the flies were dissected and 46 showed infected salivary glands including the flies which had infected rats but which were not dissected, 81 (60 per cent.) of the 85 flies had infected salivary glands. The blood of the rats showed numerous posterior nuclear forms, the incubation period was 45 days and the duration of life about 20 days. There was nothing unusual in the climatic conditions: the temperature of the air of the laboratory ranged daily from about 70–85° F. sometimes reaching 90° F. The flies were kept in boxes over water in trays, partly to keep the air moist and partly to guard against white ants.

A similar experiment with the same strain of trypanosomes in a dikdik and with flies from the same batches of pupae ran concurrently with the reedbuck experiment. In this, although the infection was transmitted to a monkey and 32 flies survived to feed singly on rats, an infective fly was not isolated.

In view of these remarkable results, it appeared desirable to repeat the experiment accompanied by some form of control. In the second experiment 120 *G. morsitans* were fed on the same reedbuck on the 9th and 12th November. On the 6th December the surviving flies were dissected and 28 (33.3 per cent.) of the 84 surviving flies were found to have infected salivary glands.

In the control experiment a few of the isolated flies infected in the original experiment were allowed to bite a monkey on the 8th September. This monkey became infected and 120 *G. morsitans* were fed on it on the 13th, 14th and 15th November. The rate of infection of the salivary glands in this experiment was only 1.1 per cent. In Corson's opinion the special suitability of the reedbuck's blood rather than a selective change in the trypanosomes appears to be the most likely explanation of this interesting observation. W. J.

Corson (J. F.) Further Observations on Francolin and Guinea-Fowl as Reservoirs of *Trypanosoma rhodesense*—*Jl. Trop. Med. & Hyg.* 1935 Feb. 15, Vol. 38, No. 4, pp. 46–47

In previous papers it was shown that francolin and guinea-fowl were susceptible to infection with *T. rhodesense* (this Bulletin Vol. 29 p. 635). In his present work Corson has firstly attempted to infect these birds by allowing isolated infected *G. morsitans* to feed upon them, and secondly he has endeavoured to ascertain whether guinea-fowl in an evacuated sleeping sickness area are infected by inoculation of their blood into rats.

In the first portion of his work Corson used a strain of *T. rhodesiense* isolated from man in July 1933 and since maintained by passage through *G. morsitans* and dik-diks. A bottle containing the infected fly was applied to the leg of the bird until the fly bit or fed. Rats were subsequently inoculated from the birds and laboratory bred flies fed on those birds which had been shown to be infected. Details of the successful experiments are given in a table. Three of the 19 francolin and 3 of the 9 guinea fowl became infective to rats. One francolin remained infective for 3 months and 1 guineapig for 18 days but not for 2 months. Several hundred laboratory-bred *G. morsitans* were fed on the infected birds but the infection was not transmitted.

The second group of experiments was performed at Mkwemi in the Kahama district. The population had been evacuated in 1928 because of sleeping sickness. Tsetse and antelope are plentiful. In all 134 rats were inoculated from 67 guinea fowl, but none became infected.

Corson concludes from this and his previous work that francolins and guinea fowl, like the domestic fowl, need not be considered as more than at most very rare and temporary reservoirs of *T. rhodesiense*.

W Y

PACCHIANI (Ardroony) A Method of maintaining Laboratory Strains of *Trypanosoma brucei* in a Subspecies of *Peromyscus maniculatus*—*Jl Lab & Clin Med* 1935 Feb Vol. 20 No 5 pp 510-515 With 2 charts. [11 refs.]

The author suggests the use of an American deer mouse viz a sub-species of *Peromyscus maniculatus* as a suitable laboratory animal for maintaining parasitic strains of *T. brucei*, *T. equiperdum* and *T. evansi*. In comparison with the procedure usually adopted of maintaining these trypanosomes in rats mice and guineapigs, the method recommended is both inexpensive and time-saving.

When *P. maniculatus* is inoculated intraperitoneally with *T. brucei* the parasites appear in the circulation in 2 or 3 days they gradually increase until they are very numerous and then they more or less suddenly disappear from the circulation. The first crisis and the subsequent short latent period are followed by a relapse the parasites steadily increasing in number until they are swarming. Occasionally the animal dies at this stage but more commonly there is a series of crises and relapses.

In the author's experiments, it was found that the minimum period of life of *P. maniculatus* infected with the laboratory strains of *T. brucei* and *T. evansi* was 21 days, the maximum period was 230 days and the average about 80 days. There was no evidence that the sojourn of the parasites in this host caused any attenuation in their pathogenicity for ordinary laboratory animals.

W Y

VAN DEN BRANDEN (F) Pouvoir infectant du sang de rats albinos après injection sous-cutanée massive de *Trypanosoma congolense* et de *Trypanosoma brucei* [Infectivity of the Blood of Albino Rats after Massive Subcutaneous Injection of *T. congolense* and *T. brucei*]—*C R Soc Biol* 1935 Vol. 118 No 14 pp 1478-1481

The author objects to the modification of the term incubation suggested by VALENZA (1934-35) who distinguishes between what he calls bacteriological incubation and clinical incubation.



He performed a series of experiments in which rats were inoculated subcutaneously with *T. congolense* or *T. brucei*. These strains were both very virulent, killing the rats in 6 to 8 days the trypanosomes appearing in the blood in 4 or 5 days. An albino rat weighing 100 to 120 gm. was then given subcutaneously 1 cc. of blood rich in trypanosomes an hour later the heart was punctured and 1 cc. of blood removed added to 0.25 cc. of 6 per cent. citrate solution and injected subcutaneously into a healthy rat. This animal showed trypanosomes in its blood 4 to 5 days after the inoculation. Blood removed from the heart of the first rat 36 to 48 hours after infection was likewise infective for healthy rats but the incubation period was prolonged for a couple of days. From this it is concluded that after a massive injection of trypanosomes the parasites are soon found in the circulation in considerable numbers, but later on (between the 36th and 48th hours) they are caught up in the deep organs and finally they overflow into the blood. This experiment was repeated many times, both with *T. congolense* and *T. brucei* and the results were always the same. In conclusion van den Branden writes that it is very desirable, in medicine and in natural science, to avoid modification of common terms which are consecrated both by time and by tradition. W Y

VAN DEN BRANDEN (F) Sur le rapport du poids de la rate ou de la rate au poids du corps chez des rats blancs (variété albino de *Mus decumanus*) non infectés, ainsi que chez les animaux de même espèce, préalablement infectés de *Trypanosoma congolense* ou de *Trypanosoma brucei* puis guéris ou non guéris par traitement. [The Relationship of the Weights of the Spleen or of the Liver to the Weight of the Body in Normal White Rats and in those Infected with *T. congolense* or *T. brucei* and Subsequently either Cured or Not Cured by Treatment.]—C. R. Soc. Biol. 1933. Vol. 119 No. 20 pp. 529-530

VALENZA in a recent paper has drawn attention to the considerable enlargement of the spleen in certain animals infected with *T. congolense* and has inquired whether the weight of the spleen in treated mice would not provide useful indications concerning the course of the infection and proof of cure. He concluded from his work that hypertrophy or non-hypertrophy of the spleen was a satisfactory indication of cure or non-cure of treated animals. VALENZA used the formula  $PR/PC \times 100$  where PR represents the weight of the spleen and PC the weight of the body.

Van den Branden has repeated this work, using white rats infected with *T. brucei* or *T. congolense* and in addition has investigated the variation in the weight of the liver. In normal rats he found  $PR/PC \times 100$  varied between 0.4 and 0.6 whereas the formula  $PF/PC \times 100$  was on an average 5. In rats infected with *T. congolense*  $PR/PC \times 100$  varied between 1.0 and 3.0 and  $PF/PC \times 100$  averaged 5. In rats infected with *T. brucei* the figures were approximately the same.

The conclusion reached, therefore is that the spleen is greatly hypertrophied in rats infected with *T. congolense* or *T. brucei* whereas the weight of the liver remains normal. Histological examination of the hypertrophied spleen showed that the enlargement was due to a great increase in the reticulo-endothelial system.

In rats infected with *T. congolense* or *T. brucei* and subsequently cured by a trivalent antimonial, the formulae were practically identical

with those given by normal animals whereas in rats unsuccessfully treated the formula  $PR/PC \times 100$  gave a value of 1.0 or more.

Van den Branden's work therefore confirms VALENZA's hypothesis namely that the presence or absence of splenic hypertrophy affords indication of cure or non-cure.

IV Y

VALENZA (J) *Maladies expérimentales de réinfection. [Experimental Re-infection]*—*Arch Inst Pasteur de Tunis* 1935 Jan. Vol 24 No 1 pp 92-98

In his work on the therapy of *T. congolense* the author found that a certain number of guineapigs infected with this parasite were cured either by moranyl alone or by this drug in combination with trypanamide or with Sb-111 thiomalate of sodium. The object of the present experiment was to determine whether the animals thus cured were immune to a new infection with the same parasite.

The general conclusion to be drawn from this investigation is that the cured animals are not immune to re-infection but it was observed that in certain cases the second infection was manifested only by a rise of temperature the blood remaining negative and not infecting a fresh animal. A second re-infection always succeeded, and this suggests that the first re-infection had exhausted the antibodies circulating in the blood.

IV Y

TSENG (Hsienli) Ueber die gegenseitige Beeinflussung verschiedener Trypanosomen bei Mischinfektion [On the Reciprocal Influence of Different Trypanosomes in Mixed Infections.]—*Zent f. Bakt* I Abt. Orig. 1935 June 14 Vol. 134 No 3/4 pp 153-159

It has long been known that different species of bacteria may in mixed infections exert an antagonistic action on one another but little is known about the antagonistic action of different species of protozoa, and it was with the object of investigating this problem that the experiments described in the present paper were undertaken.

The author used young rats and mice and species of trypanosomes which were morphologically easily distinguishable from one another viz *T. congolense*, *T. gambiense* or *T. brucei*, *T. lewisi* and *T. cruzi*. In pure infections it was found that *T. gambiense*, *T. lewisi* and *T. cruzi* appeared in the blood in about 4 to 6 days whilst *T. congolense* and *T. brucei* appeared within 1 or 2 days. Infections with the last two trypanosomes were rapidly fatal the other infections ran a chronic course.

Mixed infections with *T. gambiense*, *T. lewisi* and *T. cruzi* produced no definite result. Very different, however, was the case in another set of experiments in which the mixed infections consisted of *T. congolense*, *T. brucei* and *T. cruzi*. In this series of experiments *T. brucei* completely inhibited the development not only of *T. cruzi* but also of *T. congolense*. In order to investigate this interesting phenomenon more carefully a number of rats were inoculated with *T. congolense* and when this parasite was present in the blood 3 days later the animals were also inoculated with *T. brucei*. The results which are set forth in a table show that the *congolense* infection waned as the *brucei* infection waxed. Somewhat similar results were obtained with mice, and the general conclusion drawn is that *T. brucei* infections are antagonistic to *T. congolense*.

IV 1

- SCHILLING (Clara) Immunisierung gegen Trypanosomenkrankheiten.  
(Immunisation against Trypanosomiasis).—*Dtsch. Med. Woch.*  
1935 May 24 Vol. 61 No. 21 pp. 832-834
- Immunization against Trypanosomiasis.—*Jl. Trop. Med. & Hyg.* 1935 May 1 Vol. 38. No. 9 pp. 106-108.

The author has continued in Tanganyika his work on immunization against trypanosomiasis (this *Bulletin* Vol. 31 p. 213). As mentioned in his earlier papers, it is essential that immunization is performed on quite young animals and accordingly in the present work he has used young calves, since foals do not exist in the part of Africa in which he was working, e.g. Tinde. Of the three species of trypanosomes found in Tanganyika, *T. congolense*, *T. brucei* and *T. evansi* the last does not exist in Tinde. Schilling found it only once in the blood of a calf which had been infected by flies brought from Masumbe, 77 miles away. In view of the scarcity of the spontaneous infection, and of the difficulty in getting sufficient quantities of the parasite, it was considered unnecessary to immunize against *T. evansi*. This Schilling says, proved to be a bad mistake.

When the inoculations and vaccinations were completed, the calves (and their mothers) were sent from Tinde to Masumbe on June 25, 1934. This small village was chosen because previous attempts to keep cattle there had always ended in their destruction by tsetse. Schilling had to leave Masumbe in November but the calves were left under the observation of a native Veterinary Assistant and under the control of HORRIS. Schilling has received notes on the behaviour of the animals up to January 31, 1935.

The first series was premunized by the minimal infection method, not more than 50 parasites being given in one dose. If trypanosomes did not appear in the blood of the inoculated animal within about a fortnight and if the calf showed no signs of sickness and had increased in weight the infection was repeated. Of the 23 calves treated in this way 13 (57 per cent.) were alive after 7 months in tsetse areas but for various reasons these figures required modification. For one reason or another Schilling eliminates 11 of the 23 animals and states that of the remaining 12 only one (8 per cent.) has died.

In the second group a vaccine was used as antigen. Rats infected with *T. brucei* or *T. congolense* were killed when their blood was swarming with trypanosomes. The blood was defibrinated and dried in a shallow dish by fanning. Unfortunately it was not found possible to keep the material sterile, so that after subcutaneous injection of the dark-brown emulsion (1-10 of sterile water) suppuration occurred in many cases. As a rule 10 to 20 cc. of the above emulsion were injected. Of two calves which had been given one injection of vaccine only and had been bitten by infected flies 23 days later one died 15 weeks and the other 36 weeks afterwards. Ten calves had 4 injections of vaccine at fortnightly intervals. Seven months later 8 were still alive.

A third group of five calves was exposed to infected flies, and when trypanosomes were found in the blood the calves were given half the curative dose of antimony in two injections. 4 of the 5 animals are dead.

Of the 13 control calves 8 (61 per cent.) are dead, and of the 31 cows not premunized 18 (58 per cent.) died within 7 months and all the rest were infected.

Schilling says that the number of his experiments is small but the results obtained viz 70 to 91 per cent. of the premunized animals alive and only 39 per cent of the non premunized calves suggest that there can be no doubt that the difference is a really significant one. He considers that the experiments should be continued and lays down certain rules for the guidance of those who may work on the subject in the future. It is emphasized that only calves which are thriving well should be used and that premunition must be performed against all three species of trypanosomes the rare *T vivax* must not be neglected as it sometimes produces quite deadly infections in cattle. At the present time it cannot be said definitely which of the two methods of premunition gives the better results. In favour of the minimal infection method is the simplicity of the technique this method is nearest to Nature's process but a loss of 26 per cent from the inoculation as was obtained in the present experiments is too high. Schilling believes that it can be lowered by more exact counting of the number of parasites injected. A very important matter is the proper choice of the season for the experiments the time of reaction must coincide with the season of richest food supply that is during the beginning of the rains.

A few experiments on pregnant cows indicate that there is a possibility that we can imitate the natural process of immunization of game still more closely by influencing the foetus *in utero* by a labile infection produced in the organism of the mother cow. W. Y.

KLIGLER (I. J.) & COMAROFF (R.) Susceptibility and Resistance to a Trypanosome Infection. IX.—Active Immunization of Rats and Guinea-pigs and Passive Immunization of Rats to a Trypanosome Infection.—*Ann Trop Med & Parasit* 1935 July 17 Vol. 29 No. 2. pp 145-160 [24 refs.]

The experiments described in this paper were devised with the object of studying the mechanism of resistance to trypanosome infections. On the one hand the authors attempted to ascertain whether immunity can be produced in rats guineapigs and rabbits by repeated injections of dead trypanosomes and on the other hand they have studied the possibility of passive immunization of rats by the injection of the serum of guineapigs rabbits and cats containing demonstrable trypanolytic antibodies.

Experiments are recorded in detail and the results summarized in tables. It was found that one or more injections of a suspension of dead trypanosomes (vaccine) increased the resistance of the rats to an infection with the same organism. The resistance produced by 20 injections was however not greater than that produced by 10 injections. Four rats out of more than 100 used in these experiments completely resisted infection 3 of these remained immune for a period of two months, after which they reacted in the same manner as the control animals. After repeated injections the blood of 2 of 10 rats tested contained demonstrable quantities of lytic antibodies.

The authors believe that the enhanced resistance in the rat produced by vaccination is due chiefly to an activation of the reticulo-endothelial system. They base this conclusion on the following observations — (1) Injection of dead trypanosome suspensions increased the resistance of treated rats (2) injection of dead trypanosome suspensions mobilize

the large mononuclear cells in the peritoneal cavity and (3) the loss of the enhanced resistance following splenectomy.

It was found that the intravenous injection of the specific vaccine into rabbits resulted in the production of a specific lytic antibody. Lytic serum taken from infected guinea-pigs and cats, after a crisis, when injected into rats, prior to or shortly after inoculation with trypanosomes resulted in a retardation of the infection.

The general conclusion drawn by the authors from this work is that in the rat the enhanced immunity resulting from the injection of dead trypanosomes is due to an activation of the reticulo-endothelial system.

W. Y.

RODHAIN (J.) & BRUTSAERT (P.) *L'évolution des Trypanosoma lewisi et Trypanosoma cruzi chez Melophagus ovinus.* [Development of *T. lewisi* and *T. cruzi* in *Melophagus ovinus*.]—C. R. Soc. Biol. 1935 Vol. 118. No. 12. pp. 1228-1231.

Experiments are described showing that *T. lewisi* and *T. cruzi* can develop in *Melophagus ovinus* with the appearance of metacyclic trypanosomes in the posterior part of the intestine.

The authors point out that the digenetic trypanosomes can be divided into two groups according to whether their development in the invertebrate host takes place in the anterior or posterior part of the intestine. The trypanosomes of the first group are inoculated by the bite of the infected insects (tsetse) and they are pathogenic to the vertebrate host. Those of the second group reach the vertebrate through the faeces of the invertebrate except for *T. cruzi* they are non-pathogenic and they are also distinguished from the first group by the fact that they are readily cultured and by their perfect adaptation for the invertebrate host. In nature, as in the laboratory a large proportion of the invertebrate hosts becomes infected, and furthermore many of them can be transmitted by a number of invertebrates. For example, *T. lewisi* can develop not only in *Ceratophyllus fasciatus*, the common rat flea, but also in *Xenopsylla cheopis* and in *Cimex lectularius*. *T. cruzi* on the other hand develops in many species of reduviid bugs, in *Cimex lectularius*, *C. rotundatus* and *C. boweni* and also in certain ticks, e.g. *Ornithodoros moubata* and *Rhipicephalus sanguineus*.

A number of experiments were conducted to see whether these two trypanosomes would develop in *Melophagus ovinus*. The arthropods obtained from pupae were placed on guinea-pigs infected with *T. cruzi* or on rats infected with *T. lewisi* for two or three days and were then fed on clean animals. The lice passed part of each day on the experimental animal and were kept at night in tubes containing hairs of guinea-pigs or rats and fragments of blotting paper. It was found to be important to keep the temperature about 25°C. and the atmospheric humidity about 60%. Even with these precautions the experiments could not be prolonged beyond 30 days.

Of 24 *Melophagus* fed on rats infected with *T. lewisi* 7 showed developmental forms in their mid-gut and 1 exhibited a permanent infection of the posterior gut. Of the 42 *Melophagus* fed on *T. cruzi* infected animals 8 showed cultural forms in the mid-intestine. Guinea-pigs and rats inoculated from the infected *Melophagus* became infected.

W. Y.

- MAZZA (Salvador) Investigaciones sobre la enfermedad de Chagas  
I. Hallazgo de tripanosomas en murciélagos del Chaco y Ledesma,  
Jujuy. Presenta identidad de estos flagelados con *Schizotrypanum*  
*cruxi* Chagas 1909 [Studies in American Trypanosomiasis (Chagas's  
Disease) I. Discovery of Trypanosomes in Bats in Chaco and Ledesma,  
Jujuy]—*Universidad Buenos Aires. Misión de Estudios de Patología*  
*Regional Argentina Jujuy* 1935. Publicación No 22. pp 1-11  
With 6 figs (1 coloured) [11 refs.]
- II. — & MIRAYA (J S) II. Sobre el hallazgo de un nuevo edentado  
huesped natural de *Schizotrypanum cruxi* en la provincia de Mendoza.  
[II. Another Natural Host of *T. cruxi* in the Province of Mendoza.]—  
*Ibid* pp 11-16 With 3 figs [12 refs.]
- III. ROMANA (Cecilio) III. Acerca de un síntoma inicial de valor para  
el diagnóstico de forma aguda de la enfermedad de Chagas. La  
conjuntivitis equinostrípanosómica unilateral (Hipótesis sobre puerta  
de entrada conjuntival de la enfermedad) [III. An Important  
Early Symptom of Chagas's Disease]—*Ibid* pp 16-28. With 5 figs.
- IV. MAZZA (Salvador) MIRAYA (S) BASSO (G) & BASSO (R.) IV. Com-  
probación de *Triatoma platensis* Nelva 1913 en la provincia de  
Mendoza. [IV. *Triatoma platensis* Nelva in Mendoza Province.]—  
*Ibid* pp 29-30

A series of papers adding to our knowledge of Chagas disease its  
natural hosts and its vectors.

i. The author records the finding for the first time in the areas  
concerned Resistencia, Chaco and Ledesma Jujuy of certain  
trypanosomes in bats of the species *Nyctinomus macrotis*. In both  
the places mentioned the local *Triatoma* have been found heavily  
infected with evolution forms of *T. cruxi*. Some time ago a human  
case of Chagas disease was observed in Ledesma and according to  
the author though the record has not yet been published, two of his  
pupils have just confirmed the existence of cases in Resistencia. He  
is of opinion that the forms found in the bats are also *T. cruxi*.

ii. That the armadillos *Dasyurus unicinctus* *D. sexcinctus* *D.*  
*novemcinctus* and *Chastophractus vellerosus* are natural Brazilian hosts  
of *T. cruxi* has been known for some time. The parasite has now  
been found also in another armadillo *Zoedys tichi caurinus* captured  
in San Carlos Province of Mendoza. The trypanosome was seen in  
blood smears. Histological examination of the organs proved negative  
but inoculation of the blood into white mice resulted in a month in  
the appearance of *T. cruxi* in the circulation, and a second inoculated  
with the citrated blood of this also showed infection after a similar  
interval.

iii. Nine cases of Chagas disease in children between 1 and 10  
years of age are recorded. In all but one a very early symptom was  
oedema of an eyelid with no pain but with conjunctivitis. The parents  
usually ascribed it to the bite of an insect a bug (vinchuca) and  
there is an associated adenitis pre-auricular parotid or submaxillary.  
The swelling may be very marked, so that the eye cannot be opened.  
Further examination may reveal rise of temperature increased pulse-  
rate enlargement of liver and spleen. The oedema may spread widely.

Experimentally conjunctival inoculation may result in setting up  
the disease and the author suggests that this is the usual portal of  
entry seeing that this conjunctivitis and local oedema is so frequently  
an initial symptom. [Observation of a larger series of cases would  
serve to show whether this ocular lesion occurs more frequently than  
would be explained by the bug biting the closed eyelids or near them  
and the child inoculating the wound by rubbing]

iv Examination of bloodsucking Hemiptera in the Province of Mendoza has shown that, besides *Triatoma infestans* another species *T. platensis* is found. It was first reported in 1913 in the Santa Rosa department of this Province. More recently it has been encountered in other departments also, Las Heras, Lavallo and Guaymallén, in the compounds where goats are kept and in human dwellings. In the latter *T. platensis* was present together with *T. infestans* infected with metacyclic forms of *T. cruzi*. (It is not clear in the article whether this infection applied to both species or to *T. infestans* only.)

H H S.

MALANOS (B.) Ueber Vorkommen von *Schizotrypanum cruzi* bei Affen in Niederländisch-Indien. [The Occurrence of *T. cruzi* in Monkeys from Dutch East Indies].—*Arch. f. Schiff- u. Trop.-Hyg.* 1935. Apr. Vol. 39. No. 4. pp. 156-171. With 16 figs. [23 refs.]

This paper records the discovery of *T. cruzi* in a number of *Cynomolgus* from Java.

After pointing out that hitherto *T. cruzi* has not been found in man or animals outside the American continent, the author states that whilst examining for malaria parasites a group of 10 young *Macaca cynomolgus* which had recently arrived in Hamburg from Java, trypanosomes were found in two of them. A third was also proved to be infected through subinoculation of its blood into other monkeys. The remaining monkeys were examined for latent infection by means of the xenodiagnostic test of BRumpt and still another was found to be infected.

None of the infected animals exhibited any signs of disease. The findings in the peripheral blood varied—sometimes scanty trypanosomes could be found for a number of days, and at other times the blood was negative. A detailed account is given of the morphology of the parasite and of its pathogenicity for other monkeys and various laboratory animals. *Triatoma infestans* were readily infected and the faeces of the infected bugs produced subacute infections in rats. Study of the pathological anatomy of infected monkeys revealed the usual foci of leishmania forms in the heart and skeletal muscles, and in the lungs, liver, kidney, spleen, lymph glands and suprarenals. In fact all the findings indicate that the parasite in question is identical with *T. cruzi*. H Y

REICHENOW (Edward) Beiträge zur Kenntnis der Chagaskrankheit [Contribution to Knowledge of Chagas Disease].—*Arch. f. Schiff- u. Trop. Hyg.* 1934. Nov. & Dec. Vol. 38. Nos. 11 & 12. pp. 459-477. 499-518. With 6 figs. [38 refs.]

In 1932 the author went to Guatemala to investigate the conditions of the workers on the plantations of Ludwig Nottelbaum, especially in respect of malaria and hookworm. He soon found that Chagas disease provided a good field for investigation, and the present paper describes the result of his work in this direction.

The author first worked in the neighbourhood of Las Vegas, which lies about 40 km. south of the capital of Guatemala. He found that the primitive dwellings of the plantation labourers were heavily infested with *Triatoma dimidiata*. Over the greater part of Guatemala the primitive rural houses are built of mud, and when the mud dries

deep fissures are formed which are ideal hiding places for the bugs. As the insects cannot be got at in these shelters the older huts are infested to an astonishing degree. Details are given regarding the habits of the *Triatoma* and their geographical distribution in Guatemala. They seem to occur everywhere except in certain places in the west of the country near the Mexican frontier.

Wherever *Triatoma* were captured a certain number were found to harbour flagellates in their intestine. Apparently 29 to 35 per cent. of the insects were infected with a flagellate which animal inoculations showed to be *T. cruzi*. It was established that the infection spread chiefly directly from insect to insect through coprophagy. In 39 per cent. of the bugs a gregarine was found which could only be spread in this manner. It is presumably upon the frequency or the reverse of passage through the vertebrate host that the differences in virulence exhibited by various strains of *T. cruzi* depends.

Turning to the question of natural infections of vertebrates the author writes that the chief sources of blood in the huts apart from men are dogs. Accordingly the blood of numerous dogs was examined and in Las Villas of 94 dogs 3 were found to be infected with *T. cruzi*. All the infected animals were about 2 months old and as the 94 dogs included 12 of this age it appears that 25 per cent. of young dogs are infected. Among the older dogs only microfilariæ were found on five occasions. Two armadillos and 14 bats were negative and the trypanosome found naturally in monkeys belongs to a different species. The dog apparently is therefore the chief vertebrate host of *T. cruzi*. A large number of observations were made on the pathogenicity of Guatemala strains of *T. cruzi* for various laboratory animals and the results were compared with those given by a Brazilian strain. Guinea pigs, rabbits, mice, rats and dogs were used in this work. It was found that only in mice was the Guatemala strain moderately pathogenic; the Brazilian strain was much more pathogenic both for mice and young dogs.

The author next proceeded to make an exhaustive search for cases of human infection among children and adolescents. In the plantation village of Las Villas the blood of about 100 young children was examined on three occasions and 3 were found to be infected. The infected children exhibited practically no symptoms and they remained free from signs of disease during an observation period of at least 1½ years. Notwithstanding this considerable infection rate (3 per cent.) among the children no instance of chronic Chagas disease was found among the inhabitants of Las Villas.

The last portion of the work deals with the distribution and significance of Chagas disease. Las Villas constitutes the most northerly point in the known distribution of the disease. Although the disease has been known for 25 years the number of cases discovered has been small. In view of this the author has collected together all the recorded cases in which a definite diagnosis (parasitic) has been made and has recorded the place where they were discovered on a map of South and Central America. In this map he has also indicated the distribution of *Triatoma*. As the result of his analysis Reichenow believes that the infection in man notwithstanding the small number of cases yet recorded must be extremely common in South and Central America. The course of the acute infection differs according to differences in virulence of the trypanosome strain in the various countries as a rule it is favourable and only exceptionally as in the Brazilian



state of Minas Geraes, is it threatening. It would seem as if the infection, after the acute stage is over, recovers spontaneously and that there is no real evidence of a chronic stage of Chagas disease.

W F

VILLEGAS (Conrado) Dos nuevas observaciones de *Trypanosomus cruzi* en la Provincia de Córdoba. [Fresh Cases of *Trypanosomus cruzi* Infection in the Province of Córdoba.]—*Folia Biol. Buenos Aires*. 1934 Sept.-Oct.-Nov.-Dec. Nos. 42-43-44-45. pp. 200-201

Many observers have remarked on the absence of symptoms in the Argentine in spite of infection with *T. cruzi*. The same held good in the two cases here recorded—the trypanosomes were found by chance.

The author was sent by the Director of the Institute of Hygiene, Córdoba, to determine the blood and splenic indexes in the Departments of Cruz del Eje and Minas which were believed to be endemic foci of malaria. He examined the blood of 200 persons by the thick drop method and among them found *T. cruzi* in two—a woman of 25 years and a girl of three. In the former only a single trypanosome was seen in the preparation in the latter a score or so—both lived in Pichanas, Department of Cruz del Eje. Both persons appeared to be in perfect health. Inoculation of 1 cc. of the child's blood into the peritoneal cavity of a young white rat resulted twelve days later in the presence of trypanosomes in small numbers in the peripheral blood.

H H S.

ROMANA (Cecilio) Tripanosomiasis americana y bocio endémico. Estado actual de la cuestión. [American Trypanosomiasis and Goitre.]—*Semana Med.* 1935 Mar 21 Vol. 42 No. 11 (2149) pp. 887-902. [13 refs.]

This article summarises the present state of the question as to whether there is any aetiological connexion between Chagas disease and enlargement of the thyroid.

The author gives a quotation from CHAGAS' description of the disease which led him to conclude that the goitre was of trypanosomal origin. He next enumerates the arguments in favour of the theory with brief comments on each. (1) That the condition of myxoedema is often found in the acute cases and in the later chronic stages trypanosomes are present and the thyroid is enlarged. (2) That thyroid enlargement is common in regions where the disease was first studied, the northern Minas Geraes, and where other forms of the disease exist. (3) That the infectious theory of goitre has been widely accepted by those who have specially studied the condition and that "the goitre found in regions where Chagas disease prevails is caused by the latter (this would savour of a *petitio principii*)". (4) That intrauterine infection by trypanosomes would account for the congenital goitre observed in children inhabiting districts where Chagas disease prevailed.

Of arguments against, the author gives the following. (1) That the myxoedema spoken of is found in human beings and even in animals who show no trypanosome infection. (2) That there are regions in Brazil and in the Argentine where the two diseases coexist, or are superposed and others where goitre has been known for a long time but where Chagas disease is not met with. (3) The opposite

of the last viz that there are areas where the trypanosomiasis, both in acute and chronic stages is present but goitre is not observed. (4) That the pathology of the goitres associated with the trypanosome infection has not been closely studied in these districts till recently except in cases of chronic Chagas disease but now nothing characteristic has been found different from what is seen in endemic goitre in other parts of the world. (5) That in spite of all the experimental research carried out on this form of trypanosomiasis no investigator has recorded any predilection on the part of the parasite for affecting the thyroid gland, nor have they noticed hypertrophy of the gland as a result of their experiments [The author does not include KRAUS's paper among his references KRAUS after some years in vestigation was very doubtful of any aetiological connexion between Chagas disease and goitre (see this *Bulletin* 1926 v 23 p 912)]

H H S

FITTE (Oscar E) Primer caso de tripanosomosis humana en la Prov de La Rioja. [First Case of Human Trypanosomiasis in La Rioja.]-*Prensa Méd Argentina* 1935 Feb 27 Vol. 22. No 9 pp 432-433.

The author has for some time been on the look out for cases of infection with *T. cruzi* and when examining blood for malaria by the thick drop method has searched also for trypanosomes. He found them though they were scarce in the blood of a boy of 13 years showing no symptoms except some glandular enlargement. Their presence was confirmed by inoculation of 10 white mice each with 0.5 cc of the patient's blood one died four days later the other nine gave positive results. The case is put on record as it is said to be the first reported from the Province of La Rioja in the Argentine

H H S

CHAGAS (Evandro) Infection expérimentale par le *Schizotrypanum cruzi* chez l'homme. [Experimental Infection by *S. cruzi* in Man.]-*C R Soc Biol* 1935 Vol. 118. No 7 p 718

An experiment performed on a human being with the object of ascertaining whether *T. cruzi* is transmitted through the bites of infected reduviid bugs was negative.

Three larvae and one adult *Triatoma megista* the faeces of which contained numerous crithidia and metacyclic forms of *T. cruzi* were allowed to feed on the forearm of the patient, care being taken that no faeces were deposited on the skin during the meal. The patient, who was carefully observed for a period of 30 days failed to show any signs of infection. As previous observations had shown that the incubation period of this infection in man is only 10 to 12 days, Chagas concludes from the present experiment that *T. cruzi* is not transmitted to man by the bite of *Triatoma*.

W Y

BONACCI (Humberto) Nuevo medio de cultivo para el *Trypanosoma cruzi* Chagas 1909 [A New Medium for cultivating *T. cruzi*]-*Rev Inst. Bacteriológ* Buenos Aires. 1934 Mar Vol. 6. No. 2. pp 242-247

The author gives three formulae of nutrient agar differing very slightly. He calls them Nos. 1, 4 and 9. No. 1 is a nutrient broth with Witte's peptone 1.5 NaCl 0.5 and agar 1 per cent. No. 4 has

2.5 per cent. peptone and 0.7 per cent NaCl, and No. 93 of peptone and 0.7 NaCl. The mixture is made neutral to litmus, heated to 115°C. for 20 minutes, filtered through cotton wool and placed in Erlenmeyer flasks 100 cc. in each and sterilized in the autoclave at 110°C. for 20 minutes. This nutrient agar forms the basis of his medium to prepare which the agar is melted, cooled to 50°C. and to it are added 0.5 per cent. glucose and 5 per cent. sterile whole blood of a young guinea-pig and the medium distributed in test-tubes. The optimum temperature for cultivation is 25°C.

The author has successfully inoculated animals with such a culture and symptoms appeared after 10 days incubation and the trypanosomes persisted in the peripheral blood for 30 days. The most sensitive animals for the experiments were puppies and next in order white rats kittens and guinea-pigs. Noguchi's medium, he states, is not so good for isolation of the trypanosome but is excellent for preserving the strains and has the further advantage of being able to adapt itself to temperatures above 25°C. The author claims that his medium is very useful for early diagnosis of suspected cases. H H S

Dias (Emmanuel) [In Portuguese & French.] *Trypanosoma cruzi* or *Schizotrypanum cruzi*? [Is *T. cruzi* or *S. cruzi* Correct Nomenclature?]—*Mem Inst Oswaldo Cruz* 1934 Vol. 29 No. 1. In Portuguese pp. 203-215. With 1 fig. [42 refs.] In French pp. 217-227 With 1 fig.

This paper is devoted to a discussion of the systematic position of the parasite of Chagas' disease known under the names *Trypanosoma cruzi* and *Schizotrypanum cruzi* each of which has the support of authoritative writers whose opinions are critically examined by Dias.

The author himself maintains that the characters distinguishing this form from other trypanosomes provide sufficient grounds for recognizing it as a separate genus under the name *Schizotrypanum cruzi*. These are (1) its intracellular situation in the tissues of the vertebrate host during multiplication and (2) reproduction only in the leishmanial stage. The author moreover holds that *Schizotrypanum* is related to *Leishmania* occupying an intermediate position between this genus and *Trypanosoma*. The latter genus is reserved for flagellates which multiply in the blood in the trypanosome stage. (It should be noted however that strictly speaking, the site in which a parasite develops is of no taxonomic value, the classification of animals being based on their morphological characters exclusively. The morphology of *T. cruzi* conforms to that of all trypanosomes, from which it differs only in its multiplicative phase. Since the stage in which reproduction occurs varies considerably in other trypanosomes, it cannot serve to separate *T. cruzi* from them generically. If this were done a number of other equivalent genera would have to be created. In view of these facts it is advisable to retain CHAGAS' original name, *Trypanosoma cruzi*. C. J. Hoerr

ZUMPT (F.) Zur Systematik der Glossina palpalis-Gruppe. [The Systematics of the Glossina palpalis Group.]—*Arch. f. Schiff- u. Trop. Hyg.* 1935. Apr. Vol. 39 No. 4 pp. 141-198. With 10 figs.

Transgressing the limits of his subject as indicated in the title, the author first considers subdivisions of the genus *Glossina* and, relying

on characters afforded by the genital armature in both sexes raises the *fusca palpalis* and *morsitans* Groups of NEWSTEAD to subgeneric rank employing respectively for the three subgenera so constituted the names *Austenina* (sunk more than a decade ago by NEWSTEAD) *Nemorhina* and *Glossina* (*sensu stricto*). A table is then given for the distinction of the species included under the subgenus *Nemorhina* (i.e. the *G. palpalis* Group) among which are *G. fuscipes*—generally regarded even by its author as a subspecies of *G. palpalis* but restored by Zumpt to specific rank—and what is described as *G. martinii* sp. nov. The latter the typical material of which was taken in Tanganyika Territory (at Bismarckburg near the extreme southern end of L. Tanganyika) though indistinguishable from *G. palpalis* and *G. fuscipes* by means of external characters exhibits certain differences considered by the author to be of specific value in the shape of the inferior claspers.

[Whether in the absence of all other characters slight differences in the inferior claspers are really of specific value is a matter which must be left to the individual opinions of experienced systematists. The present reviewer at any rate is inclined to think that pending the crucial test of mating it will be well to continue to regard *G. fuscipes* as a form of *G. palpalis* and to treat *G. martinii* likewise.]

The use by the author of the terms outer and inner parameres (borrowed from mosquito terminology in which they are applied to parts of the penis) for the superior and inferior claspers is to be deprecated.]

E. E. Austen

NASH (T. A. M.) The Identification of the Three Commonest Species of Nigerian Tsetse Fly—3 pp. With 5 diagrams. 1934 Aug. Printed by Survey Department Lagos.

This is a useful two-page leaflet describing and illustrating by line blocks certain differences between *Glossina palpalis tachinoides* and *morsitans*. It is intended for the use of those who have no knowledge of entomology. Clearly such leaflets as these might be of considerable value in many parts of Tropical Africa.

P. A. Burton

NASH (T. A. M.) The Effect of High Maximum Temperatures upon the Longevity of *Glossina submorsitans* Newst., and *G. tachinoides* Westw.—*Bull. Entom. Res.* 1935 Mar. Vol. 26 Pt. 1 pp. 103-113. With 2 figs.

In the north of Nigeria the climate is extremely hot and dry in March and April. What is the effect of this on adult *Glossina* exposed in cages to conditions prevailing in the shade?

At the beginning of each month groups of freshly emerged fly (*G. submorsitans* and *tachinoides*) were put in small cages and exposed to shade temperature in a hut with a good thatch roof but no sides: the conditions are approximately those which prevail in a dense thicket. The flies were offered an opportunity of feeding daily. Experiments were carried out in the four months January to April: the temperature rising steadily throughout this period. The mean length of life fell from about 25 days in January to about 3 in April. Moreover a consideration of the number of deaths and of the maximum temperature on individual days shows clearly that temperatures above 100°F (37.8°C) and particularly above 103°F (39.4°C) are followed by a high mortality. It seems that *G. tachinoides* are killed by rather lower temperatures and shorter exposures than are *submorsitans*.

It is encouraging to observe that these figures, obtained under semi-natural conditions, agree in essentials with those which Buxton and Lewis obtained under strictly defined laboratory conditions (*etc.*, p. 369). It seems highly probable that the high temperature in the region where these experiments were carried out, causes a high mortality in nature at this season of the year. If this is so then as the author suggests, a very restricted thinning of trees in the permanent breeding places might result in local extermination of the fly.

P A B

MIRKEN (G.) Pièges Harris. [Harris Traps.]—*Bull. Mèd. du Katanga* 1934 Vol. 11 No. 5 pp. 154-157.

It appears that the Belgian as well as the Congolese daily papers have been booming the Harris traps as capable of clearing the Belgian Congo of sleeping sickness. The author points out that ideal conditions for the traps are rarely to be found in the haunts of *G. palpalis*. These haunts are in deep heavily shaded forest galleries sunless for most of the day and it is not practicable to make clearings for the traps. In any case the traps will not catch all the tsetse.

A G B

JACOPO (Igino) Osservazioni sui tripanosomi e proposta di una nuova classificazione. [A New Classification of Trypanosomes.]—*Ann. di Mal. Nere e Colon.* 1935 Jan.-Feb. 41st Year Vol. 1 No. 1-2 pp. 1-18. With 20 figs.

Having studied the somewhat striking trypanosomes which occur in frogs the author attempts a new classification of the group into two genera, the one (*Trypanosoma*) to include those of the type he has studied and the other (*Castellanella*) all other trypanosomes. There would seem to be little justification for this procedure which appears to the reviewer to be quite artificial.

C M Weyen.

GRALL (G.) L'action thérapeutique du service de la trypanosomiose en A.O.F. jugée par les Bandes de l'Oubangui-Chari le ballet de la maladie du sommeil.—*Ann. de Mèd. et de Pharm. Colon* 1935. Jan.-Feb.-Mar. Vol. 33 No. 1 pp. 144-146.

SCHILLING (Clara) Die Bekämpfung der Tsetsefliegen im früheren Deutsch-Ostafrika.—*Deutsch. Med. Woch.* 1935 Mar. 16 Vol. 61 No. 11 pp. 427-428.

## MALARIA.

WATSON (Malcolm) Some Pages from the History of the Prevention of Malaria.—*Glasgow Med J* 1935 Feb Mar & Apr Vol. 5 Nos 2, 3 & 4 pp 49-70 130-153 202-220 [79 refs]

Sir Malcolm Watson commenced his lecture with a sketch of the work in Malaya begun in 1901 and described by Ross as the first successful anti malarial work in the British Empire. He drew particular attention to the decrease in deaths from other diseases which followed the successful control of malaria. He stated that an important factor which contributed to his success was the combination of clinical observations made in the hospital with epidemiological observations made in the field. He was himself physician, health officer and entomologist; there was perfect co-operation with the engineer. I want to emphasize, he said, that our success has come from the knowledge acquired not in the hospital alone nor in the laboratory alone but by co-ordinated work in all three and it led to discoveries in clinical medicine, protozoology, ecology and epidemiology of fundamental importance in the prevention of disease.

While he was a busy practitioner and the sole European medical officer in a coast district a hundred miles long, Watson yet managed to make discoveries of inestimable value. In my little laboratory I was breeding mosquitoes, discovering new species of mosquitoes, recognizing structures that enabled me to construct a key for the identification of the larvae of certain species of anopheles, a matter of great practical importance. In the field I was studying the biology of the insects. As medical officer I saw and treated the sick in hospital.

As a striking example of what can be accomplished by mosquito control, he retold in his lectures the story of Carey Island where control has been in force from the opening of the rubber estate in 1903. Carey Island is really a fresh water swamp on clay soil, surrounded by salt water conditions which are notorious for producing the most appalling malaria. It has always remained healthy and Sir Malcolm quotes his successor Dr Barclay BARROWMAN who wrote in 1934. On Carey Island, with a population of over 5,000, there has been one child with enlarged spleen during the past five years and she had arrived on the estate with the spleen already enlarged. The infection rate among the total population for the past five years has been under one tenth per cent. per annum. There is rapidly growing up a locally born labour force—18 per cent of the present population was born on the estate. There are over 1,500 healthy happy children, among whom the sick day rate last year was no more than 0.4 per cent.

After Watson had dealt successfully with the malaria of the coast and flat land due to *A. ludlowi* and *A. umbrosus*, he was faced with the problem of malaria of the inland hills and ravines carried by the stream breeder *A. maculatus*. What the country required was some new method of preventing the disease. To this I now turned my attention. I had a deep conviction that this deadly *A. maculatus* could be exterminated if appropriate measures were adopted. So I devised a system of subsoil drainage of valleys. The system proved a success. We still required a quicker and less expensive method of controlling malaria than subsoil drainage. This was provided by my discovery in 1914 of a mixture of mineral oils which

completely destroyed *A. maculatus* when applied once a week to fast running streams. The value of this discovery was quickly appreciated, and the use of this anti-malarial mixture spread throughout the peninsula with the happiest result. Most unfortunately I did not publish this discovery until 1921. Had I done so, the story of malaria in many parts of Macedonia during the Great War might have been very different. After relating the success attained by his method, in the rubber estates of which he was in medical charge, the lecturer spoke of the work begun in Singapore in 1911. "This city was next off the mark. Within the municipality in 1932 there were 41.25 miles of concrete channels, 72.63 miles of subsoil pipes, and over 300 miles of earth ditches. 18,682 gallons of anti-malarial mixture were used. In the Federated Malay States the Government next took up the work, and in November 1911 the Malaria Advisory Board began work. For the year 1926 the expenditure on malaria by the F.M.S. Government was £104,400.

In speaking of prevention by treatment, the lecturer said, "There is, in my opinion, no antagonism and no competition between the various methods of preventing malaria. In all campaigns anti-malarial drugs have a place." He spoke of the work of GORGAS in Havana and in Panama in terms of highest praise. "It had been proved that both malaria and yellow fever were carried by mosquitoes and it had already been proved in Havana (1901) Klang (1901) and Lassa (1902) that these diseases could be brought under control, or for all practical purposes abolished, when the mosquitoes carrying them were reduced below a certain number." IF Patcher

- DE LANGEN (C. D.) & STORM (C. J.) Observations on the Modern Method Treatment of Malaria. A Clinical and Experimental Study.—*For Eastern Assoc. Trop. Med. Trans. Ninth Congress, Nanking Chin. 1934* Vol. 2. pp. 233-280. With 18 figs. on 12 plates.
- HOORS (A. L.) Observations on the Prophylaxis and Cure of Malaria with Atabrin on Malacca Rubber Estates during Two Years (July 1933 to June 1934) with a Note on the Prevalence of Malaria on these Estates since 1925.—*Ibid.* pp. 261-280. [32 refs.]
- YAO (Y. T.) & JUNG SUK (C.) Field Experiment on Malaria Treatment. A Comparative Study of the Therapeutic Value of the Various Anti-Malaria Remedies.—*Ibid.* pp. 281-297. With 2 charts. [13 refs.]
- WALCH (E. W.) & SOESILO (R.) Malaria Control in the Netherlands Indies.—*Ibid.* pp. 191-200. With 15 figs. (13 1 coloured, on 7 plates).
- SCHARFF (L. W.) Anti-Mosquito Measures in the Northern Settlement of Malaya.—*Ibid.* pp. 201-212. With 5 plates & 3 figs.
- YAO (Y. T.) & WU (C. C.) Antilaval Measures by the Use of Paris Green in a Selected Area of Nanking.—*Ibid.* pp. 213-221. With 3 charts.
- RUSSELL (Paul F.) The Automatic Distribution of Paris Green for Control of Anopheles Larvae.—*Ibid.* pp. 223-232. With 2 text figs. & 3 figs. on 2 plates.
- YAO (Y. T.) & WU (C. C.) One Year's Observation of *A. hyrcanus* var. *sinensis* in Nanking 1933.—*Ibid.* pp. 3-23. With 3 maps, 2 graphs & 2 figs. [12 refs.]
- & LING (L. C.) Epidemiological Study of Malaria in Nanking.—*Ibid.* pp. 89-106. With 3 charts. [18 refs.]
- JACKSON (R. B.) The Anophelines of the Colony of Hong Kong. Some Observations on their Species, their Habits, and on the Results obtained from Dissections of Catches made on the Island and Mainland.—*Ibid.* pp. 27-36.

TOUMANOFF (C.) Etude de l'indice maxillaire de Roubaud en tant que méthode pratique d'investigation sur les aptitudes trophiques des espèces anophéliennes d'extrême-Orient. [Roubaud's Maxillary Index as a Practical Method of Investigation of the Trophic Aptitudes of Anopheles.]—*Ibid* pp 37-51 With 9 figs. & 3 charts.

WALCH (E. W.) & WALCH SORODRAGER (G. B.) The Eggs of Some Netherlands-Indian Anophellinae.—*Ibid* pp 65-81

MORIN (Henry G. S.) BADER (H.) MONNIER (E.) & MOREAU (P.) Recherches sur la concentration en chlore du sang chez les paludéens au Tonkin. [The Blood Chlorine in Malaria at Tonking]—*Ibid* pp 165-190 With 7 graphs. [49 refs.]

WILLIAMSON (K. B.) Need for Action in Relation to the Biochemical Investigation of Anopheline Breeding Places.—*Ibid* pp 83-87

Many valuable papers were contributed to the section on malaria at the Nanking Meeting of the Far Eastern Association of Tropical Medicine. Of special note was a defence of quinine against the newer remedies by Professor de LANGEN an account of malaria control in the Dutch Indies by the late Professor WALCH malaria control in Penang by Dr SCHARFF *A. maculatus* in Hong Kong by Dr JACKSON the maxillary index in the anopheles of Indo-China by Dr TOUMANOFF

Professor C. D. DE LANGEN and Dr C. J. STORM presented an account of a clinical and experimental study of the action of quinine, plasmoquine and atabrin upon the organs of the body. They argue that these drugs do not act directly on the parasites but probably indirectly by stimulating the natural defence reactions of the organism and that therefore the question of the general action of these remedies on the organism is of great importance. As the indirect route of action is the most probable one figures intended to prove the superiority of one remedy over another in the matter of destroying the parasites are completely worthless. The results in London, Hamburg, Amsterdam and other places in Europe with individual treatment must in no way be regarded as giving guidance for treatment in the real malaria countries.

The three remedies differ in their action on the liver. (a) Quinine does not damage it, and even in undernourished persons it will not produce urobilinuria. (b) Atabrin produces no urobilinuria in healthy people but urobilin appears if there is malnutrition and the liver is poor in glycogen. (c) In fatalities due to plasmoquine the liver is always damaged. Quinine exerts a favourable action on the functions of many organs. This is of great importance for the treatment of malaria patients. In criticising other products offered as remedies for this disease, it is therefore not sufficient that we should ask ourselves if they are toxic for the various organs but also if they possess the same good general properties possessed by quinine. Such properties are not yet known in the case of plasmoquine and atabrin.

The authors have carried out a series of experiments with *Macaca mris* (*Cynomolgus*) in investigating cardiovascular disturbances following injections of the three drugs. Several reports have already been published on the circulatory disturbances which may follow the therapeutic administration of atabrin. When atabrin or plasmoquine was perfused through the isolated heart of a monkey the rhythm of the organ became irregular then it stopped and perfusion with pure Tyrode's solution did not start it again. Quinine did not produce irregularity of the contractions and when the heart was stopped by very strong solutions of the drug it could be started again by perfusion



with pure Tyrode's solution. The total quantity of fluid flowing through the coronary vessels per minute diminished after the addition of either plasmoquine or atebriin, but after the addition of quinine it increased. The vasoconstriction which follows plasmoquine and atebriin throws a strain upon the heart. While the fall in blood pressure following quinine must certainly be attributed to a vascular dilatation, that caused by plasmoquine and atebriin appears principally due to damage of the heart's action. When the vasomotor centre is intact, stimulation of a sensory nerve is followed by a rise of blood pressure. This reflex is not abolished by quinine. "That the reflex disappears after plasmoquine and atebriin must be attributed to a direct toxic action of these drugs on the vasomotor centre. both atebriin and plasmoquine, but especially the latter are more toxic for the heart and vascular system than is in general admitted. Moreover since the administration of these drugs by routes other than the mouth is becoming more and more fashionable it may be expected that untoward side-effects on the part of the circulation and respiration will become more and more common. Apart from the direct injurious organotropic action of plasmoquine and atebriin on the organs themselves for instance the liver it is also possible that in this way indirectly the development of that natural immunity on which recovery depends could be retarded." While quinine employed clinically restores extrasystolic arrhythmias to normal rhythm atebriin and plasmoquine produce such irregularities themselves. It is therefore advisable that when atebriin and plasmoquine are administered, quinine should be given with them because of its steadying effect upon the circulation.

This paper was followed by one in which Dr A. L. HOORS gave an account of the great success of atebriin as used on the rubber estate of Malacca (see this *Bulletin* Vol. 31 p. 695). He concludes that Atebriin is the best drug available for the treatment of all types of malaria in Malaya especially in the case of controlled populations. Atebriin is greatly superior to quinine in the prevention of relapses judging by present experience with atebriin, relapse rates do not exceed 3 to 8 per cent in subtertian and 5 to 16 per cent in benign tertian malaria. On estates, the cheapest and best measures are to continue antimalarial work in the danger zones, and to treat cases of malaria with atebriin. A short course of plasmoquine, not exceeding 0.03 gram daily for from 5 to 8 days, should be given after atebriin treatment in subtertian malaria." [See p. 418 above and also HECHT and EICHHOLTZ in this number.]

Dr G. T. YAO and Dr C. JUNG SUY reported on the treatment of 281 cases of malaria with different drugs. The drugs employed were totaquina types I and II atebriin, quinoplasmoquine and quinine. All of them were found equally effective in reducing the number of parasites, with the exception of crescents, in all three types of infection. Vomiting was the only toxic symptom this occurred in 5.5 per cent of the atebriin treated cases and in a smaller proportion of those treated with the other drugs. Quinoplasmoquine was the most effective in reducing the size of the spleen.

Professor E. W. WALCH and Dr R. SOERLO told the story of the successful struggle against malaria in the Netherlands Indies. Success has been won by antilarval control, and they write, "The value of antilarval measures for the control of malaria has been very much discussed in recent years and we therefore wish to emphasize that the improvements mentioned above have been obtained through antilarval

measures. Malaria prevails in its worst form in the coastal zone (1) The mangrove swamps are often free from malaria until they are interfered with but as soon as they are cleared and the flow of water is hampered by footpaths roads and railway embankments *A. ludlowi* var *sundaica* the most dreaded vector and *A. subpictus* breed in the sunny stagnant brackish waterpools. (2) In other places tides and currents lead to the silting up of the mouths of rivers behind the sand bars lagoons are formed where floating algae develop in the brackish water and provide ideal breeding places for *A. ludlowi*. Sometimes this silting has been prevented by building piers to divert the sand, but the best way to deal with a river which does not carry enough water to keep its mouth open is to connect it with a more powerful stream by digging a canal parallel to the coast line. This method is not always possible and filling canalization etc. have been employed. (3) The marine fishponds used to be responsible for very severe malaria. An edible fish called Bandeng is raised in these ponds and formerly *A. ludlowi* bred freely among the floating algae on which the bandeng fed the weeds protected the larvae from the small larva-destroying fish *Panchax panchax*. These ponds have been dealt with by periodically draining them into the sea at intervals of about a month. This kills the floating algae and promotes the development of bottom algae which provide equally good nourishment for the bandeng. When the bottom algae float to the surface as the ponds refill they form patches of compact scum. No larvae can breed in these patches and the larvae in the open water between them are destroyed by their enemies the *Panchax*. (See Bulletin Vol. 27 p 640) (4) The inland fresh water fishponds where gorami and gold fish are raised for food are also responsible for much malaria which is carried in some places by fresh water *A. ludlowi* and in others by *A. Ayrcaanus* var *nigerrimus*. These inland ponds cannot be dealt with like those on the coast by opening sluice gates and letting them empty themselves into the sea. In some places ponds situated on terraced hill sides have been drained but elsewhere the economic loss entailed by destruction of the fishing industry could not be faced. Here again the mosquito larvae are sheltered by the aquatic vegetation this is not used as a food by the fish—these feed on leaves and vegetables thrown into the ponds for the purpose. The fish-expert REYNOLDS has discovered a fish the so-called Tawes (*Puntius javanicus*) which feeds voraciously on the submerged vegetation and soon causes it to disappear. Pictures are given showing first a pond covered with weeds before the introduction of tawes, and secondly the same pond later on after it had been cleared of vegetation by their agency. (5) Ricefields present another problem generally speaking the wet ricefields are not dangerous provided that they are supplied not only with efficient irrigation but also with good drainage. The water on the coastal ricefields becomes brackish when irrigation is insufficient and *A. ludlowi* breeds in them. Some of the valleys inland, lying at an altitude of about 1000 feet are watered by irrigation. At first they were very fertile and the natives exhausted the soil by too frequent planting later they became waterlogged and poor because adequate provision for drainage had not been made. *A. aconitus* bred in the flooded fields large areas were abandoned and formed pestilential swamps the spleen rate was between 80 and 90 per cent. The measures adopted were attended with astounding success, they were (a) A drainage system (b) cleaning the grassy irrigation ditches

which bred *A. aconitus* (c) the planting of rice only once a year and that in the wet season so that during the dry season the plain was dry and anopheles breeding impossible. As a result of this, the spleen rate of Tjrandjang which was 88 in 1918 was only 1 in 1931 while it was 98 in a neighbouring district where nothing had been done. (6) In the hilly and mountainous districts of the Netherlands Indies, the carriers are *A. maculatus* and *A. aconitus* as in the Malay States, and the methods used there have been adopted.

Dr J W SCHAFER Senior Health Officer Penang, described how 15½ square miles, embracing practically two-thirds of the population of rural Penang had been "insured against the risk of malaria infection. The cost is heavy—a sum of \$50 000 (£5,833) was first made available for anti-mosquito work in 1924—this annual provision was repeated in 1925 and raised to \$75,000 (£8 750) in later years. The method adopted is to oil the breeding places of dangerous mosquitoes for a distance of half a mile from the outskirts of the village or area which is being dealt with—the proximal ravines are then drained and the oiling areas are extended further into the country and are gradually linked up with other protected areas. A great deal of needless oiling is saved by reducing the area of the swamps and seepages in ravines. This is done by means of open drains dug along the edge, or contour of the slope from which the water rises. Permanent anti-malaria drainage has been carried out in some populous areas—but except under special circumstances, no scheme is undertaken unless permanent drainage can be completed for the price of 5 years oiling, or unless the whole of the anti-malaria work within the area can be carried out for under a dollar per head of the population served. Paris green has been found definitely less efficient and more costly than oil in the control of *A. maculatus*, the principal Malayan carrier. Earthen wells in which mosquitoes breed are treated with petrol once a week. Two ounces stirred in with 1 stick are sufficient for a well 4 feet in diameter and after half an hour no taste or smell remains. The wells used for irrigating gardens on the slopes of Penang Hill were formerly the source of much malaria. It has been found that when these are freed from aquatic vegetation, and filled by means of water splashing into them from a height of a few feet no dangerous larvae can breed there. The effect of the measure adopted has been to transform the appearance of villages. In place of miserable and weakly children there are now sturdy youngsters. Squalor that was induced by sickness has given way to comfort and good health."

Drs Y T YAO and C. C. WU employed a 1 per cent. mixture of Paris green in road-dust as a larvicide in a selected area of Nanking with a population of 782, between August and December 1933. The incidence of both the adults and larvae of *A. hyrcanus* (the only anopheles) was greatly reduced. Dr P F RUSSELL described an automatic distributor for Paris green which is fixed over a stream and is worked by a paddle-wheel turned by the current. (See this Bulletin Vol. 30 p. 684.) Drs Y T YAO and C. C. WU gave the results of their observations on *A. hyrcanus* var. *sinesis* which is the only anopheles in Nanking. Out of 11 071 dissected gut infections were found in 6. A number of laboratory-bred specimens were fed experimentally with the result that some of them became infected with *P. vivax*. None of those fed on *subtertiosus* and quartan cases became infected. The authors found that *A. sinensis* would breed almost anywhere, but preferred water with plenty of vegetation, plenty of sunshine still and clear with a pH between

72 and 74. In a survey conducted by Dr YAO and Dr L. C. LING the spleen rate among the children was found to be 2.46. *P. vivax* accounted for 67 per cent. of all infections.

Dr R. B. JACKSON presented a report on the anopheles of Hong Kong. He has made some interesting observations on the behaviour of *A. maculatus* in the colony. This mosquito is met with in hill streams throughout the year and constitutes the majority of the catch in these places. It is the most important carrier in Malaya but in Hong Kong it is relatively harmless for it rarely comes into houses to bite man. This is not to be explained by the presence of large quantities of cattle, because there are few present. It is curious that, in Hong Kong *A. maculatus* has been found in streams polluted by cow-byres and in streams flowing through manured land. *A. minimus* one of the two principal malaria carriers of Hong Kong breeds in irrigation ditches and streams of flat grade amongst or near the hills. *A. jeyporiensis* the other important carrier breeds in abandoned terraced rice fields among the hills throughout the year and in other rice fields when they are laid fallow in the autumn. The range of flight of this mosquito much exceeds half a mile. *A. hyrcanus* breeds in stagnant water with vegetation. It is not an important carrier but both this mosquito and *A. maculatus* can carry malaria under exceptional conditions such as are met with in large camps of labourers.

Dr C. TOUMANOFF reported on the maxillary index of the anopheles of Indo-China. The results of his investigation support the theory of ROUBAUD to the effect that this index is low in androphilous species. The author found that the index in the harmless or relatively harmless species differed distinctly from that of dangerous species such as *A. minimus*. The maxillary index of *A. barbirostris*, *A. vagus* and *A. subpictus* was high, and it was found by means of precipitin tests carried out in conjunction with Dr J. MESNARD that these mosquitoes fed on the blood of animals while on the contrary 86.48 per cent. of the *A. minimus* examined were found to contain human blood. It was concluded that the maxillary index is a very valuable indication of the habits of an anopheline species.

Dr E. W. WALCH and G. B. WALCH-SORGDRAGER contributed a paper on the eggs of some Netherlands-Indian anophelines. They observed marked differences between the eggs of *A. subpictus* in British India (where an infected specimen has never been found) and those of the Netherlands Indies (where it is sometimes a carrier).

Dr Henry G. S. MORIN and his colleagues contributed a paper on the occurrence of corpuscular hyperchloraemia in malaria (this *Bulletin* Vol. 31 p. 459) and Dr L. A. ROBIN one on premunition among labourers working on estates (*loc. cit.* Vol. 32, p. 142).

A paper was received from Professor J. B. WILLIAMSON urging that action should be taken with regard to the biochemical investigation of anopheline breeding places, and the Congress passed the following resolution—

The Ninth Congress of the Far Eastern Association of Tropical Medicine recognizing the pressing need for co-operative investigations in the problems of malaria control wishes in particular to emphasize and direct attention to the fundamental importance in malarial epidemiology of studying bio-chemical changes occurring in the breeding places of anopheline mosquitoes.

"This Congress considers that advances of practical utility in the control of malaria might be made if the data obtained by workers in the countries of the Far East were made comparable.

" It is resolved, therefore that, with the consent of the Governments concerned, such investigations, conducted in various countries, be co-ordinated through the appointment of a joint committee of chemists and malarialogists resident in these countries.

It is recommended that this Committee should be invited to formulate the general lines upon which bio-chemical investigations shall proceed, and that they should be asked to report to the Director of the League of Nations Far Eastern Bureau concerning the principles and methods of study which are likely to be most profitable and from time to time concerning the results achieved from this application.

The following experts shall be requested to serve as honorary members of this Committee.

" (1) Dr R. Soeslo Chief of Malaria Survey of Netherlands Indies and (Alisa) Dr C. Hyman, representing the Netherlands East Indies.

(2) Dr H. G. Morin, Directeur du Service du Paludisme en Indochine Institut Pasteur de Saigon and Dr Bader Chemist of Malaria Service representing French Indo-China.

" (3) Dr A. Neave Hingsbury Director Institute for Medical Research, Kuala Lumpur and Dr J. L. Rosedale Professor of Biochemistry College of Medicine Singapore representing British Malaya.

" Furthermore this Committee shall be empowered to co-opt other workers experienced in this field of study so as to extend this investigation throughout the countries of the Far East. H F

BRITISH MEDICAL JOURNAL. 1935 Mar 23. p. 590.—The Malaria Epidemic in Ceylon. First Hand Experience.

The epidemic was due to a drought, which converted rivers into a series of pools.

Dr WIGGLESWORTH has recently visited Ceylon and in March he gave an address at the London School of Tropical Medicine and Hygiene on the subject of the epidemic in that island. He said that he felt that the Ceylon Medical Department had organized the distribution of quinine and the extension of the facilities for treatment with a rapidity and smoothness which had not received the commendation it deserved. The authorities sent sanitary inspectors round the districts and on the basis of their reports temporary centres had been established. The epidemic was mainly due to a drought which dried up the rivers until nothing remained but a series of pools in which *A. culicifacies* bred. The same drought which caused the malaria brought about failure of the rice crop with considerable destitution and it was evident that relief would have to be undertaken on a more extensive scale. The town of Kurumegala, where antimalarial measures had been carried out for a number of years, was badly hit. Would it have been possible to prevent the epidemic? To have prevented the breeding of *A. culicifacies* over 300 miles of river and an indefinite area of streams by canalizing and filling the pools would have been a far vaster undertaking than anything so far attempted for the control of malaria. H F

DE SILVA (Stanley) Observations on Some Interesting Cases occurring during the Malaria Epidemic in Ceylon.—*Jl Trop Med. & Hyg* 1935 Mar 15. Vol. 38. No. 6. pp. 66-72. (With 9 charts.)

The author gives an account of the epidemic as he saw it in the wards of the General Hospital in Colombo. The predominant parasite is

the epidemic was the malignant tertian parasite and nearly 85 per cent. of the cases were so infected. [This statement cannot be applied to the epidemic as a whole outside the hospital.] The most characteristic feature of the epidemic was the frequency with which cerebral and nervous symptoms appeared. Another striking feature was the slow pulse particularly in the comatose cerebral and algid type of case a pulse of 80 or 90 per minute with a temperature of 103° to 104°F was quite common. Gastro-intestinal symptoms were very frequent nausea, vomiting and watery stools with blood and mucus were seen in a large number of patients. These symptoms disappeared with malarial treatment. Many patients showed pneumonic symptoms. All the patients with malignant malaria and cerebral symptoms had low blood pressure. Intravenous quinine lowers the blood pressure still further this was responsible for the tragic results seen in the wards in cases treated with quinine intravenously, some patients dying soon after and even during the injection, some were saved by adrenalin. Details are given of 13 illustrative cases of acute malaria

W F

McDONALD (W. M.) The Malaria Epidemic in Ceylon. [Correspondence.]—*Brit Med J* 1935 May 11 pp. 1001-1002.

Dr McDonald of Antigua while admitting that it would have been impossible to have prevented the breeding of *A. culicifacies* in Ceylon by the usual methods of antilarval control, considers that it might be possible to prevent future epidemics by concentrating on the destruction of adult mosquitoes in the houses.

H F

COPELAND (A. J.) The Muruts of North Borneo Malaria and Racial Extinction.—*Lancet* 1935 May 25 pp 1233-1239 With 11 figs. (2 maps)

The aboriginal Muruts are being exterminated by malaria.

The Muruts were formerly called head-hunters because they raided each other's villages to secure their enemies heads. This is an affair of the past and under wise guidance by European district officers they have become a docile friendly people. They live in the dense jungle of the southern part of the interior of British North Borneo they support themselves by hunting and fishing and they number about twenty two thousand. Their debilitated physique is everywhere associated with highly endemic latent malaria, and their numbers have been steadily decreasing during the past eight years. Their neighbours the Dusuns on the other hand, are increasing. The Dusuns live in a more open environment in the upland plains and jungle of the north they are husbandmen who keep cattle and grow rice. The author attributes the decline of the Muruts to malaria and he counsels that some £5 000 should be spent annually on quinine instead of £57 as at present and that the head tax of 2s. 4d. per annum should be abolished. The upsetting of the equilibrium between these primitive people and the jungle in which they live seems to have been due to the clearing of forest and the introduction of virulent strains of malaria by labourers imported from Java

W F

GREENFIELD (Gregor) Beitrag zur Frage der Malaria in Persien. [Malaria in Persia.]—Arch. f. Schiff- u. Trop Hyg. 1935. June. Vol. 39 No. 6. pp 257-280

A study of malaria as met with in Persia.

Malaria is the commonest disease in Persia. The author was stationed in the town of Malayer (Dowletabad) where the incidence of malaria amongst the population was over 20 per cent. Malaria is frequently complicated with pneumonia, pulmonary tuberculosis or dysentery. The diagnosis is often difficult as the symptomatology of malaria is very indefinite. Of 493 cases investigated 75 per cent were benign tertian, 20 per cent. quartan and 5 per cent. malignant tertian. Purpuric symptoms were comparatively common, profuse bleeding from nose haemorrhages under skin and mucous membrane into muscles, also from the stomach, bowels and kidneys the latter occurred in the severe cases. Scurvy could be excluded. More rare cases of convulsion and coma occurred, and generally ended fatally. Quinine often failed even when given by injection. E D W Grev

CHAIKIN (V I) & ENTIKOLOPOV (S K.) A Short Epidemiological Description of Daghestan.—Med. Parasit. & Parasitic Dis. Moscow 1935 Vol. 4 No. 1-2 pp 142-147 [In Russian.] [Summarized in Rev Applied Entom. Ser B. 1935 June Vol. 23. Pt. 1 p. 167]

"In Daghestan, malaria is rife and epidemics are favoured by the presence of large accumulations of water in irrigated rice-fields, swampy formed by small rivers and mountain streams, reservoirs in orchards and neglected wells, filter pools, etc. The topography of 7 districts is discussed with special reference to the breeding places of mosquito and the prevalence of the disease. Of the Anopheles found in Daghestan *Anopheles maculipennis* Mg., was the most common and widely distributed. The adult males occurred from about the middle of May and the end of October. The larvae were found in all types of breeding places but were most numerous in rather shallow water with a pH of 6-8 and a carpet of vegetation at the bottom. When larvicidal measures were carried out within a radius of 3 miles from some inhabited spot, the mosquitoes bred in tubs and other receptacles for rainwater. *A. sacharovi* Felt., which bred in places with dense tall vegetation rising above the surface of water predominated in places where there was much subsoil fresh or mineral water. *A. byzantinus* Pall., came next in order of abundance but *A. algeriensis* Theo., was prevalent in some localities and, with the other mosquitoes, sometimes occurred in shaded accumulations of water densely covered with reeds and having a peat bottom. *A. claviger* Mg. (*bifasciatus* auct.) *A. superpictus* Grand, and *A. phombus*, Steph. were rare."

LEBOVA (A. I) & ESKIN (V A.). Infektion von *Anopheles maculipennis* var. *sacharovi* F durch Malaria-plasmodien in natürlchen Bedingungen in einem Reisfeldbezirk Uzbekistans. [The Infection with Malarial Parasites of *A. sacharovi* Felt. under Natural Conditions in a Rice-cultivating Region in Uzbekistan.]—Mag. Paras. Inst. Zool. Inst. Sci. URSS Leningrad. 1932. Vol. 3 pp. 49-61. With 4 figs & 1 graph. [In Russian. German summary.] [Summarized in Rev Applied Entom. Ser B. 1935. Feb. Vol. 23. Pt. 2 pp. 4-50.]

This is an account of work carried out during a severe epidemic of malaria in July-November 1930 in a village of the Tashkent district.

Favourable breeding conditions for mosquitoes are afforded by neglected rice-fields and by a defective irrigation system vast expanses of water being formed much of which is covered with dense vegetation.

Adults of *A. sackarovi* taken in dwellings were dissected after 4-6 days till the end of August, and after 8-10 days from September till November. Of 558 examined 36 contained oöcysts or sporozoites, or both. The last infected mosquito was taken on the 18th September. The sporozoites usually occurred in the thorax and abdomen as well as in the salivary glands. The rate of infection was highest in August.

In one instance no malaria parasites could be observed in the blood of patients suffering from primary malaria, whereas they were found in mosquitoes taken in the same room. This suggests that the occurrence of the parasites in mosquitoes might serve as supplementary data in diagnosis.

Some of the mosquitoes, particularly those taken in mosquito-nets in September were infested with Nematodes, which were usually present in the Malpighian tubes and sometimes completely blocked them.

LANGTON (E. A. C.) Some Observations on Infants and Young Persons in Bunyoro, Uganda.—*East African Med J* 1935 Jan. Vol. 11 No 10 pp 316-325

Quartan is the most common infection in infants. Benign tertian is very rare.

Sixty five infants none of whom showed any symptoms of malaria were examined. Forty 61.6 per cent. had enlarged spleens and 34 or 52.3 per cent. had parasites in their blood. Twenty two were infected with *P. malariae* and 12 with *P. falciparum*. *P. malariae* was responsible for the largest spleens this parasite became less common as the children grew older and was rarely seen after the age of 12. Among children under 5 years 20 had quartan gametocytes in their blood, while only 2 had crescents. *P. vivax* was only found once in about 220 positive cases. There was a marked drop in the spleen rate after the age of 15. W F

WILSON (D. Bagster) & WILSON (Margaret E.) Infections with *Plasmodium ovale* Stephens, in Tanganyika Territory.—*Trans Roy Soc Trop Med & Hyg* 1935 Mar 8. Vol. 28. No 5 pp 469-474

These cases of infection with *P. ovale* were found in natives during a survey made in the northern part of Tanganyika. Twenty-seven persons among several thousand examined, were found to be infected with this parasite. Only one of the 27 was ill this was a case of malarial coma due to a mixed infection with *P. ovale* and *P. falciparum*. Gametocytes are more frequently present and more numerous than in infections with other species. W F

HANSON (Henry) BOYD (Mark F.) & GRIFFITHS (T. H. D.) Some Factors in the Epidemiology of Malaria.—*Amer J Public Health* 1935 Feb Vol. 25 No 2 pp 156-161 With 1 fig

This concerns malaria in Florida.

The anophelids are *A. quadrimaculatus*, *A. crucians* two varieties (fresh and salt water) *A. punctipennis*, *A. atropos*, *A. walkeri*, *A. barberi* all of them are potential vectors but *A. quadrimaculatus* is far the most important. The greatest concentration of cases occurs in the northern counties where the land is underlaid by limestone, and



where ponds, lakes and "sinks" are numerous. The spleen index taken in these regions in 1931 was 25.6 per cent. The incidence is almost entirely rural. During the past 2 years (1932-34) 15,257 school children have been examined by the thick film method and 6.1 per cent. were found to be infected. 70 per cent. with subtertian, 21 per cent. with benign tertian 0.2 per cent. with quartan. W F

BALFOUR (M. C.) Malaria Studies in Greece. Measurements of Malaria, 1930-1933.—*Amer J Trop Med.* 1935. May. Vol. 15. No. 3. pp. 301-330. With 2 charts and 1 map.

A review of the published reports of malaria in Greece since 1905 indicates that epidemics of malaria recur at intervals. In 1909 there was a condition of low endemicity, in 1931 there was a severe epidemic, in 1932 there was a state of high endemicity, in 1933 a low stage of endemicity was reached once more. Since 1921 5.6 per cent. of the total deaths in Greece have been caused by malaria. Quinine importations have varied from 20 to 50 tons annually. At ordinary times *P. vivax* and *P. malariae* are the common species of parasite but *P. falciparum* takes the lead in epidemics. No major area in Greece is free from the disease. The spleen index, determined by the author, was 35.6, and the parasitic index 17.4; this was in 1933, a quiescent year of low endemicity. The rates were much higher in the small villages than in the towns. The relative percentages of the three species were: *P. falciparum* 38, *P. vivax* 34.5, *P. malariae* 26.5. The principal malaria season extends from the end of July to October. The seasonal wave in Greece is, on the average, longer and continues later in the year than is the case in Italy and other European countries. It is believed that the explanation lies in the greater prevalence of *A. superpictus* in Greece. Thus anopheles has its greatest density in the autumn. W F

TRAXMILLER (O.) Le paludisme dans les Iles de l'Adriatique. Kik. Rab et Pag. (Malaria in the Adriatic Islands).—*Bull. Office Internat. d'Hyg. Publique* 1935. Feb. Vol. 27. No. 2. pp. 291-303. With 2 maps & 2 figs. on 1 plate.

An example of control by means of *Gambusia* [see also this Bulletin, Vol. 30, p. 865].

The islands along the coast of Yugoslavia are malarious, while the mainland is comparatively healthy. The Dalmatian islands, on the contrary, are healthy while the mainland is malarious. The chief carrier in the three islands is *A. maculipennis*. In the island of Kik. there are no rivers and the rain sinks quickly into the porous soil, except in certain districts characterized as "red soil" districts. This red soil is less porous, and in these districts there are numerous ponds, or "lokvas" which furnish the sole supply of water for agricultural purposes. They become very foul through contamination by cattle but nevertheless *A. maculipennis* breeds in them prolifically. *Gambusia* were first put into these lokvas in 1924 and they multiplied rapidly. The ponds were soon cleared of larvae, and the incidence of malaria was so much diminished that the distribution of quinine, which was formerly the principal method of combating malaria, became largely superfluous. In dry seasons many of the lokvas dry up and the fish perish; consequently owners have been made responsible for keeping their ponds clear of weeds and stocked with *Gambusia*.

The situation in the island of Rab which lies further south is quite different. Here there are numerous streams which come down from the hills and meander through marshy plains. Some drainage work has been carried out near the town but treatment with drugs constitutes the principal method of dealing with malaria. Two years ago treatment with atebryn and plasmoquine was introduced and since then there has been a striking reduction in the amount of malaria.

In the island of Pag there are lokvas in the hills and two brackish lakes in the marshy plains. Here again *Gambusia* has proved an efficient means of control, but if the *Gambusia* are destroyed malaria returns for example the inhabitants sometimes throw the stems of a euphorbia into the lakes in order to stupefy the eels which then float to the top and are easily caught. Where this has been done the *Gambusia* have been killed, anopheline larvae have thrived and malaria has increased.

W F

GIOVANNOLA (Arnaldo) *Plasmodium ovale* considered as a Modification of *Plasmodium vivax* after a Long Residence in the Human Host.—*Amer Jl Trop Med* 1935 Mar Vol. 15 No 2 pp 175-188 With 11 figs. [19 refs.]

The author does not accept *P. ovale* as a valid species.

This communication begins with a very useful critical survey of the cases of *P. ovale* infection which have been reported up to the present time including the case reported by CRAIG in 1900. The author has compared the original Wagner Jauregg strain of *P. vivax* with JAMES's strain of *P. ovale* and he writes: "In conclusion the study of the Wagner Jauregg strain of *P. vivax* which has been passed for 15 years directly with blood from one man to another shows a parasite practically indistinguishable from the usual description of *P. ovale*." *P. vivax* as we observed it in chronic infections and in inter human passages is practically indistinguishable from the usual descriptions of *P. ovale*.

We must consider these modifications as due to the long residence in the vertebrate host in which the parasite had adapted itself by modifying its biology. At present we have not enough proof to accept *P. ovale* as a fourth human *Plasmodium*.

W F

JAMES (S P) NICOL (W D) & SHUTE (P G) The Specific Status of *Plasmodium ovale* Stephens.—*Amer Jl Trop Med* 1935 Mar Vol. 15 No 2 pp 187-188

The authors give the reasons why *P. ovale* is to be regarded as a separate species—

(a) Its morphology differs from that of the other 3 species and the differences persist when the parasite is passed from person to person by direct blood inoculation.

(b) The character and arrangement of the pigment in the oocysts found on the stomach wall of the mosquito 72 hours after feeding is specifically diagnostic. The sporozoites are much smaller than those of *P. vivax*.

(c) The morphological character of the parasite, the periodicity of its asexual cycle in man and the characteristic clinical course of the disease which it causes are not altered by repeated passages through insect and human hosts.

(d) *P. ovale* is immunologically distinct from the other species of malaria parasites. Patients who are immune to all the three ordinary types are not immune to *P. ovale*.

(e) The clinical course of a first attack of malaria when it is due to *P. ovale* is different from a first attack due to one of the other species.

W F

STRATMAN THOMAS (Warren H.) Studies on Benign Tertian Malaria.

8. Observations on Splenomegaly.—*Amer Jl Hyg* 1935. Mar. Vol. 21 No. 2 pp. 361-363

These observations were made on patients who were given a single primary therapeutic infection with *P. vivax*. The conclusions reached were that (a) the degree of splenic enlargement is proportional to the duration of the primary attack. (b) After the cessation of the clinical attack, the spleen quickly decreases in size. (c) If the clinical attack subsides but the maximum degree of splenomegaly persists there is possibility of a relapse. (d) Since splenic enlargement is transitory spleen surveys should be made at the height of the malaria season.

W F

BOYD (Mark F) STRATMAN THOMAS (W K) & KITCHEN (S. F.) Studies on Benign Tertian Malaria. 9. An Instance of Natural Refractoriness in a Caucasian to Inoculation with *Plasmodium vivax*—*Amer Jl Hyg* 1935. Mar Vol. 21 No. 2 pp. 364-365

The patient a white man who came from a place 83 miles from Tallahassee was bitten on three occasions by numbers of mosquitoes of proved infectivity. The results were always negative. The strain used was the McCoy strain of *P. vivax* which had its origin in a place within 12 miles of Tallahassee. The patient was then bitten by mosquitoes infected with the mild Steadman strain with the result that parasites were found in his blood 17 days later and persisted for 8 days in small numbers. There were no clinical symptoms and the temperature never approached 100°F. The patients had had three attacks of malaria during the previous six years. The authors conclude that this demonstrates the natural occurrence of homologous tolerance as well as some protection against heterologous strains.

W F

IVRINGAR (M. O T) Anophelines Infected with Malaria Parasites. Further Note.—*Records of the Malaria Survey of India*. 1934. Dec. Vol. 4 No. 4 pp 371-372

The author reported on a former occasion that he had found *A. jayporiensis* James (type form) infected with malaria parasites under natural conditions in Travancore State, South India. He now amends this report and states that the infected specimens belonged to the variety *A. jayporiensis* var *candidiensis* Kouda, and not to the type form.

W F

HOWARD (H. H.) EARLE (W. C.) & MUENCH (H.) A Method of Analysis of Field Malaria Data.—*Jl Amer Statistical Assoc* 1935 Mar Vol. 30 No 189A Supplement. pp 249-256 With 1 chart.

The data consist of (a) incidence of malaria, in numbers of cases per month (b) intensity of mosquito breeding in monthly average numbers of larvae and pupae per dipping period (c) density of adult mosquito prevalence in monthly average catches per animal-baited trap per night. The inquiry took place in Porto Rico and covers five years. A principal object of the report is to compare inside treated zones with outside zones in six of the seven main areas of the island. The statistical method used may be illustrated on the data of monthly catches. From the experience of the five years a monthly trend was obtained and smoothed by a second order Fourier series. Then the expected values so obtained are subtracted from the individual monthly records in order to reach indices freed so far as practicable from seasonal influence. The comparison of the residual systems of inside and outside showed a much greater rate of reduction in inside areas. It should be remarked that the fitted data are not actual numbers of mosquitoes caught but the natural logarithms of these numbers.

But it might be objected that the dissimilarity of treated and untreated zones was due to the natural conditions in the latter being so unlike those of the former that no real control was provided. If this were so then, after seasonal variations had been removed, there should be no significant correlation between fluctuations about the respective trend lines of the corresponding areas. Actually the correlation when time is held constant is increased. Further the correlation of different areas is insignificant (Luquillo and Santa Isabel). In 6 areas it was possible to compare treated and untreated zones with respect to the curve of captures in three of these the difference in favour of the treated is, statistically speaking highly significant, in two others about three times the probable error of the difference in one not significant. Only two areas permitted of comparison on the basis of cases of malaria in one the difference in favour of the treated was 2.9 times and in the other 3.7 times the probable error of the difference.

This is a carefully written and valuable piece of statistical analysis.

M Greenwood

PARROT (L.) & CATANEI (A.) Sur les renseignements fournis par l'indice splénométrique dans la mesure du paludisme endémique. [*The Splenometric Index in Endemic Malaria.*].—*Riv di Malarologia* Sez. I 1935 Vol. 14 No 1 pp 32-34

The splenic index is not a very good measure of the fluctuations of endemic malaria. Though the number of palpable spleens in a community may remain approximately the same their sizes may alter owing to a decrease or an increase in the prevalence of malaria. The author measures all spleens in finger breadths reckoning from the costal margin. The palpable spleens of not more than 1 finger breadth are put in category 1. Those up to 2 finger-breadths in category 2 and so on up to 5 finger-breadths in category 5. All larger spleens are put in category 6. The figure for the average sized

spleen is obtained by adding all the category figures together and dividing by the total number of enlarged spleens. The figure thus obtained, multiplied by the splenic index gives the splenometric index. Several examples illustrating the value of this index are given. For example the splenic index of a labour force at Mitidja was 50.9 per cent the splenometric index was 213. After 6 months quinine treatment there was little alteration in the splenic index, which now stood at 48.1 per cent but the splenometric index had fallen to 110 and indicated accurately the improvement which had taken place.

W F

SCHENBRA (F W) Zur Frage der Kriegsmalaria. [The Question of War Malaria.]—*Deut Med Woch.* 1933 June 28. Vol. 61. No. 26. pp. 1044-1045

Account from a Berlin hospital of a case of war malaria in which fever and death from another cause occurred 17 years later with malarial parasites in the blood.

A man of 48 had malaria in Macedonia in the European War. He had relapses at irregular intervals with rigors and quinine treatment till 1928 after which the disease disappeared. In 1929 he began to have pain in the belly attributed to the gall bladder. In 1933 the pain increased and he was removed in September to hospital, where operation was refused. A few days later he began daily rigors, his blood was examined and plasmodia of tertian type were demonstrated in several blood smears and in thick drops. Four days later he died. Autopsy showed purulent cholecystitis and "blackish pigmentation of the liver and spleen which were both enlarged. The author says that malaria acquired later or an autochthonous infection can be excluded. Cases, it is stated, have been recorded by RIGGE and by DUMOLARD & AUBRY in which tertian relapsed after 10-17 years. The bearing on the pension question is briefly discussed [See also p 406 above.]

A G B

KELLEY (W H) & SYDENSTRICKER (V P) Notes on Pernicious Malaria.—*Arch Intern. Med.* 1935 May Vol. 55. No. 5 pp. 818-825 With 1 chart.

This report reviews observations made on patients admitted to hospital with malaria in an area along the Savannah River in Georgia. The negro is more resistant than the white man and although the population consists of an equal number of each, many more whites than blacks were admitted.

During a period of 15 years, 700 cases of severe malaria were observed—benign tertian 193 subtertian 502. The mortality was 0.5 per cent. for benign tertian and 9.98 for subtertian. Pernicious malaria occurred in 19.34 per cent. of the subtertian cases. It was more common in negroes than in whites. About half the cerebral cases died. Haemoglobinuria occurred in 16 persons most of whom had suffered from repeated infections. Transfusion was employed in 12 such patients 10 of whom survived. Fourteen had taken quinine shortly before the blackwater began but no increase in haemoglobinuria was noted in 5 of those who received blood transfusion and were subsequently treated with quinine.

W F

SLATTNEANU (A) NICOLAU (S) & BALMUS (G) L'histopathologie du système nerveux dans le coma paludique [Histopathology of Nervous System in Malarial Coma.]—*Arch Roumaines Path Experim. et Microbiol.* Paris. 1935 Mar Vol. 8. No 1 pp 5-43 With 24 figs. [47 refs.]

The authors give a comprehensive view of the work which has been published, especially as regards Dürck's nodules. They then describe very fully their own findings in a fatal case of malarial coma. The paper is illustrated by a number of drawings.

They found an acute polynuclear inflammation of the meninges with some oedema of the membranes swelling of the nerve cells with chromatolysis of Nissl's granules glial proliferation a parenchymatous mononuclear infiltration which sometimes gave rise to nodules vascular lesions such as thrombosis haemorrhage and inflammation within and around the vessels malarial pigment in the connective tissue cells endothelium meninges etc. Malarial pigment was not found within the neurones but the authors describe a *brown pigment* which was very abundant there especially in the nerve cells where it sometimes obscured their structure completely This brown pigment contained no iron was not doubly refractive like malaria pigment and was neither a carotene nor a chromolipoid. Lesions in the peripheral nervous system were most marked in the spinal and plexiform ganglia. In the nerve-roots and in the nerves themselves, interstitial inflammation and perivascular changes were present.

W F

TIRUMURTI (T S) & RADHAKRISHNA RAO (M V) The Role of Malaria in the Causation of Cirrhosis of the Liver—a Preliminary Note.—*Jl Indian Med Assoc* 1935 Apr Vol. 4 No. 8. pp 315-317 [18 refs.]

The authors are convinced from experience in South India that malaria *per se* is not a direct cause of cirrhosis of the liver They have collected livers from cases of chronic malaria, and will report on them later

W F

SALEUN (G) & MONIER (H M.) Renseignements et techniques particulières recueillis à l'école italienne de malarologie [Lessons learnt in the Italian School of Malarology]—*Ann de Méd et de Pharm Colon* 1934 Oct.-Nov.-Dec. Vol. 32. No 4 pp. 472-493

Useful notes on the testing of Paris green reticulocytes, precipitin tests, Alessandro's theory of macroptera and rice fields immunity in malaria etc.

The authors here set out the contents of their notebooks compiled in Italy They cover a wide range of subjects from theories about the origin of blood corpuscles to the staining of malaria parasites. Under the heading of Paris green they say that if this is too fine it binds into lumps and cannot be spread, while if it is too coarse it cannot be taken up by the mosquito larvae. Paris green is often adulterated with baryta. In order to detect this put a little into a test tube containing 5 cc. of ammonia. If the Paris green is pure the ammonia turns blue and remains clear, but if it contains baryta,

it becomes cloudy. In order to test if the labourers are applying Paris green regularly take 10 cc. of the water from the surface put it in a flask with some small pieces of zinc and a little dilute sulphuric acid put a piece of filter paper over the mouth of the flask with a little powdered silver nitrate on the top of it. After a few minutes—if the water contains any Paris green—the silver nitrate becomes first yellow then brown, and, if one adds a drop of water black. (But all traces of arsenic disappear very quickly after dusting with Paris green.)

The method of Cesaris-Demel for the intravital staining of reticulocytes is described. The following stain is employed —

Brilliant cresyl blue	..	2 gram.
Soudan III		4 "
Absolute alcohol	..	15 "

A perfectly clean slide is warmed slightly and two drops of this stain are allowed to fall on it. This evaporates and forms a thin coloured film. A drop of the blood to be examined is taken on a cover slip and this is dropped wet on to the coloured slide. When reticulocytes are scarce they may be concentrated by centrifuging in sodium citrate. Under the plasma in the centrifuge tube and above the red corpuscles, comes the grey layer. In this grey layer are found, in the following order—the white cells the megaloblasts, the red cells containing malarial parasites. Technical notes in connexion with many other investigations are given, for example: precipitin testing of mosquito blood meals methods of storing live mosquitoes Barber's rapid method of examining salivary glands the mounting of mosquitoes stomachs and salivary glands etc. Professor Guglio ALESSANDRINI's theory of macropteris and micropteris anopheles is mentioned. He looks upon malaria as primarily a disease of the small weak microptera which breed in the marshes where their food is protozoa. The large strong macroptera which breed in the rice fields and feed on nourishing plankton consisting of algae can resist infection with the parasites of malaria. ALESSANDRINI therefore recommends planting rice as an anti-malarial measure. The work of SCHILLING and NEUMANN in connexion with immunity in trypanosomiasis and malaria is also mentioned. Possibly the process is as follows—antibodies are produced at the first attack and destroy all but a few parasites. Those few resistant parasites gradually increase until they cause another attack, and produce a second lot of antibodies different from the first. Again a few parasites escape which produce a third lot of antibodies and so on until "the accumulation of different antibodies creates a progressive premunition." IV F

VAN NITSSEN (R.) Essai de prophylaxie rationnelle chez l'enfant indigène. [Rational Prophylaxis in the Native Child].—Bull. M<sup>d</sup> de Katanga. 1934 Vol. 11 No. 6. pp. 185, 187-190.

All the native women in the Panda camp are taken into hospital for their confinements and subsequently they bring their babies every day to the infant-welfare centre until they are a year old. Afterwards the children are given a free meal every day in the camp canteen until they are two years old. Once a month, the blood of the children is examined by the thick film method, and those with parasites are given treatment for six days. This brings about a great improvement in the health of the children and reduces the number infected with gametocytes but it does not get rid of the children's

malaria entirely and consequently it does not interfere with the development of immunity. The doses given were as follows — Children up to 6 months 5 centigrams of atabrin daily children from 6 months to 2 years, 10 centigrams daily. The doses of plasmoquine for the same ages were one-tenth of the doses of atabrin

W F

GAIGNAIRE Confusion mentale mélancolie anxieuse et mélancolie délirante curable, d'origine paludéenne. [Mental Confusion in Malaria.]—*Ann de Méd et de Pharm Colon* 1935 Oct-Nov-Dec. Vol. 32. No 4 pp 572-574

The delirium of malaria usually disappears with the falling of the temperature but the author describes three cases of pernicious malaria in natives of the Bakaka tribe where the delirium passed into a state of mental confusion in which the hallucinations of the delirium persisted and the patients remained in a state of terror from which they could not be aroused but continued to groan lament and cry out in fear. The symptoms passed off during convalescence. Three other cases from the same tribe were brought to the author suffering from mental symptoms of some months duration. Their mental state was characterized by anxiety they groaned and lamented and accused themselves of grievous sins. Their spleens and livers were enlarged, parasites were present in the blood, and complete recovery followed anti-malaria treatment

W F

DJAPARIDSE (P S) Ueber die Frage der Malariaödeme [Malarial Oedema.]—*Arch f Schiffs u Trop Hyg* 1935 June Vol. 39 No 6 pp 252-256

A study of the disturbances of the water metabolism in malaria.

The author investigated the problem in 117 cases of malaria in Suchum [? Georgia, on the Black Sea] Of the 117 13 were infected with *Plasmodium vivax* 79 with *Plasmodium malariae* and 25 with *Plasmodium falciparum*. Oedema occurs most frequently in cases of quartan malaria less frequently in malignant tertian and least in benign tertian. If there are kidney lesions albuminuria with casts is present but there may be oedema without albuminuria. The cause of oedema without albuminuria particularly frequent in quartan malaria, is not clear and requires further investigation possibly endocrines may play a part. The cases of oedema without albuminuria are easily cured by quinine and thus is important in the differential diagnosis. Since cases may occur in endemic areas without showing typical signs of a malarial attack it is essential to make extensive blood investigations including the melanoflocculation reaction

E D W Greig

CORMAN (A) Hémorragie sous-capsulaire de la rate au cours d'un accès aigu de malaria. [Rupture of the Spleen during an Acute Attack of Malaria.]—*Bull Méd du Katanga* 1935. Vol. 12. No 1 pp 22-25

The rupture of an enlarged spleen during vomiting caused terrible pain and great tenderness.

(1107)

F



The patient, a man of 32, had suffered from several attacks of malaria during the course of the two years preceding his admission to hospital. During an acute attack he vomited violently after quinine, and while he was retching, he was seized by a sudden pain in his left side so severe that he fainted. He was admitted to hospital with all the signs of abdominal haemorrhage and an exquisitely tender area over the left side of the abdomen, in which there was a localized area of dullness and swelling in the position of his enlarged spleen. A haemorrhage under the splenic capsule was diagnosed. He was treated with coagulant drugs and the local application of ice, and he recovered. An attack of blackwater with malaria parasites in the blood, occurred during his convalescence and was treated with atehrin.

W F

BARBOSA (Amando) La quinina y la atebina en la prevención de las recrudescencias que siguen a la recurrencia de terciana benigna. (Estudio comparativo.) [Quinine and Atebrin in preventing Recrudescences after Recurrence of Benign Tertian Malaria.]—*Medicina Paises Calidos*. Madrid. 1935 Mar Vol. 8. No. 3 pp. 139-144

The author follows JAMES in defining a "recrudescence" as a return of fever and parasites within 8 weeks of recovery from the primary attack a "relapse" as a return between 8 and 24 weeks, and a "recurrence" as a return at some time later than 24 weeks (see the *Bulletin* Vol. 28, p. 567). He treated 49 patients suffering from benign tertian with quinine and another 49 with atehrin. In each group there were 12 adults and 37 children. The dosage of atehrin was 0.1 gm. daily for children between 6 months and 5 years from 5-9 years 0.15 gm. 10-12 years 0.2 gm. and over 12 years 0.3 gm. The dose of quinine was also graded the usual dose for an adult being 1 gm.

Each patient was kept under observation for a period of two months after recovery from the recurrence. Seven recrudescences occurred among the 12 adults treated with quinine or 58.3 per cent. [The percentages are stated for purposes of reader comparison, with the known proviso of the fallacy of calculating percentages on small numbers.] There were five among adults treated with atehrin, or 41.6 per cent. Among the 37 children given quinine there were 18 recrudescences, i.e. 48.6 per cent. and among those treated with atehrin 14 or 37.8 per cent. Taking adults and children together, there were 25 recrudescences among the 49 treated with quinine and 19 among the atehrin group or 51 and 38.7 per cent. respectively. In other words atehrin is more effectual than is quinine in preventing recrudescences following recurrence of benign tertian, both in children and adults.

Again the average period before the recrudescence in those treated with quinine was 20.4 days, in those treated with atehrin 41.7 days that is, atehrin delays the appearance of the recrudescence, the interval being fully double the length of that of the quinine treated group.

H H S.

- i. MORISHITA (Kaoru) MIYAHARA (Hatsuo) & ISHIKAWA (Hiozo) Studies in the Treatment of Malaria XIII Experimental Treatment with Plasmoguinine and Atebrin as carried out by our APA Method.—*Taiwan Igakkai Zasshi (Jl Med Assoc Formosa)* 1935 Mar Vol. 34 No 3 (360) [In Japanese pp 319-328. [14 refs.] English summary pp 328-330]
- ii. — & — XIV Further Notes on the Experimental Treatment with Plasmoguinine (5th Report) On a Modified Use of Plasmoguinine (PQB Method)—*Ibid* [In Japanese pp 338-346 English summary pp 346-348.]

i. Twenty-one patients were given 0.3 gram atebrin and 0.03 gram of plasmoguinine daily for seven days. They were kept under observation for 8 weeks and none of them relapsed. The duration of parasites after the beginning of treatment was benign tertian 1 to 3 days quartan 1 to 4 days crescents 1 to 8 days subtertian trophozoites 1 to 3 days. The authors call this method of treatment the A.P.A. method.

ii. Twenty two patients were treated by the P.Q.B. method which consists of 0.3 grams of quinine daily for 2 weeks with 0.04 grams of plasmoguinine in the first week. The patients were observed for 8 weeks. There was a relapse rate of 23 per cent. in benign tertian and 15 per cent. in subtertian. W F

CIUCA (M) FRANKE (M.) & ALEXA (E) with the collaboration of C. AGAPI E. PUPU & E. MANOLIU Contribution à l'étude de l'efficacité thérapeutique comparée de l'atébrine seule ou associée avec d'autres produits antipaludéens dans l'infection naturelle [Comparative Study of Treatment by Atebrin Alone and Associated with Other Drugs].—*Arch Roumaines Path Expér et Microbiol* Paris 1935 Mar Vol. 8 No 1 pp 111-123 With 3 figs.

The authors treated 110 patients for a period of 7 days with daily doses of one of the following —

(a) atebrin	0.30 ctgr (? gram)
(b) atebrin	0.30 + plasmoguinine 0.02
(c) atebrin	0.30 + quinine 0.50
(d) quinine	.. 1 gram
(e) quinine	0.50 + plasmoguinine 0.02

There was no apparent difference between quinine and atebrin in the treatment of the attack. Atebrin and quinine together were not superior to either drug given separately. Combined treatment with atebrin and plasmoguinine often produced toxic symptoms this combination should be used only under strict observation by a medical man. Staining of the skin in cases treated with atebrin tended to be more marked in severe cases. W F

BIGGAM (A. G.) Atebrin and Malaria.—*Jl Roy Army Med Corps*. 1935 June. Vol. 64 No 6 pp 400-402.

Four European soldiers who had been treated with quinine and plasmoguinine in the tropics suffered from benign tertian relapses on their return to England and were treated with atebrin 0.3 grams daily for five days. Three of them relapsed in about 5 weeks and one in 14 weeks.

KIRILOV DREMOWSKY (A.) Orientierende therapeutische Versuche mit der 6-Tage-Behandlung mit Atebrin, Atebrin + Plasmoquin-simplex, Plasmoquin-compositum Chinoplasmin und Chinin. [Comparative Therapeutic Observations on a 6-Day Treatment with Atebrin, Atebrin + Plasmoquine Simplex, Plasmoquine Ca., Quinoplasmoquine and Quinine.]—*Arch. f. Schiffs u. Trop-Hyg.* 1935. June. Vol. 39 No. 6. pp. 243-252.

The title of this paper indicates its scope.

The observations were made in Bulgaria in a heavily infected village in the district of Plovdiv. In May 1934 the splenic index was 82.8 per cent and the parasite index 18.8 per cent. The treatment was begun on 27th May 1934 and ended on 5th October 1934. The nature of the infection amongst the patients was —*Plasmodium vivax* in 78 persons, *Plasmodium malariae* in 2, *Plasmodium falciparum* in 31 and mixed in 4. The ages varied from under 1 year to over 15 years. The drugs were given in the usual doses with appropriate reductions for children of various ages. The atebrin plasmoquine-simplex combination was used in a proportion 10:1. Toxic symptoms were noted in some cases, chiefly abdominal pain and cyanosis of lips. As a result of the observations the author concludes that—for a 6-day treatment the method of choice is the atebrin plasmoquine combination, it gave only a 3.7 per cent of relapses. He puts next the atebrin treatment alone, it is remembered that young children require correspondingly higher doses. In the third place he brackets equal, quinine with a 25 per cent relapse rate, quinoplasmoquine with 33 per cent., and plasmoquine with 42 per cent. of relapses. [The groups contained from 21 to 27 persons each.]

E. D. W. Gray

BLAZE (John R.) & SIMMONS (A. T. W.) Preliminary Observations on a New Soluble Atebrin Compound.—*Indian Med. Gaz.* 1935. Apr. Vol. 70 No. 4 pp. 185-188. With 21 charts.

This is an important report on 21 cases of malaria treated very successfully with intramuscular injections of atebrin musonate.

It is a yellow easily-soluble powder put up in dry ampoules, each containing 0.125 grams (corresponding to 0.1 gram of atebrin dihydrochloride) to be dissolved in exactly 3 cc. of water before use. The doses recommended by the makers are 1 ampoule for intravenous infection or 3 ampoules for intramuscular infection. According to HICHT (this *Bulletin* Vol. 31 p. 171) atebrin is absorbed in the duodenum, and taken to the liver—thence it is excreted with the bile back into the duodenum to pass once more back to the liver with the portal blood. According to this theory very little atebrin reaches the general circulation until the liver has been saturated with it, and this explains why none appears in the urine until treatment has been continued for several days. Theoretically then atebrin should act much more promptly when it is injected.

The results were as follows—A single intramuscular injection of 0.375 grams sometimes had a remarkable effect, but a recrudescence usually occurred within a few days. Two injections given on successive days were sufficient to get rid of all asexual benign tertian and sub-tertian parasites within 4 days—occasionally parasites reappeared after a few days, but they disappeared spontaneously. The injections were painless, and there were no toxic symptoms. The intravenous route, though harmless, is not satisfactory for routine treatment. W. F.

SLATINEANU (A.) & SIBI (M.) with the collaboration of M. FRANCKE E. VEIT E. LUPU & Z. PARASCHIVESCU Exploration fonctionnelle du foie et du rein dans le paludisme avant et après traitement à l'atébriane pure ou combinée avec plasmoquine ou quinine. [The Liver and Kidney in Malaria and after Atebrin Treatment.]—*Arch Roumaines Path Expér. et Microbiol* Paris. 1934 Dec. Vol. 7 No 4 pp 529-543 [32 refs.]

The yellow colouration of the skin produced by atebrian is a danger sign and patients showing it should be watched carefully. It appears to be associated with defective action of the liver and kidneys. Atebrin should not be employed except under medical supervision. Before treatment a transitory hepatic insufficiency was found in all the 60 cases of malaria examined. It was less marked in benign tertian acidosis was associated with it in many cases. No great reduction of chlorine or great azotaemia were found. A moderate renal insufficiency was found in subtertian and quartan

W F

SONI (R. L.) A Note on Yellow Discoloration in Atebrin Therapy—*Indian Med Gaz* 1935 Apr Vol. 70 No 4 pp 211-212.

Atebrin pigmentation never occurs before the third day. Slow excretion and cumulation are important factors but constipation, intercurrent infections etc. also modify the intensity and duration of the discoloration. The author gives details of a case in which pigmentation persisted for three months, and he ascribes the unusually long duration to a streptococcal infection of the throat from which the patient was suffering.

W F

STORM (C. J.) Ueber die Anwendung des Suprarenins bei intravenöser Injektion von Atebrin im Affenversuch. [Use of Adrenalin in Intravenous Injections of Atebrin to Monkeys.]—*Klin Woch* 1935 May 25 Vol. 14 No. 21 pp 756-758. With 3 text figs. [13 refs.]

An experimental study on the control by adrenalin of the toxic symptoms produced by intravenous injections of atebrian.

The author carried out his experiments on monkeys. Intravenous injection of atebrian has a marked effect on the circulation evidenced by a pronounced drop in blood pressure also by irregularities in the rhythm of the pressure curve due mostly to extra systoles. The author showed by his experiments that this fall in pressure could be prevented by adrenalin and for this and other reasons he recommends the use of adrenalin with intravenous injections of atebrian.

E D W Greig

i. HECHT (Gerhard) Experimentelle Untersuchung von Zirkulationsstörungen durch Plasmochin und Atebrin. Erwiderung auf die Arbeit von de Langen und Storm. [Experimental Investigation of Circulatory Disturbances by Plasmoquine and Atebrin. Reply to de Langen and Storm.]—*Klin Woch* 1935 Vol. 14 pp 714-716. [16 refs.]

ii. EICHHOLTZ (F.) Bemerkungen zur Arbeit von de Langen und Storm [Notes on the Work of de Langen and Storm.]—*Ibid* pp 716-718

[The opportunity—denied to most European laboratories—of using monkeys as test animals is fully taken advantage of by workers in

DE LANGEN & STORM's article was reviewed on page 418.

the Dutch East Indies and there is little doubt of the importance and utility of such experiments, especially in pharmacology. It was, however, only to be expected that emphasis of the complications which may follow the use in man of the most important antimalarial synthetic drugs of recent times, atebem and plasmoquine, based on monkey experiments, should elicit a reply from those who have used mainly the smaller laboratory mammals for test. The subject is a very important one for tropical practitioners and we may without passing any judgment on the controversy extract the opinions of those who are well qualified to express them.)

1. Hecht questions the claim that monkeys are ideal test animals and attributes the supposed great susceptibility of the monkey heart to atebem as due rather to the ill-advised perfusion method employed. Again, he considers that parenteral injection of a test drug cannot furnish a criticism of its suitability for oral administration. This is especially the case for intravenous injection. He is convinced too that intramuscular injection in monkeys has just the same action as in cats. With these latter animals he could discover no effect upon respiration and circulation of even 20 mgm. atebem per kgm. by intramuscular injection, although a negative variation of blood pressure could be obtained with a dose intravenously of 2 mgm. per kgm. Such an effect then could only be expected in man by intravenous injection. There is, however, no indication at all for intravenous injection of plasmoquine for its gametocidal effect. There are rare occasions, however (malarial coma) where urgent demands immediate action upon malarial schizonts and here the choice must lie between intravenous administration of atebem or quinine. Tropical practitioners have already used the tablets of atebem intended for oral administration, for this purpose and have found that intravenous doses of 0.2 gm. atebem—corresponding to 3 mgm. per kgm.—have been seldom followed by any complication. Evidently the dose recommended for intravenous injection is to be of the order of 0.1 gm. Such a dose would seem to come within the limit of safety as laid down by DE LANGE for man. Such a man "of 50 kilogram., in good bodily condition, with a blood pressure not lower than 100 mm. could probably stand an intravenous dose of 200 mgm. atebem. The position reduces to this, that both atebem and quinine have their dangers, when used by intravenous injection and the choice is left by the author to the practitioner whether he will select for intravenous inoculation an intravenous dose "of 0.1 gm. atebem (which may be repeated 2 or 3 times without danger as is shown by animal experiment, at intervals of an hour) or an effective dose of quinine."

2. The main complications to be expected from the action of plasmoquine are disturbance of cardiac rhythm and formation of methaemoglobin. But in the case of man very much smaller therapeutic doses are necessary than are capable of producing these effects, especially the doses that are used at the present time, which have diminished from the original 0.06 to 0.02 or 0.03. The author is not in favour of the combination of adrenalin which has its own dangers with plasmoquine nor yet of combining quinine and plasmoquine in intravenous injection.

W. F. HARRIS.

WATS (R. C.) & GHOSH (B. N.) **Quantitative and Qualitative Methods for Detection of Atebrin in Urine.**—*Records of the Malaria Survey of India* 1934 Dec. Vol. 4 No 4 pp 367-370

The technique of the qualitative test is as follows those wishing to carry out quantitative tests should consult the original —

(1) About 100 c.c. of the urine containing atebrin are rendered alkaline with 10 gm. of potassium carbonate and shaken with 20 c.c. of amyl alcohol in a glass cylinder

(2) The supernatant alcohol layer is poured off from the top and if turbid is washed with a saturated aqueous solution of potassium carbonate

(3) The presence of atebrin would be evident from the typical yellow colour imparted to amyl alcohol, and can be confirmed in the following way. With a convex lens the bright sunlight is focused against a black background and the tube containing the extracted amyl alcohol interposed in a slanting position between the lens and its focus. A distinctly green fluorescence is noticeable in the beam of light, especially on moving the lens parallel to the tube. It should be distinguished from the faint blue fluorescence sometimes caused by the solution of urobilin in amyl alcohol.\*

The green fluorescence mentioned above is quite distinctly shown in an amyl alcohol extract containing atebrin in dilutions up to 1 in 2 000 000. This last would correspond to the presence of atebrin in a dilution up to 1 in 10 000 000 in the urine tested. IV F

BLACKIE (W. K.) **A Fatal Case of Plasmoquine Poisoning**—*South African Med J* 1935 Mar 9 Vol. 9 No 5 pp 147-148

The tragic termination of this self treated case points clearly to the need for medical supervision in all cases of plasmoquine therapy

The deceased had twice suffered from blackwater and each time the attack had followed a small dose of quinine. Three days before his death he felt seedy and obtained plasmoquine and atebrin from a chemist. In the following 24 hours, he took 0.6 gm. of atebrin and 0.03 gm. of plasmoquine after which he complained of a tightness about the throat and respiratory distress. He continued with the drugs and, on the second day he took the same doses as on the first. He then complained of griping pains in the abdomen, together with difficulty in breathing swallowing and speaking. His temperature had risen to 102°F and his lips were blue. He died on the following morning. No signs of recent malaria were found post mortem. Cyanosis was present in the finger nails the ears, lips gums and palate. The kidneys were intensely congested and swollen they presented the appearance of acute haemorrhagic nephritis. The liver was soft suggestive of parenchymatous necrosis. The highly acid urine contained methaemoglobin granular casts granular debris and numerous leucocytes. IV F

HICKS (E. P.) & CHAND (Diwan) **The Relative Clinical Efficacy of Totaquina and Quinine**—*Records of the Malaria Survey of India* 1935 Mar Vol. 5 No 1 pp 39-50

The authors found that quinine and both types of totaquina were

We have found that if one drop of pure sulphuric acid be added to every c.c. of the amyl alcohol extract and the mixture be heated in a boiling water bath for 3 minutes, the blue fluorescence due to urobilin is eliminated. The specimen should, however be examined while still hot, as some turbidity appears on cooling.

\* The addition of quinine salts, salicylates, caffeine, plasmoquine or iron salts to the urine has not been found to interfere with the green fluorescence characteristic of the amyl alcohol extract containing atebrin "

of equal efficacy in the immediate cure of malaria, and that there was no appreciable difference in their toxicity.

They treated 210 prisoners suffering from benign tertian and 138 suffering from malignant tertian. The drugs used were (a) quinine (b) totaquina Type I which contained 32 per cent. quinine and 11 per cent. cinchonine (c) totaquina Type II which contained 19 per cent. quinine and 20 per cent. of cinchonine. The doses were 0.6 gm. daily per 70 kgm. of body weight in benign tertian, and 1.2 gm. daily in subtertian. The drugs were given in tablets. The patients had been exposed to malaria all their lives. The mean duration of parasite under treatment with any one of the three drugs, was less than 1 day; the mean duration of fever was less than 2 days. Parasite and fever disappeared rather more quickly with totaquina Type II.

In most cases the differences between the drugs are small and are within the limits of error due to random sampling." The author suggests that a dose of 1.0 gm. or 15 grains once daily for 3 or 4 days would be suitable for the routine treatment of rural populations in the Punjab. This should be large enough to prevent the majority of deaths and to remove the clinical symptoms, which is all that is demanded by such populations." [See pp. 114 and 410 above.]

W F

PĂRULESCU CONSTANTINESCU (N) & BOCIU (V) Efficacité comparée du totaquina dans le paludisme humain (infection naturelle). [Totaquina in Malaria. Comparative Worth.]—*Arch. Roumaine Path. Expér. et Microbiol.* Paris. 1934. Dec. Vol. 7 No. 4 pp. 523-528.

Comparative tests were made with two samples of totaquina Type I with two samples of totaquina, Type II and with quinine sulphate. The tests were made upon 219 young soldiers who were in hospital suffering from malaria. Benign tertian patients were given 0.6 gm. (9 grains) daily for 5 days; subtertian and quartan cases were given 1.2 gm. (18 grains). These small doses were employed in order to bring out the difference in the efficiency of the several drugs when double these quantities were given they were all equally effective. The results showed that a Type I totaquina, or a Type II totaquina which has been brought up to the same standard, acted as well as quinine but, in the small doses used, a Type II totaquina, of which more than 50 per cent. of the alkaloids consisted of cinchonine, was less efficient.

W F

PIRELLI (Luigi) La terapia cacodilica ad alte dosi nella malaria acuta e cronica. (Sodium Cacodylate in the Treatment of Malaria).—*Riv. di Malarologia.* Ser. I. 1935. Vol. 14 No. 2 pp. 136-145 French summary

The author states that sodium cacodylate causes no inconvenience, has no effect on the temperature nor any destructive action on the asexual forms. The enlargement of the spleen is little if at all reduced and that little only if the enlargement is recent. It does however improve the general condition, especially in chronic malaria, increases the body weight, restores the blood to normal and effectively enhances the action of the quinine.

Fifteen patients suffering from acute malarial, primary or relapse, and 20 suffering from chronic forms of the infection were treated with sup

doses. The drug was made up of a strength of 0.25 gm. in 1 cc. with distilled water. In acute cases 0.3-1.5 gm. were given daily for 10 days either intramuscularly or intravenously. In chronic cases the course was spread over 20-30 days, including days of intermission in administration thus. For the first two days 2 cc. morning and afternoon = 1 gm. of the drug in the day. This was followed by two days rest. On the next three days 2 cc. were injected in the morning at midday and in the evening i.e. 6 cc. or 1.5 gm. of the drug 3 days rest. For the next five days 4 cc. morning and evening = 2 gm. in all and after another 5 days rest, injections daily for 5 days of 4 cc. morning midday and evening. [The author calls this a total of 2.5 gm. of cacodylate in the day but 12 cc. would contain 3 gm.] At the morning dose 1-4 gm. quinine [? salt] is given *per os*. Two courses with an interval of 20 days suffice to cure. H H S

SAUTET (Jacques) Contribution à l'étude du paludisme chez les enfants. Les traitements nouveaux. [Treatment of Malaria in Children.]—*Rev Méd et Hyg Trop* 1934 Nov-Dec. Vol. 26 No 6 pp. 257-261

The author gives a table of the doses of acridine and quinoline derivatives recommended for children.

He stresses the importance of treating children because they are the chief reservoirs of infection. He begins treatment either with quinine, or with one of the acridine derivatives i.e. with atebrium or quinacrine which are identical substances. A useful method for children is to conceal the tablet in a raisin. The doses recommended are —

0 to 6 months	quinine is preferable.
6 months to 1 year	0.025 gram acridine derivative daily for 4 days.
1 year to 2 years	0.05
2 years to 4 years	0.10
4 years to 8 years	0.15
8 years to 10 years	0.25
10 years to 15 years	0.30 gram acridine derivative daily for 5 days.

The daily amount should be given in 2 or 3 doses.

This treatment should be followed by treatment with one of the quinoline derivatives—plasmoquine (Bayer) rhodoquine (Poulenc Rhone) plasmoquine (Russian)—in order to destroy the gametocytes. These drugs are easy to give because they are not bitter like the acridine derivatives but they are toxic. The doses recommended are —

0 to 6 months	0.0025 gram.
6 months to 2 years	0.0050
2 years to 4 years	0.0075
4 years to 8 years	0.0100
8 years to 10 years	0.0150
10 years to 15 years	0.0200

These doses are given twice a week for 6 months

W F

PITTALUGA (G) Die Behandlung der Malaria. (Zusammenfassung der Erfahrungen spanischer Malarologen) [Treatment of Malaria in Spain.]—*Arch. f. Schiffs u. Trop Hyg* 1935 July Vol. 39 No 7 pp. 291-296

The experiences of Spanish malarologists in the treatment of malaria.



The problems with which they had to deal were —1 The treatment of acute primary cases of the three types. 2 The treatment of relapses of long and short duration. 3. The treatment of chronic and latent cases with general and visceral symptoms, splenomegaly anaemia, etc. 4 The treatment of abnormal forms of the disease, mixed infections, blackwater fever quinine idiosyncrasy

The author considers the most satisfactory scheme of treatment is a 7-day treatment with atabrin in the usual doses followed by a course of plasmoguinine. At end of this course an after treatment with quinine and arsenic for 14 days is advised. He recommends the parenteral treatment with adrenaline as a supplementary therapy for the asthma which accompanies many cases of malaria. E D W Grig

ALESSANDRINI (G.) Nuove vedute sulla biologia del parassita malarico. Atti V Congr. Naz. Microbiol., Cagliari 27-31 Maggio 1934 pp 17-27 [See this Bulletin Vol. 30 p. 734]

ARIMA (I) Beitrag zur Malaria Seroreaktion (Malaroseroaktion) —Fukui Acta Med (Fukuoka Ikwaishin Zasshi) 1935 June Vol. 28 No 1 (In Japanese German summary pp. 61-62.)

BALDI (Americo) Malaria antropona nel comune di Pioltella. Nota preventiva. Riv d Malariologia Sez. I 1935 Vol. 14 No. 1. pp. 43-44. French summary (6 lines)

BENARROCH (E. I.) A propos de la réaction de Henry pour la diagnose de paludisme —Riv d Malariologia Sez. II. 1934. Vol. 13. No 1 pp 329-341

BOURQUE (P.) Un cas d'hémorragie intestinale palustre à Soctrang —Jaf Soc Med-Chirurg Indochine 1935 F b-Mar Vol. 13 No. 2 pp 136-141

CANAVAN (Wm P. N.) Present Status of Malaria in Oklahoma. —Am J Trop Med 1935 Mar Vol. 15 No 2. pp. 225-230 With 3 figs

CHEN (Yungbo) Sindrome nervosa extrapiramidale di natura malarica. Policlinico Sez. Med. 1935. July 1 Vol. 42. No. 7 pp. 266-68 [32 refs]

COPELAND (A. J.) Malaria and Racial Extinction. [Correspondence]—Lancet 1935 June 22. p. 1472

FRACCHI (Luigi) Emoglobinuria da plasmodina.—Policlinico Sez. Pat 1935 Jan 28 Vol. 42. No 4 pp 126-129

GREENFIELD (Gregor) Ein Fall von Malaria mit Miasme —Arch. f. Schif u Trop Hyg 1935 Aug Vol. 39 No. 8 pp. 247-249 [See this Bulletin Vol. 13 p. 72.]

HAUER (August) Ueber Chiminintoxikation und Chikindiosynkrasie —Jaf Med Woch. 1935 Mar 1 Vol. 61 No 9 pp. 332-336. [22 refs]

HENRY (A. F. X.) Flocculation malarique et instabilité sérique. Courbes de malarioflocculation. Le clavier sérologique du paludisme —C. R. Soc Sci 1935 Vol. 119 No. 21 pp. 597-600

KIKUTH (Walter) Die experimentelle Chemotherapie der Malaria —Dtsch Med Woch. 1935 Apr 12 Vol. 61 No. 15 pp 572-577

KIKUTH (W) & SCHÖNBÖCKER (F) Erwiderung auf vorstehende Arbeit von Kirschewski und Pinner —Klin Woch. 1935 Jan. 5. Vol. 14 No 1 p. 24

KIRSCHESKI (J. L.) & PINNER (A. L.) Die Wirkung der Chinosalinderivate auf Gametocyten von Plasmodium praecox. Eine Erwiderung auf den Artikel von W. Kikuth und W. Schönbocker — Zur Frage der Gametocytenwirkung der Plasmodina — In Jg 1934 Nr 24 dieser Wochenschrift —JChn. Woch. 1935 Jan. 8 Vol. 14 No. 1 pp. 23-24

- DE LAUNGE (C. D.) & STORM (C. J.) A Comparative Clinical and Experimental Study of the Action of Quinine, Plasmoquine and Atebrin.—*Meded. Diensd & Volksgezondheid in Nederl. Indië* 1935 Vol. 24 No. 2. pp. 27-56 With 22 figs. [31 refs.]  
[This paper is the same as that noticed on p. 418 *ante* with slightly different title.]
- LINDBERG (K.) Notes on Malaria on the Barsi Light Railway (Deccan) — *Records of the Malaria Survey of India* 1935 Mar Vol. 5 No. 1 pp. 51-95 With 3 graphs [10 refs.]
- LIU (Lansing S.) The Prevalence of Malaria among Railroad Workers at the Hunan Kwantung Border.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2 pp. 159-164 With 1 map [12 refs.]
- LIU (K. B.) Observations on the Treatment of Malaria with Atebrin, Malacian, Totaquina, and Quino-Plasmoquine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2. pp. 299-302.
- MESNARD (J.) & TOUMANOFF (C.) Contribution à l'étude des habitudes tropiques des anophélins de la Cochinchine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2. pp. 53-63 [10 refs.]
- MITCHELL (Edward Clay) & GOLTMAN (David W.) Clinical Results in the Treatment of Malaria with Combinations of Quinine, Atebrin and Plasmochin during Four Years Experience.—*Southern Med J* 1935 June. Vol. 28. No. 6. pp. 538-542.
- MORIN (Henry G. S.) Sur l'activité prophylactique du service antipalodique des Instituts Pasteurs d'Indochine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2. pp. 107-128. With 4 figs., 1 map & 2 charts.
- MORIN (Henry G. S.) & CARTON (P.) De l'influence des facteurs climatiques sur la répartition de l'endémie palustre en Indochine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2. pp. 145-158. With 1 chart.
- MORINITA (Haeoru) On *Anopheles (Alysiomyia) indefinitus* (Ludlow 1904) in Formosa. Adjustment of *A. formosensis* II 4 *rossii* and *A. vagus* Problem.—*Taiwan Igakkaï Zasshi* [J. Med Assoc Formosa] 1935 May Vol. 34 No. 5 (362) [In Japanese pp. 558-578 With 1 fig. [24 refs.] English summary pp. 577-578.]
- MÜHLERS (P.) Are the Sequelae of Malaria contracted on Active Service Still Prevalent?—*J. Roy Army Med Corps* 1935 Apr Vol. 64 No. 4 pp. 247-249
- PRADO (Alcides) & GODINHO (Raul) Provavel caso autochtono de impaludismo registrado en S. Paulo.—*Rev. Paulista Med e Cirurg* 1935 Apr Vol. 29 No. 4 pp. 295-297
- RAMOS (Jose) Algunas consideraciones referentes a la marcha del paludismo en San Fulgencio (Alicante).—*Rev. San e Hig. Pública* 1935 July Vol. 10 No. 7 pp. 33-43 With 8 graphs.
- ROBIN (L. A.) Observations sur la prémanition antipalustre chez l'Annamite adulte.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China, 1934* Vol. 2 pp. 129-144 With 3 graphs
- ROOKHADSE (N. P.) [The Deflection of *Anopheles maculipennis* by Domestic Animals and its Significance in the Prophylaxis of Malaria].—*Med. Parasit. & Parasitic Dis. Moscow* 1935 Vol. 4 No. 1-2. [In Russian pp. 121-125.]
- RUSSELL (Paul F.) & BAIRAS (Francisco) A Practical Illustrated Key to Larvae of Philippine Anopheles.—*Philippines J. Sci* 1934 Dec. Vol. 55 No. 4 pp. 307-336 With 33 plates & 5 figs. [14 refs.]
- SERAPETTIN (Osman) Atropische Cirrhose malarischen Ursprunges.—*Wien Klin. Woch.* 1935 Apr 12. Vol. 48. No. 15 pp. 468-468.
- SHIPTON (Eva A.) & VICKERY (Donald) A Case of Congenital Malaria.—*Med. J. Australia* 1935. May 28 22nd Year Vol. 1 No. 21 pp. 655-656

The problems with which they had to deal were —1 The treatment of acute primary cases of the three types. 2. The treatment of relapses of long and short duration. 3. The treatment of chronic and latent cases with general and visceral symptoms, splenomegaly anaemia, etc. 4 The treatment of abnormal forms of the disease, mixed infections, blackwater fever quinine idiosyncrasy

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ALESSANDRINI (G.) Nuovo vedute sulla biologia del parassiti malarico. 4th I Congr Naz Microbial Cagliari 27-31 Maggio 1934 pp. 17-32. [See this Bulletin Vol. 30 p. 734]

ARIMA (I.) Beitrag zur Malaria Serumreaktion (Malarieflocculation) — *Fukuoka Act Med.* (Fukuoka-Ikkyodai-gaku Zasshi) 1935 June Vol. 23. No. 6 [In Japanese. German summary pp. 61-62]

BALDI (Americo) Malaria autoctona nel comune di Pistoia. Nota preventiva. — *Riv di Malarologia* Sez I 1935 Vol. 14. No. 1. pp. 42-44. French summary (8 lines)

BENARROCH (E. I.) A propos de la réaction de Henry pour la diagnostic du paludisme — *Riv di Malarologia*. Sez. II 1934 Vol. 13. No. 4 pp. 329-341

BOCHRAIN (P.) Un cas d'hémorragie intestinale palustre à Soerabaya. — *Soc Med Chirurg Indochine* 1935 Feb-Mar Vol. 13. No. 2 pp. 139-141

CARAVAN (Wm P. N.) Present Status of Malaria in Oklahoma. — *Am J Trop Med* 1935 Mar Vol. 15 No. 2. pp. 225-230. With 3 figs.

CHEN (Virgilio) Sindrome nervosa extrapiramidale di natura malarica. — *Polisicnico Sez Med.* 1935 July 1 Vol. 42. No. 7 pp. 320-34. 32 refs.

COVELAND (A. J.) Malaria and Racial Extinction. [Correspondence.] — *Lancet* 1935 June 22 p. 1472.

FICACCI (Luigi) Emoglobinuria da plasmodios — *Policlinico*. Sez. Ped. 1935 Jan. 28 Vol. 42. No. 4 pp. 136-139

GREENFIELD (Gregor) Ein Fall von Malaria mit Malaria — *Arch. f. Sch. u. Trop-Hyg* 1935 Aug Vol. 39 No. 8. pp. 347-348. [See this Bulletin Vol. 13 p. 72]

HAUER (August) Ueber Chininintoxikation und Chininkhronismus — *Deut Med Woch.* 1935 Mar 1 Vol. 61 No. 9 pp. 332-336. [21 refs.]

HENRY (A. F. X.) Flocculation malarique et instabilité sérique. Courbes de malarieflocculation. Le clavier sérologique du paludisme — *C. R. Soc Biol* 1935 Vol. 119 No. 21 pp. 597-600

KILUTH (Walter) Die experimentelle Chemotherapie der Malaria — *Deut Med Woch.* 1935 Apr 12 Vol. 61 No. 15. pp. 573-577

KILUTH (W.) & SCHÖNBÖCKER (F.) Erwiderung auf ostehende Arbeit von Kritschewski und Pines. — *Klin. Woch.* 1935 Jan. 5. Vol. 14. No. 1 p. 24

KRITSCHESKI (J. L.) & PINES (A. I.) Die Wirkung der Chininderivate auf Gametocyten von *Plasmodium praecox*. Eine Erwiderung auf den Artikel von W. Kiluth und W. Schönbocker. Zur Frage der Gametocytenwirkung des Plasmodiums. In Jg 1934, N. 24 dieser Zeitschrift. — *Klin. Woch.* 1935 Jan. 5 Vol. 14 No. 1 pp. 23-34

- DE LANGE (C. D.) & STORM (C. J.) A Comparative Clinical and Experimental Study of the Action of Quinine, Plasmoquine and Atabrin.—*Meded. Dienst d. Volksgezondheid in Nederl. Indië* 1935 Vol. 24 No 2 pp 27-56 With 22 figs. [31 refs.]  
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- LIU (Landing S.) The Prevalence of Malaria among Railroad Workers at the Hunan Kwantung Border.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China, 1934* Vol. 2 pp 166-164 With 1 map [12 refs.]
- LIU (K. B.) Observations on the Treatment of Malaria with Atabrin, Malaron, Totaquine, and Quino-Plasmoquine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2 pp 299-302
- MERWARD (J.) & TOUMANOFF (C.) Contribution à l'étude des habitudes tropicales des anophélins de la Cochinchine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2 pp 53-63 [10 refs.]
- MITCHELL (Edward Clay) & GOLDMAN (David W.) Clinical Results in the Treatment of Malaria with Combinations of Quinine, Atabrine and Plasmoquine during Four Years Experience.—*Southern Med J* 1935 June Vol. 28 No 6 pp 538-542.
- MORIN (Henry G. S.) Sur l'activité prophylactique du service antipaludique des Instituts Pasteurs d'Indochine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2 pp 107-128 With 4 figs. 1 map & 2 charts.
- MORIN (Henry G. S.) & CARTON (P.) De l'influence des facteurs climatiques sur la répartition de l'endémie palustre en Indochine.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2 pp 145-166 With 1 chart.
- MORSEHITA (Kaoru) On *Anopheles (Myzomyia) indefinitus* (Ludlow 1904) in FORMOSA. Adjustment of *A. formosensis* II. A fourth and 4 pages Problems.—*Tsamen Igakko Zasshi (Jl Med Assoc Formosa)* 1935 May Vol. 24 No 5 (332) [In Japanese pp 558-576 With 1 fig [24 refs.] English summary pp 577-578.]
- MORLENE (P.) Are the Sequelae of Malaria contracted on Active Service Still Prevalent?—*Jl Roy Army Med Corps* 1935 Apr Vol. 64 No 4 pp 247-249
- PRADO (Alcides) & GONCALVES (Raul) Provavel caso autochtono de impaludismo registado em S. Paulo.—*Ann Paulist Med e Cirurg* 1935 Apr Vol. 23 No 4 pp 295-297
- RAMOS (Jose) Algunas consideraciones referentes a la marcha del paludismo en San Fulgencio (Alicante).—*Rev San e Hig Pública* 1935 July Vol. 10 No 7 pp 33-43 With 8 graphs.
- ROSTK (L. A.) Observations sur la prémission antipalustre chez l'Annamite adulte.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2 pp 129-144 With 3 graphs.
- ROCKRADEK (N. P.) [The Deflection of *Anopheles maculipennis* by Domestic Animals and its Significance in the Prophylaxis of Malaria].—*Med Parazit & Parazitiz. Moscow* 1935 Vol. 4 No 1-2 [In Russian pp 121-123]
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- SERREYTER (Oskar) Atropische Chirose malarischen Ursprunges.—*Wien Klin Woch* 1935 Apr 12 Vol. 48 No 15 pp 466-468.
- SMITH (Eva A.) & VICKERY (Donald) A Case of Congenital Malaria.—*Med Jl Australia* 1935 May 25 22nd Year Vol. 1 No 21 pp 655-656.

- STREJSKAL (Karl) Kommen berste noch Kriegsmalariafolgen vor?—*Wien Klin. Woch.* 1935 Apr 26. Vol. 48. No. 17 p. 532.
- TILLEMA (S.) Malaria te Los Koolon. De schadelijke weerstand als factor bij de malariebestrijding.—*Geneesk. Tijdschr. v. Nederl. Indië.* 1933. Apr. 2. Vol. 75. No. 7 pp. 574-576.
- TEXEIRA (F.) Le rôle du système réticulo-endothélial dans la mécanisme de la adrofoloculation palustre de Henry.—*Bull. Soc. Path. Exot.* 1935. Mar. 12. Vol. 28. No. 3 pp. 174-176.

## REVIEWS AND NOTICES.

CALCUTTA. Twelfth Conference of Medical Research Workers held at Calcutta from 28th November to 1st December, 1934—pp iii + 210 1935 Simla Govt. of India Press.

For a congress of workers in which those workers not only submit reports of progress but make an appeal to their fellows for their approval of the continuance of the work has a special interest of its own. The business of the congress is of course not simply budgetary for it affords an opportunity for workers to meet and discuss their researches. As in previous conferences the range of the subject matter is very wide it covers all those diseases malaria cholera plague rabies, leprosy kala azar and others which have some title to be called the chief diseases of India, together with extremely interesting references to nutrition research tuberculosis the extent and intensity of extreme ultra violet solar radiation maternal mortality yellow fever and cancer.

A new decision has been come to regarding the status of the Indian Research Fund Association which is now to be a local body *not* administered by the Government of India. This seems calculated to give even greater freedom to the medical control of the work done than hitherto. The conference although largely composed of government officials appears to have opportunity for fairly free speech as is evidenced by the occasional incorporation of criticisms of government medical policy.

A series of 55 appendices contain for the most part the accounts of special research work. Cholera research is one of great importance. It is rather startling here to find an expression of doubt of the value of statistical analysis of figures for the effect of bacteriophage in the prevention of cholera. This however presumably is not a reflection on what is generally regarded as the only means available for dealing with the case of prophylaxis or treatment in the field but to the difficulty of obtaining reliable statistics. The committee on this subject, too has evidently not been entirely satisfied with certain of the statistical data. One notes with satisfaction a preliminary although rather disappointing attempt to put the question of efficacy of bacteriophage to rigorous experimental animal test with the use of *Past pestis* as the test bacterium. Statistical data should be obtainable in laboratory controlled trials even though the persistent and distant carriage of bacteriophage does prove a considerable difficulty. A very interesting study of "carrier" cholera vibrios is presented, which should yield results of considerable epidemiological and public health importance. It deals with such subjects as the virulence of and protection afforded by carrier vibrios and the serological differentiation of vibrios. In the case of plague vaccine research many points might be noticed if space allowed. Since the beginning of the year a change has been introduced in the preparation of Haffkine vaccine. The seed is now obtained from blood obtained from human cases instead of, as formerly by passage of cultures through Madras rats (non-immune house rats).

Mention is made in one of the later appendices of investigation into the possibility of utilizing the solar rays for bactericidal purposes. That subject has only been dealt with in India in a very restricted sense and might yield important results especially if it were conjoined

with the suggestion here made of the use of the sun's rays prophylactically and therapeutically. Another announcement which excites interest is that work on anaemias of pregnancy will once again be taken up. These anaemias are not special to India but the material available for trial of therapeutic measures is evidently superabundant there. Quite recently discussion has arisen over the relative values of quinine, atabrin and plasmoquine in malaria. In British India just as in Netherlands India the monkey is available as a supremely useful test animal and we have in this report some reference to "experimental work with *Plasmodium knowlesi* infection in *Silvery macaque*."

In conclusion of this very brief and inadequate summary we may refer to the survey of cancer in India and to the statements "that malignant disease is not uncommon in India" and "that the incidence of cancer in India stands at a figure not far removed from its incidence in the West." Much important matter for consideration and digest should emerge from a thorough going study of cancer data in India, some of which is already presented here—explanations, for example, of why buccal cancer and skin cancer fall heavier on the male than the female and on the Muslim than the Hindu. The duration for which the betel quid is retained in the mouth and greater exposure to direct sunlight are mentioned as factors. *W. F. Harvey*

CALCUTTA. Annual Report of the Calcutta School of Tropical Medicine and the Carmichael Hospital for Tropical Diseases 1934 [CHOPRA (R. N.) Officiating Director]—182 pp. With 4 charts & 4 plates. 1935. Alipore. Bengal Govt. Press.

The annual report of the Calcutta School of Tropical Medicine is one of those useful and interesting publications which to some extent serves the purpose of a year book on the subject. Its matter may not be quite co-extensive with the entire field but covers a considerable part of it and especially the part which deals with important current research. A survey of the whole work is presented by the Director of the School and this serves to focus one's attention on the worker, his work, the objects he has in view and the results which he has attained. It forms a most useful introduction to the more specialized sectional reports which follow. Constant reference is made to the Carmichael Hospital for Tropical Diseases, which is attached to the school definitely for teaching purposes. The ability to call up from a waiting list a series of illustrative cases throughout the session of the school must add enormously to the impressiveness of the teaching given and it is no wonder that the Superintendent of the Hospital is moved "again to draw the attention" of medical practitioners to the fact that the Carmichael Hospital for Tropical Diseases is not an emergency hospital.

An interesting commentary on the modern methods of identification of bacteria or of bacterial infection is afforded by the remark of the Professor of Bacteriology when he says that "the old routine Widal reaction for enteric infections, when three antigens only were employed, has been discarded and has been replaced by a fuller method employing five suspensions for the detection of flagellar agglutinins as well as four antigens for the detection of somatic agglutinins. Under the simplified heading of dysentery or dysentery-like diseases, where the patients were suffering from vague abdominal symptoms only and very few from

acute bacillary dysentery there is an interesting table of the species and frequency of the organisms isolated. Shiga and Flexner bacteria were isolated only once and 28 times respectively as compared with 167 and 100 for *Bact. pseudocarolinus* and *Bact. asiaticus*. The number of specimens (3 675) examined corresponded to 1,220 patients. Other striking numbers in this analysis were 0 131 52 and 100 for *Sonne Bact alkaligenes* *Ps pyocyanea* and other non-lactose fermenters respectively.

Cholera research continues vigorously as it should in the reputed home of Asiatic cholera. Cholera phages have reached the letter L in their progress down the alphabet and in addition to these, 15 different groups of vibriophages have been separated out. It is a new announcement to find that what is required in a disease like cholera is not only something like bacteriophage that will destroy the vibrio but something that can neutralize the toxins and thus act directly on the cause of the lesions. This agent would be a potent cholera antitoxin and thus combined with bacteriophage would constitute the ideal method of treatment of cholera. Again the searcher after scientific truth in the field of therapy is puzzled by the remark that the value of bacteriophage if any is very limited in the treatment of cholera. It is interesting to note—especially in its bearing on the view which seems to have been definitely rejected in Europe that true cholera vibrios may undergo transmutation—that during the decline of the epidemic and the inter-epidemic period cases of clinical cholera passing non-agglutinating vibrios are far more frequent than during the epidemic period.

One affection in India which has perhaps not received the attention that it deserves from the research worker is hill diarrhoea. There seems some prospect according to this report of this omission being remedied. It may not really be an omission when one looks back on the researches which have already been carried through. This may be seen from the remarks that (1) The malady is popularly known as hill diarrhoea and in some instances the disease has received specific names such as Poonaltis 'Simlitis and so on and (2) The results obtained indicate that a great many of the bowel disturbances in Darjeeling are due to micro-organisms both bacillary and protozoal well recognized as causative agents of dysentery.

Dengue is a disease of which much is known but much still remains unknown. Its insect vector is now well established and it is a very important disease in the commercial life of Calcutta. Here we learn that The maximum peak of *Aedes aegypti* breeding is in July and August and this corresponds to the maximum intensity of fresh infections with dengue (August and September). This accounts for the devastating epidemics of dengue which so often sweep the city and cause enormous financial loss.

In amoebiasis research has been made into the value of carbarsone an organic arsenic compound and it would seem to be as effective as emetine without the untoward toxic action of the latter. Its arsenic content would seem also to be beneficial to the general condition of the patient.

Monkeys, as subjects of malarial infection are certain to lend themselves to the elucidation of many still unsettled problems in malaria. An important finding in this connexion is the discovery that the "Singapore" monkey (*Simulans trus*) a macaque appears to be almost always infested with latent malaria of its own whereas the Bengal



monkey (*S. rhesus*) also a macaque appears to be entirely free from any naturally acquired malaria of its own but extremely susceptible to monkey malaria by inoculation."

So we might continue to make interesting quotations from the several special reports but considerations of space must limit us to two more only from the report of the Professor of Pharmacology Daboa and other snake venoms are now receiving attention for their therapeutic possibilities. Investigation has shown that "Daboa venom has a marked tendency to produce thrombosis and gangrene at the site of the bite and death is due to secondary shock. That the nervous centres are not much affected is shown by the fact that in decerebrated animals exactly the same results are produced. The symptoms of shock in daboa poisoning are not due to reflex impulses but are due to the local dilatation of the capillaries of the splanchnic area."

The administration of opium dope to infants, which is not unknown in this country is treated under the heading of "Drug Addiction Inquiry" although the addiction in this case must be entirely involuntary and, as such somewhat of a contradiction in terms. "Habitual administration of opium to infants has been prevalent in India for many centuries. The custom has greatly declined during the last two or three decades. The main reason for administering the drug is economic, the drug being given to keep the children quiet so as to allow the mother to carry out her work whether in the factory or the field, unhampered. The drug is usually discontinued when the child attains the age of 2 to 3 years. The dose varies from 1 to 3 grams daily. The drug affects the child's health adversely and hinders growth."

W F Harvey

FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE. Transactions of the Ninth Congress held in Nanking, China, October 2-8, 1934 [Edited by WU LIEN TEH, Director National Quarantine Service & C Y WU Senior Medical Officer National Quarantine Service]—Volume I pp xiv + 790. Volume II pp. x + 1,000 With numerous plates charts & tables. 1935. Nanking The National Health Administration. (£2 nett per set of two vols)

These Transactions occupying two volumes of 790 and 1,000 pages respectively appear within six months of the close of the Congress and this in the Far East where we do not expect to find the hosts of the West. This is attributable to the energy of the Editors, Drs. Wu Lien Teh and C. Y. Wu and to the fact that no proofs were sent to the authors of papers. The scientific matter is arranged alphabetically by subjects, Vol. I comprising from Bacteriology to Leprosy and Vol. 2 from Malaria to Surgery. It is not necessary here to say anything about the contributions since they will be noticed in their appropriate places but it may be noted that under malaria there are 20 papers under helminthology 15 leprosy 12, plague and cholera 4 each, bub. azar 4 there are nearly 200 in all.

It is of interest to note what Resolutions were passed, for these are an Index to those diseases or conditions which are either not yet fully elucidated or are inadequately controlled. One stresses "the urgent advisability of adopting practical measures for the rat-proofing of vessels and calls attention to how far similar methods could be

employed to keep railway systems free from rat infestation and to the need for study of rodents other than the rat as plague hosts.

A cholera Resolution demands further investigation of carriers in the Far East statistically controlled tests of protection conferred by anticholera vaccine studies of the relation between the cholera and allied vibrios and more exact information about the epidemic and endemic areas of cholera in the Far East. The malaria Resolution is reproduced *elsewhere*.

The volumes close with an Index of Authors and Subjects and the editors and all concerned may be congratulated on the result of their labours  
A G B

- i BIBLIOGRAPHY OF HELMINTHOLOGY FOR THE YEAR 1933 (Compiled by A. WALTON from Titles selected by R. T. LEIPER.)—101 pp 1935 July St. Albans Imperial Bureau of Agricultural Parasitology [8s.]
- ii STILES (C. W.) & BAKER (Clara Edith) Key-Catalogue of Parasites Reported for Carnivora (Cats, Dogs, Bears, etc.) with their Possible Public Health Importance—*Nat Inst Health Bull No 163* Wash (Continuation of Hyg Lab Bull Ser) 1934 Dec. pp ii+913-1223 1935 Washington U.S. Govt Printing Office

i. This issue of the Bibliography gives the titles of 1,367 helminthological papers from 471 journals and of 25 monographs, dissertations and books on helminthology traced by the Bureau as issued during 1933. A Publisher's Note in the form of a loose printed slip states that—From 1934 (Vol. III) Helminthological Abstracts will be published by the Imperial Bureau of Agricultural Parasitology. The Bibliography of Helminthology will no longer be issued separately but will be combined with it under the title Helminthological Abstracts incorporating Bibliography of Helminthology.

[As the first four parts of Vol. III of Helminthological Abstracts have already appeared under their original unexpanded title and the publisher's imprint of the Institute of Agricultural Parasitology the change now announced must in some way be made to operate retrospectively. Helminthological Abstracts" edited by Professor Leiper first appeared in 1932 as a Supplement to the *Journal of Helminthology* published by the Institute of Agricultural Parasitology of the London School of Hygiene and Tropical Medicine. Volume I—the only volume so far completed—gives a résumé of the helminthological literature of 1932 and reviews 891 of 1,304 papers traced by the associated Imperial Bureau of Agricultural Parasitology for that year. Volumes II and III which are concerned with the literature of 1933 and 1934 respectively still await the issue of their concluding parts and indexes. The first part of Vol. IV dealing with the 1935 literature is dated July and was issued in September 1935. The object of each volume is to cover the literature published in a single year but in practice many papers have remained unnoted either owing to inaccessibility or to their not being thought worthy of review in Helminthological Abstracts. The incorporation of the Bibliography of Helminthology will enable the titles of papers which are not printed with the abstracts in the earlier parts to appear in the

final part for each year. The subscription price for the new publication will remain the same as that for *Helminthological Abstracts*, viz. 30s each volume.)

ii. The present Bulletin forms part 8 of the Host Catalogue of the well-known Index Catalogue of Medical and Veterinary Zoology compiled by Stiles and his co-workers, and deals with the literature relating to parasites reported for carnivora. It is based on the combined catalogue of the Divisions of Zoology of the Bureau of Animal Industry and of the National Institute of Health (formerly Hygienic Laboratory) at Washington, D.C. As a working reference index it will be of great assistance to parasitologists.

R. L. S.

Printed under the authority of His Majesty's Stationery Office.  
By The Scotch Executive Printers, Limited, 11, High Road, Edinburgh.

# TROPICAL DISEASES BULLETIN.

Vol. 32.]

1935

[No. 11]

## CHOLERA

- RUSSELL (A. J. H.) *Cholera in India.*—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 389-398.
- CHUN (J. W. H.) *An Analysis of the Cholera Problem in China with Special Reference to Shanghai.*—*Ibid* pp 399-409
- POLLITZER (R.) *The Behaviour of Cholera and Cholera like Vibrios towards Blood and Milk Media.*—*Ibid* pp 411-419
- YANG (Y. N.) *A Serological Study on Cholera Vibrios.*—*Ibid* pp 421-428
- FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE *TRANSACTIONS NINTH CONGRESS NANKING CHINA, 1934* Vol. 1 pp 431-450  
—*Round Table Discussion on Cholera* [RUSSELL (A. J. H.) Chairman.]

A representative international conference on cholera attended by men with experience of the disease and held in one of the countries which is periodically afflicted with outbreaks of the disease has international importance. All the present controversial matter received its share of attention and ranged over such subjects as epidemiology, prophylaxis, classification, the vaccine and bacteriophage. Only some of the points dealt with can be commented upon and especially those of the nature of conclusions or proposals. These seem to have been restrained, critical and cautious and their tenor to have been the necessity for a fresh examination of the whole subject of cholera and the cholera vibrio on a controlled and statistical basis.

*Epidemiology and Prophylaxis*—Of the climatic factors which might be considered as related to cholera, rainfall was picked out for special notice. Rainfall was not accepted by Russell as having any direct effect on incidence. It merely distributes infection. Epidemic areas have a combination of high relative humidity and high temperature while these are not essential in an endemic area. The endemic areas [or as we may call them the homes of cholera] are the great rivers of the East and especially their deltaic tracts. In India the decennium 1923-32 shows the lowest incidence of cholera on record and in seeking for causes for this result Russell makes mention of two possible factors, the extension of public health service and the distribution of bacteriophage with the qualifying remark: Future experience will prove whether these new factors have had the effect which enthusiasts may be inclined to claim on their behalf.

He abandons the tentative attitude implied in this statement however when he says of anti-cholera vaccine. The statistics we

possess prove conclusively that in this prophylactic we have a valuable preventive weapon against cholera. It is also evident that he is an advocate on statistical grounds, of the greater efficacy of biltvaccine *per os* over subcutaneous anti-cholera vaccine, and it is surprising to find that the "Office International" when referred to on this point declared that while vaccination *per os* probably produces a certain immunity this is much inferior to that obtained by subcutaneous inoculation. Other contributors to the subject of the epidemiology of cholera dealt to some extent with endemicity. Tso Chun says with some emphasis, "To our mind there is little doubt that cholera is endemic in the central Yangtze valley" and the more we study the cholera problem the less tenable becomes the theory of an importation of the infection. [Such pronouncements should go some way towards dispelling the notion that Bengal is the home of cholera.]

**Vibrio Classification**—Russell referred to the investigation of 4,000 vibrios freshly isolated in Calcutta from cholera cases, convalescents, carriers and from nature. "The main conclusion reached is that there is a very close relationship between the so-called 'authentic cholera vibrio' and the other vibrios." In the work of Pollitzer a further vibrio character—the curdling of milk—was added to those of haemodigestion and haemolysis for the purpose of grouping. He seems inclined to admit the possible existence of strains intermediate in character between the ordinary water vibrios (which they resembled in blood and milk reactions) and the typical cholera vibrios (to which they belonged serologically). Yang considered the subject of transformation and claims to have effected the transformation of non-agglutinable water vibrios into agglutinable vibrios by "daily transfers in sheep serum broth or broth."

**Bacteriophage**—A communication by PANDIT dealt with the use of bacteriophage. His verdict may be very briefly expressed as follows. In treatment the evidence was that, administered within the first 24 hours of the disease a 50 per cent. reduction of mortality might be expected but that after 23 hours there was no reduction. The case for prophylactic value was stated as (a) that it did not prevent the onset of infection but had an effect similar to that of administration curatively within 24 hours of the disease and (b) that it reduced the number of secondary cases in a treated area.

**Vaccines**—Russell who as already stated is in favour of the use of anti-cholera vaccine prophylactically also alludes to the different action of the particulate and fluid components of a vaccine. The immunising value of cholera vaccines prepared (a) from bacterial deposit (b) from the supernatant fluid, and (c) from a mixture of deposit and supernatant fluid has revealed that vaccines prepared from supernatant fluid are not only very toxic but possess little protective value. Those prepared from bacterial deposit are highly protective. [The reverse would appear to hold good of plague vaccine.]

**Discussion**.—In the round table discussion following the paper many delegates took part. The trend of the discussion is embodied in certain general resolutions. They were that 1. Further investigation is desirable into the question of "carriers" of cholera and this should be carried out in the countries of the Far East. 2. Further statistically controlled field tests should be carried out of the protection conferred by anti-cholera vaccine especially in those countries where such tests have not yet been done. 3. Further study of the relationship

between the cholera vibrios and their variants is desirable. 4 Further field and statistical work should be carried out to obtain more exact information regarding the epidemic and endemic areas for cholera in the Far East

W F Harvey

NICHOLLS (Lucius) Carriers of *V. cholerae* who enter Ceylon from South India.—*Indian J Med Res* 1935 Apr Vol. 22. No 4 pp. 713-744 With 2 maps & 3 graphs.

Much information regarding carriage of the cholera vibrio the infectivity of the carrier and the relation of non-agglutinable cholera like vibrios to the true cholera vibrio may be derived from quarantine camps such as the well-known camp of Tor and that which is here in question at Mandapam in South India especially if the data are taken in conjunction with developments after departure from quarantine. At Mandapam camp the stools of as many labourers and 3rd class passengers as possible are examined for *V. cholerae* and even though an agglutinable vibrio is found this does not mean any delay in continuation of the journey to Ceylon. All the vibrios isolated are placed in three groups which are compared with the cholera vibrio I agglutinable cholera like II non-agglutinable but cholera like and III non-agglutinable morphologically and culturally unlike vibrios. Samples of stools from 100,896 persons have been examined. Group I vibrios were isolated 84 times Group II 2,838 times and Group III 992 times. We turn now to the records of cholera in Ceylon for 9 years 1925 to 1933. Cholera has occurred on 30 occasions in the 9 years under consideration. On 21 occasions only one person was affected and the other 9 were outbreaks in which 3 or more persons acquired cholera. This is not a serious epidemiological history. On 10 occasions cholera occurred in the areas to which the estate labourers went and on 9 of these occasions the disease was due to a recent arrival being in the incubation period. The nature of the journey to Ceylon was such as should have facilitated distribution of the cholera vibrio and therefore. Since no case of cholera has occurred in Ceylon for the last ten years in which it could be assumed that the patient had acquired the infection on the journey it is strong evidence for the low virulence of the agglutinating vibrios of carriers. Nevertheless the author does not subscribe wholly to the view that only persons actually suffering from cholera and those in the incubation stage are infective. As regards seasonal prevalence and the relation of cholera like to the cholera vibrios it was found that during the cholera season in Madras Group II vibrios may occur in 10 per cent. of the estate labourers and that the prevalence of this group falls to 1 or 2 per cent. during the dry season. By taking all the evidence into consideration it is difficult to avoid the conclusion that the vibrios of Group II are non-agglutinable avirulent *V. cholerae*. [See also *Trop Dis Bull* 1934 Vol. 31 Suppl. p. 112\*] IV F H

DOORENBOS (W) Note préliminaire sur la recherche des porteurs de vibrios au lazaret de Tor chez les pèlerins retournant du Hedjaz. [Vibrio Carriers at Tor in Pilgrims from the Hedjaz].—*Bull Office International d'Hyg Publique* 1935 Feb Vol. 27 No 2. pp 263-272. With 1 fig.

The total number of examinations for vibrio carriers made at Tor since 1930 is 39,217. All the vibrios isolated have been minutely

examined in the laboratories of Tor and Alexandria, and their agglutinability tested with various sera including a "standard" serum. It is obvious that the experience accumulated on such a large body of evidence must be of the greatest importance in connexion with the identification of the true cholera vibrio and the value of the measures adopted for control of spread of the disease. Agglutinating and non-agglutinating vibrios have been found at Tor but during the last five annual pilgrimages not a case of cholera has declared itself at this encampment.

The author enunciates his well known views in this article views which would gather within the fold of the true cholera vibrio the El Tor vibrio paracholera vibrios and others under the denomination of endemic disequillibrated cholera vibrios of low virulence, causative only of sporadic cholera. The epidemic form of cholera is due to a contrasted type the *Vibrio cholerae typus epidemicus* (see this Bulletin, ante p. 457) IV F H

BAKERJEE (Dhirendra Nath) & DATTA (Sunil Krishna) Cholera Kidney—a Histological Study.—*Jl. Indian Med. Assoc.* 1935. June. Vol. 4 No 10 pp. 441-444

Twenty-six specimens of cholera kidney were examined and four of these were from patients dead of uraemia with total anuria for several days. A large range of special stains were used. The results were that 1 With ordinary stains very little change could be detected in the glomeruli. 2 The glomeruli showed, with special staining "thickening of the basement membrane with proliferation of both the epithelial and endothelial cells of the tuft." In many of the glomeruli focal necrosis, with hyaline change and sclerotic atrophy was prominent. These were invariably present in all patients dying of uraemia. 3 Tubular changes were those of the epithelium of the convoluted tubules. Various casts were present in the tubules. 4. Interlobular vessels were always thickened in cases of uraemia. IV F H

NARAYANA RAO (S. S.) A Plea for the Use of Concentrated Saline in Cholera. [Correspondence].—*Indian Med Gaz.* 1935. May. Vol. 70 No. 5. pp. 296-297

The question is asked by the author whether the advantage of administration of hypertonic salt solution in cholera may not lie more in the intravenous administration of salt than of the fluid in which it is dissolved. That this supposition has some foundation seemed to emerge from the treatment of four collapsed or collapsing cases of cholera with not more than 20 cc. of 20 per cent. salt solution and the revival of the circulation—as indicated by the passing of urine—within a few minutes after injection. At least the method might on account of its simplicity provide a first aid measure. IV F H

MORISON (J.) Bacteriophage in Cholera.—*Trans. Roy. Soc. Trop. Med. Hyg.* 1935. Apr 17 Vol. 28. No. 6. pp. 563-570.

Although in this communication Morison traverses well-known ground there is always matter of interest in the most recent expression

of views on the nature and mode of action of bacteriophage. At the present time eleven types of cholera bacteriophage have been isolated. This is an addition of two new ones to the former nine. Nor are the types wanting in distinctness. They are as distinct from each other as species.

Perhaps one of the most interesting phenomena in connexion with the phage question is that which relates to the resistance or susceptibility of suitable cholera vibrios to phage action. Its importance lies in the way in which it is used for the analysis of phage types.

If we use a strain of cholera vibrio lysable by all our phages and grow it in tubes of broth each containing one of the types of phage we get strains of cholera, each of which is resistant to one type of phage and is lysable by all the other types. Again, if we grow a susceptible cholera vibrio with all but one of these types it becomes resistant to all but one of the phages. A series of communications have been appearing now for some time on the extraordinary effect of phage in causing transformation of the characters of an organism. In this connexion what we may call Monson's 511 experiment is of great interest. When cholera phage types were taken in combinations of two or more at a time the action of the combination was frequently different from the action of the individual components of the combination. This suggested an experiment in which the 511 possible combinations of our nine types of phage were tested on the same smooth *Vibrio cholerae*. The result was that we had changes in the morphology the colonies on agar the growth in broth the salt stability the agglutinability and the ability to ferment sugars which varied with the combination of types of bacteriophage and the period of action. These are remarkable changes especially if they are in any sense permanent and irreversible. Much of the main action of a phage the solution of its corresponding bacterium is ascribed to hydrolysis of the bacterial protein. Here also it is claimed that no two types of phage exert the same enzyme action.

The second part of this informative article is occupied with the Nowgong Habiganj field trials and it concludes with a reference to other bacteria awaiting the attentions of the worker with phages and phage types. Diseases like diphtheria scarlet fever streptococcal infections, coli infections influenza and the typhoid group which show rises and falls in their virulence which have not yet been explained.

W F H

WASSÉN (Anders). Essais d'application au vibron cholérique de la méthode fondée sur la faculté de déplacement des bactéries [Attempts to apply to the Cholera Vibrio Methods founded on Differential Separation of Bacteria].—*Bull. Office Internat. d'Hyg. Publique* 1935 June. Vol. 27 No. 6 pp. 1121-1134 With 2 figs. on 1 plate

The methods referred to depend essentially on the motility of the organisms concerned and the use of filter paper saturated with an H specific agglutinating serum imbedded in a suitable semi-solid agar medium. Such a medium sown with artificially prepared test faecal material and incubated should give a differential outward movement of the specific bacteria, which will enable them to be collected and isolated for diagnosis. The method has proved, so far



successful with paratyphoid organisms. In the case of the cholera vibrio very successful enrichment methods using peptone water or alkaline blood are already known and employed. It remains to be seen what in actual practice, this new technique can do. The medium used, containing usually 3 per cent. peptone (Parke Davis) 1 per cent. Liebig's extract, 0.3 per cent. sod. chloride and 0.35 per cent. agar, had a pH of 8.6. It is necessary to alkalize it with sod. hydrate (1 cc. 10 per cent. per 100 cc. medium) and not sod. carbonate and to dilute it, if not of the right consistency with 3 per cent. peptone bouillon. Other additions, intended to restrict the movement of organisms such as *Proteus vulgaris* Bact. coli and *Ps. pyocyaneus*, were for 100 cc. medium 5 cc. 0.1 per cent. cadmium chloride and 5 cc. 1 per cent. pot. chlorate. The sod. hydrate and cadmium chloride must be mixed separately with the agar in order to avoid precipitation. An artificial stool containing, it might be as few as 7 cholera vibrios was introduced into the medium in amounts of 0.5 to 1 cc., at the side of the glass container by means of a pipette care was taken to push the point of the pipette in various directions so as to loosen the agar and also to make the inoculation at a distance of a few millimetres from the wall. Strips of filter paper (5 x 20 mm.) saturated with specific serum (titre 1:25 000 and dilution 1:5) were inserted close to the inoculum and produced a characteristic agglutination of the advancing organisms, if these were specific. The appearances can be read off after a variable time at 37°C., as positive or negative.

The author hopes that his method may result in the saving of an appreciable amount of time on the accredited methods for diagnosis of cholera.

W F R

PHAM (H. C.) L'action de l'endotoxine cholérique sur le système neuro-végétatif abdominal. [The Action of Cholera Endotoxin on the Abdominal Sympathetic System.]—C R Soc. Biol. 1935. Vol. 119 No. 16. pp. 78-80.

On the analogy of similar work with typho-paratyphoid endotoxin the author has injected small doses (0.05 to 0.1 cc.) of cholera endotoxin in the neighbourhood of the splanchnic nerve in guinea-pigs (480 gm.). The symptoms and lesions resembled those of cholera. Similar results were obtained in the rabbit in doses of 0.2 cc. The symptoms were dyspnoea, hypothermy abdominal distension, and death in a few hours. With smaller doses the death of the animal was delayed for 3 or 4 days and it showed diarrhoea, oliguria, marked albuminuria and emaciation. Post-mortem there were found acylomosis on the caecum, haemorrhagic infiltration of the terminal portion of the small intestine, congestion of Peyer's patches, desquamation of the mucosa the debris of which was found in the lumen of the intestine, vascular dilatation and haemorrhage, hyaline degeneration, oedem and haemorrhage in renal glomeruli, with some endothelial proliferation and cytolytic of tubular epithelium. Except for some diffuse parenchymatous hepatitis and suprarenal hyperaemia the other organs appeared normal. The doses used to produce these effects compared markedly with the trivial effects produced by a subcutaneous injection of as much as 1 cc. endotoxin and with the lethal dose (about 0.5 cc.) by intra-cardiac injection.

W F R

TAKANO (Shichiro) Studies concerning Immunological Variability of Cholera Vibrio.—*Kitasato Arch Experim Med* 1935 Apr Vol. 12. No 2. pp 101-138. [27 refs.] [Summary appears also in *Bulletin of Hygiene*]

A large amount of work has been carried out on the mutation or transformation of cholera vibrios and much controversy has arisen as to the identity of various vibrios found in nature with these artificially transmuted cholera organisms. Most of the author's investigation deals with the variations which can be produced by growing the cholera vibrio in immune sera. Two types of known vibrio immune sera were used, the Inaba or normal type and the Takano or atypical serum. The corresponding strains were each cultivated in bouillon containing one or other of the immune sera, that is each in a homologous and a heterologous serum respectively. By repeated cultivation in these media four variant strains were obtained, all of them highly motile giving opaque colonies on agar the surfaces of which were rough dry and granular and all spontaneously agglutinable. In other cultural respects the four strains differed from one another. Serologically the four variant strains were divisible into three types. No 1 type was obtained by culturing typical strains in an immune serum of the typical strain, with the result that it became difficult of agglutination by the immune serum of either a typical or atypical strain. No 2 type emerged by cultivation of an atypical strain in an atypical that is homologous serum by which it became a typical strain and No 3 type was obtained by culturing a typical strain in immune serum of an atypical strain. This last type was unchanged by the cultivation. It was further found that the characters acquired by these strains did not change by cultivation in ordinary agar media for as many as 150 generations.

W F H

TAYLOR (J) & AHUJA (M. L.) Serological Relationships of Certain Vibrios Isolated from Non-Cholera Sources in India.—*Indian J Med Res* 1935 July Vol. 23 No 1 pp 95-119 With 10 charts. [Summary appears also in *Bulletin of Hygiene*]

The characters of the true cholera vibrio seem to be as far off settlement as ever. In this publication a minute investigation is carried out into serological characters of (1) vibrios isolated from healthy individuals in an endemic area (a) agglutinable and (b) inagglutinable, and (2) a vibrio isolated from water in a non-endemic area which had been free from epidemic cholera for a prolonged period. For the investigation high titre sera and suitable suspensions of test organisms which were intended to bring out O and H agglutination were used. The sera were prepared with (a) living vibrios (b) suspensions heated at 55°C. for 30 minutes and suspensions boiled in alcohol for 1 hour respectively while the testing suspensions were (a) living cultures, (b) formalinized cultures and (c) cultures heated at 100°C. for 1 hour.

The results are summarized as follows. (1) Agglutinable vibrios isolated from healthy individuals in an endemic cholera area have been found to be serologically indistinguishable from an authentic vibrio strain maintained in subculture. (2) A vibrio isolated from water in an area widely removed from places where cholera is endemic and which had been free from cholera for a number of years was

inagglutinable when first received but in a period of 6-months subculture developed all the biological characters of an authentic cholera vibrio including "H" and "O" agglutination to full titre and was indistinguishable from a cholera strain when quantitative and qualitative tests were applied. This strain differed in chemical structure from the cholera strain with which it was compared and from the agglutinable "carrier" vibrios. (3) Vibrios possessing five different types of chemical structure as shown by the nature of their protein and carbohydrate fractions have given identical serological and biochemical reactions. (4) A series of inagglutinable vibrios isolated from healthy individuals in the same endemic cholera area have not been found to fall into any consistent serological group. IV F H

LINTON (Richard W) MITRA (B. N) SEAL (S. C.) SHRIVASTAVA (D. L.) Studies on the Antigenic Structure of *Vibrio cholerae*. Part VIII. The Specific Carbohydrate Content and Serology of the Acid-Soluble Fractions [LINTON MITRA & SEAL].—*Indian J. Med. Res.* 1935 Apr Vol. 22, No. 4 pp. 617-631 With 1 graph. Part IX. Dissociation and Changes in Chemical Structure [LINTON SHRIVASTAVA & MITRA].—*Ibid* pp. 633-657 With 3 figs. on 1 plate. [20 refs.]

Part VIII. A previous study (*ante* p 461) had reference to the three fractions "A," "B" and residue into which vibrios can be divided by extraction with acid alcohol. It has now been found that reducing substance (carbohydrate) is present in both the fractions and in the residue and that the quantity in the latter is minute in proportion to the amount of the latter which averages 83 per cent. of the whole vibrio. The A and B fractions have proportionately large amounts of reducing substance. The A fraction probably represents the outer parts of the vibrio and shows high serological activity while "the B and residue portions are almost inactive, although capable of giving rise to active, non-specific anti-sera. The anti-serum to the A fraction is also non-specific.

A parallelism appears to exist between smoothness, as shown by Millon's reagent, and the presence of more reducing substance in A than in B fraction."

Part IX. A series of 16 vibrios, chosen on the basis of their variability are here studied with the idea of elucidating some of the chemical changes which underlie dissociation. The variation and dissociation in these vibrios is ascribable to at least three factors. (1) Loss of specific carbohydrate which is probably the chief basis for the transition from a smooth to a rough development. (2) Change in constituents as exemplified by a vibrio giving rise to a daughter strain in which the protein and carbohydrate "are both different from those of the parent." This daughter rough strain had changed its protein to that which is characteristic of water vibrios and had developed an entirely different type of specific carbohydrate consisting of glucose units alone, from the specific carbohydrates of types I and II, which are galactose and arabinose respectively. (3) The displacement of one chemical type by another. This phenomenon consisted of a swinging alteration from one type of carbohydrate to another for example from glucose to galactose and back again. It is obvious how serological reactions must change with alteration of this sort.

An anti-serum prepared against the strain, when one member was

in the ascendancy might not agglutinate the strain at all when after a few weeks or months the other member had gained the upper hand. The same phenomenon appears to be manifest when medusa head rough colonies gradually disappear and then reappear.

The authors set forth their six groups (*Bulletin of Hygiene* Vol. 10 p. 271) of vibrios based on the combinations of two types of protein with three types of specific carbohydrate.

Study of four El Tor strains included in the 16 test vibrios provided interesting results. They have been found to form a chemically distinct group although one that is closely related to both the cholera vibrios (through the specific carbohydrate) and to the water vibrios (through the protein).  
W F H

GARDNER (A. D.) & VENKATRAMAN (K. V.) The Antigens of the Cholera Group of Vibrios.—*Jl Hygiene* 1935 May Vol. 35 No. 2 pp. 282-282. [25 refs.]

The importance of this thorough-going re-examination of the cholera group question will be obvious to anyone who is working on the subject. Suspicion, it is said, had arisen that the agglutinating sera provided for diagnosis of the cholera vibrio were not sufficiently specific. If these sera contain antibody common to *V. cholerae* and related organisms this would account for recent findings of an incredibly high proportion of healthy carriers. It may also happen that supposedly single cultures giving rise to more than one type may in reality be mixed cultures. Important work which is being done at present on polysaccharide and protein components of vibrios is not yet final and complete, but affords a classification not quite in accord with serological classification.

Very clear indications are given of the technique used by the authors in their separation into groups of about 100 races of cholera and cholera like vibrios from a variety of sources. For the serological differentiation the suspensions were of (1) H-O type veal broth cultures incubated 24 hours and killed with 0.2 per cent. formalin and 0.2 per cent. chloroform and (2) O type 24-hour agar cultures in salt solutions placed in boiling water for 2 hours. The antisera also were of two kinds (1) H-O sera made by injecting rabbits intravenously with the formalinized unheated suspensions and (2) pure O sera made with the saline agar suspensions boiled for 2 hours. Absorption tests were done with either living or boiled suspensions. The biochemical reactions resulted in vibrios being described as typical atypical or non fermenting. By a "typical" vibrio the authors mean producing acid without gas in glucose, mannite maltose saccharose giving the cholera red reaction and not fermenting dulcitate. The atypical vibrio diverges somewhat from the typical but has a general similarity to it while the non-fermenting vibrio is one which fails to acidify any of the carbohydrates mentioned and exhibits other differences. Under the heading cholera group vibrios typical and atypical vibrios are included but non-fermenting are excluded. Antigenic stability under long cultivation is assumed with these exceptions (1) that change from inagglutinability on isolation to agglutinability immediately after seems not uncommon and (2) that the rough variation involving the loss of the smooth O antigens need only be considered when sufficiently pronounced to be detectable in ordinary

cultures. Rough antigens have not been investigated except to confirm the fact that "rough forms, if motile, have the common H antigen and are deficient in specific O component."

Another subject which has not been fully investigated is the effect of the very numerous bacteriophages that act upon *V. cholerae* but the work done gives the authors "no reason to suppose that transmutation of species occurs under bacteriophage action." Again they reject the theory as not proven that, "*V. cholerae* (typus epidemicus) is transformed by the bacteriophage at the end of epidemic outbreaks into a disequibrated form (typus endemicus) which has temporarily lost its epidemic potentialities and gained the power of haemolysis."

The results of cross agglutination reactions, in which O sera and unheated suspensions were used, give—with the addition of the characters biochemical similarity and possession of a common H antigen—the working scheme advocated by the authors for classification of their cholera group vibrios into subgroups, which they regard as entitled to the denomination species. The cholera group of vibrios in this scheme consists of (a) an O subgroup I containing (1) non-haemolytic (goat cells) cholera vibrios of types original, variant and middle and (2) haemolytic (goat cells) El Tor vibrios of types original and variant (? middle) and (b) O subgroups II, III, IV, V, VI and individual races (mostly haemolytic) which are par-cholera, cholera-like and some El Tor vibrios. All the standard stock cholera vibrios received from various laboratories fell into subgroup I as did also most of the haemolytic vibrios called "El Tor." The other subgroups contained several vibrios and the residue was made up of single vibrios, each with a different specific O component.

Some important notes are given by the authors under the heading "heat-labile (H) antigen," such as that (1) all their vibrios conforming to the cultural and biochemical standard of *V. cholerae* possessed a common H antigen (2) absorption of an H-O serum with homologous O suspension removed all agglutinins for O suspensions of all species leaving the common H agglutinin intact (3) absorption of an H-O serum with an H-O suspension of a different O subgroup removed the H agglutinin for all species, leaving the O agglutinin intact (4) the H component may possibly not be completely identical in all species (5) those vibrios differing widely from the cholera group in biochemical characters did not show the common H antigen of the group.

Some consideration is paid to a non-specific antigen demonstrated by the action of O sera on boiled suspensions and it is indicated that the non-specific O reaction is explainable in one of two ways, either that the common flagellar (H) antigen is changed by heat into a new common antigen, or (2) the boiling destroys the H and brings out a common component, which has been inert in the unheated vibrio. The first hypothesis is ruled out. One final remark will attract attention. The term agglutinable in so far as it refers to the use of sera containing the non-specific H agglutinin must clearly be discontinued. All the official diagnostic sera hitherto in use have been of this type."

At the risk of making a long summary too long we add some of the authors' own conclusions. (1) The heat-stable antigens are divisible into (a) a considerable number of specific antigens, best demonstrated by O sera and H-O suspensions, which serve as a basis of classification into O subgroups and (b) a non-specific component

demonstrable with O sera and O suspensions. (2) The first subgroup contains all the standard cholera vibrios from central laboratories and is considered to be the only class of vibrios known for certain to cause epidemic cholera. (3) The haemolytic El Tor vibrios are serologically diverse and the term should be reserved for those with the same specific O component as the standard cholera vibrios. (4) For the identification of the undoubted cholera vibrios a standard subgroup I O-serum is recommended in conjunction with the haemolytic test and this should contain both the main and the subsidiary antigens of the subgroup. (5) As a working rule it is suggested that bacteriological proof of "cholera" or a cholera carrier should rest on the isolation of a non haemolytic vibrio with the specific O antigen of subgroup I

W F H

SCHOLTENS (R. Th.) Analyse des récepteurs du vibron cholérique et du vibron El Tor [Cholera Vibrio and El Tor Receptors]—*Acta Leidensia* (Scholas Med Tropicas) 1934 Vol. 9 pp 222-231 [Summary appears also in *Bulletin of Hygiene*]

The subject matter of the author's analysis of cholera and El Tor vibrio receptors was extracted in this *Bulletin* Vol. 31 p 312. We may give here his conclusions. (1) Some sera agglutinating the cholera vibrio contain two agglutinins which are active to high titre. (2) One of these agglutinates all the vibrios and was called agglutinin A. The other agglutinates only a third of the vibrios and was called agglutinin B. (3) Both cause the same sort of flocculation. (4) Only those strains which are agglutinated by both agglutinins give rise to the two. (5) One strain although agglutinated by agglutinin B did not give rise to it on inoculation into the rabbit. (6) Both receptors are thermostable. (7) Both immunological types were found side by side. (8) Both immunological types were found among the so-called El Tor vibrios. In this respect the El Tor vibrios are identical with the cholera vibrios.

W F H

VASSILIADIS (P. Ch.) Activité des hémolysines des vibrons cholériques et El Tor [Haemolysins of the Vibrios of Cholera and El Tor]—*C R Soc Biol* 1935 Vol. 119 No 18 pp 332-334  
— Hémolysines des vibrons cholériques vrais. [Haemolysins of the True Cholera Vibrio]—*Ibid* pp 330-341

i. The author has already shown that the true non haemolytic cholera vibrios are transformed into haemolytic strains by culture in glucose media. Some further research has been made into this question of the influence of culture media on the production of haemolysins. It has been found that growth in liquid media and serial subculture stimulate the production of haemolysins.

ii. The evidence for haemolytic power may be indirect and given by the antihaemolysin produced by antigenic compounds of the various vibrios. Rabbits were injected with filtrates of vibrio cultures and the serum obtained was anti-haemolytic. Moreover it was discovered that the ordinary anti-cholera agglutinating serum of the laboratory neutralized the El Tor haemolysin at the same titre as the anti-haemolytic serum to El Tor vibrios.

W F H

SCHOLTERS (R. Th.) Sur l'hémolyse du vibrio cholérique sous l'influence du bactériophage. [Haemolysis of the Cholera Vibrio under the Influence of Bacteriophage.]—*C. R. Soc. Biol.* 1935. Vol. 119 No. 25. pp. 1023-1025.

A secondary culture of the cholera vibrio on agar was used to inoculate (isolated colonies) 15 tubes of bouillon containing 0.5 cc. sheep blood. These cultures all showed growth on the following day. Those of flocculent growth gave a slight but definite haemolysis while the haemolysis with those of diffuse growth was almost negligible. Haemolytic cultures proved to be resistant and non-typogenic.

IV F H

LINTON (Richard W.) SINGH (Harwant) & SEAL (S. C.) A Study of Vibrio Filtrates.—*Indian J. Med. Res.* 1935, Apr. Vol. 22 No. 4. pp. 659-674 With 1 plate.

Schwartzman's phenomenon on which this study is concentrated is possibly anaphylactic. He made intracutaneous injection into a rabbit of 0.25 cc. of a filtrate of a young culture. This gave practically no reaction, but if it was followed by intravenous injection in 24 hours of 1 to 1.5 cc. of filtrate a severe and haemorrhagic reaction with necrosis appeared at the site of the former injection. The same occurs with filtrates of 20-hour agar cultures of vibrios. Of the fractions into which vibrios can be divided by extraction with acid alcohol "the A fraction alone yields a constant and typical reaction" while "the whole vibrios and the B and residue fractions are without sensitizing effect."

IV F H

BANERJEE (Dhirendra Nath) & DATTA (Smiti Krishna) Cholera Kidney: A Clinical, Biochemical and Functional Study.—*J. Indian Med. Ass.* 1935. July Vol. 4. No. 11 pp. 497-498.

LINTON (Richard W.) Une base chimique pour la classification et l'étude des variations des vibrios.—*Bull. Office Internat. d'Hyg. Publique* 1935. June Vol. 27 No. 6 pp. 1105-1120.

LINTON (Richard W.) & SEAL (S. C.) The Effect of the Use of Living or Dead Suspensions of Vibrios on the Agglutination Titra.—*Indian Med. Ass.* 1935. Feb. Vol. 70. No. 2 pp. 68-70.

MAKINO (K.) Cholera and Cholera-like Vibrio. Parts IV & V Variability of Cholera Vibrio.—*J. Oriental Med.* 1935 May Vol. 22 No. 1. [Japanese English summaries pp. 79-80.]

MAKINO (K.) Cholera and Cholera-like Vibrio. Parts VI, VII and VIII Variability of Cholera Vibrio.—*J. Oriental Med.* 1935. June Vol. 22 No. 6. [In Japanese pp. 849-862. [11 refs.] 963-973 (20 refs.) 977-983. With 7 figs. on 2 plates. English summaries pp. 85 86 87.]

POLLITER (R.) A Further Note upon Cholera and Related Vibrios in Shanghai Waters.—*Reports National Quarantine Service. Shanghai, China* 1934. Ser. 5 pp. 81-89 With 2 graphs.

REPORTS NATIONAL QUARANTINE SERVICE. Shanghai, China. 1934 Ser. 5 pp. 183-220 With 1 chart.—Central Cholera Bureau in 1934.

VASSILIADIS (PETER) Behavior of Cholera and El Tor Vibrios towards the Schwartzman Phenomenon.—*J. Infect. Dis.* 1935 July-Aug Vol. 57 No. 1 pp. 118-120.

## AMOEBIASIS AND DYSENTERY

## AMOEBIASIS

SPECTOR (Bertha Kaplan) FOSTER (John W.) & GLOVER (Nelson G.)  
*Endamoeba histolytica* in Washings from the Hands and Finger  
Nails of Infected Persons.—*Public Health Rep* 1935 Feb 8  
Vol. 50 No. 6 pp. 163-165

Seventy four carriers of *E. histolytica* cysts were examined. Hands débris under finger nails and nail parings were examined after defaecation and before hands were washed. Only 5 gave positive findings. 2 showed very few live *E. histolytica* large cysts. 1 showed very few dead *E. histolytica* large cysts and 2 showed live small cysts. One man a plasterer showed a number of large cysts of free living amoebae.

Of these 74 washings 54 were cultured for *B. coli-aerogenes* of which 15 were positive. These findings suggest that contamination of food by carriers of *E. histolytica* under the ordinary conditions of food handling rarely happens.  
H M Hanschell

ISHANDAR (Fayek) Post-Dysenteric Oedema in Children.—*Jl Egyptian Med Assoc* 1935 Feb Vol. 18. No. 2. pp. 134-137 With 1 chart

Post-dysenteric oedema in children is accompanied by a definite fall in blood proteins.

The rôle played by plasma proteins in maintaining the colloid osmotic pressure of the blood and preventing retention of fluid in the interstitial tissues is well known.

Ten children suffering from post-dysenteric oedema were selected after thorough examination had excluded nephritis or pyelitis. Their blood proteins and those of 10 healthy control children of about the same age were estimated by the Kjeldahl method. Serum was used instead of plasma because the fibrinogen fragment in plasma proteins is small (0.3 gm. per cent.) and appears to play no part in maintaining fluid balance between blood and tissues and, moreover the oxalate added to the tube in which blood for plasma is collected causes plasma to dilute itself by abstracting water from the cells and thus may significantly reduce the plasma protein concentration. These estimations made it clear that the post-dysenteric oedema was accompanied by a definite fall in blood proteins. On treatment (high protein diet) disappearance of oedema was accompanied by simultaneous rise in blood proteins. Increased capillary permeability as a factor in this oedema cannot be excluded.  
H M H

BONNE (C.) Over niet herkende amoebendysenterie bij lijders aan andere ziekten. [Want of Recognition of Amoebic Dysentery in Other Diseases].—*Geneesk. Tijdschr. v. Nederl. Indië* 1935 Mar 19 Vol. 75 No. 6 pp. 470-479

A study of a dozen post mortem reports from a first-class hospital revealed that the patients had died from some very serious illness



without recognition of the fact that they were at the same time suffering from amoebic ulceration. Further study of such cases has suggested to the author that amoebic dysentery itself a serious disease, is not infrequently missed under such circumstances as the above and may itself be the actual cause of death. It may not have been possible to demonstrate the presence of amoebae in the stools during life. Examples of the types of serious disease in which this amoebic complication was found after death were —aneurysm of the aorta and phthisis, cirrhosis of the liver bronchiectasis and stone in the bladder cancer of the uterus with metastases and vesico-vaginal fistula, gangrene of the foot with bronchopneumonia and ankylostomiasis, typhoid fever. It is a fact that, in the tropics, amoebiasis is not examined for as a routine practice and this ought to be done. The case is otherwise with respect to malaria, which no physician in the tropics is likely to ignore as a possible complication. In hospitals, too the ritual of taking temperatures is strictly performed, but not the duty of recording the number of stools. The patient, moreover may not be confined to bed and the record of this important symptom may have to depend on his own statement. Constipation even may be the symptom and not diarrhoea. The material again which is chosen for microscopic examination may not be well chosen. It should be if possible a fragment of blood-stained mucus. Lastly the laboratory report when received may be negative even when amoebae are present, for the technique of examination is delicate and may fail. The author is well aware that dysentery amoebae may be found in persons who have [apparently] a completely sound intestine and again that they may not be found even where the amoebic ulcers reach almost to the anus.

It is strongly advised that the physician in the tropics should be on the look out for amoebiasis just as he is always on the look out for malaria.

W F Harry.

ESPOSITO (Giuseppe) Un caso non comune di amebiasi a localizzazione multiple. [An Unusual Case of Multiple Amoebiasis.] *Giorn Ital di Malat. Esot. e Trop* 1935 July 31 Vol. 2 No 7 pp 170-173-176-179-181 With 3 figs.

The patient a man of 35 years gave a history that 14 months before coming under observation he had had an attack of diarrhoea with tenesmus and passage of blood and mucus for 3 weeks. This cleared up and for some months he was apparently well, returned to work and ate his customary food. Then there supervened an attack of fever with pain over the liver and later pain in the right side of the chest with cough and signs of bronchitis and expectoration white-colored and streaked with blood. The liver area was swollen, dyspnoea very marked and X-ray revealed opacity of the right side of the thorax and upper part of the abdomen. Repeated exploratory puncture brought away 500 cc. or more of reddish-brown fluid. Emetine was given later stavarsol and finally another course of emetine and the patient left hospital well 40 days after admission. The diagnosis appears to have been made on clinical grounds and the result of treatment, for except for "some doubtful amoebae in cystic form" in the sputum on his arrival at hospital amoebae were never found and experimental injection of kittens per rectum with the fluids extracted by puncture of the pleura and the liver proved negative. [The title of the paper therefore rather begs the question.]

H H S.

WU (T T) & CHU (C K) Amoebiasis of Uterine Cervix. Report of a Case.—*Chinese Med J* 1935 Jan Vol. 49 No 1 pp 69-73 With 2 plates. [14 refs.]

The amoebae in this case were found in sections of cervical necrotic tissue obtained by biopsy. The amoebiasis of cervix was probably preceded by chronic cervicitis. Mode of infection uncertain. no history of dysentery. no rectovaginal fistula. no stool examinations.

H M H

AKASHI (Kazuyoshi) The Treatment of Amoebiasis with Iodochlorohydroxyquinoline.—*Taiwan Igakkaï Zasshi (Jl Med Assoc Formosa)* 1934 Dec. Vol. 33 No 12 (357) [In Japanese pp 1801-1806 English summary p 156]

The author treated 15 cases of acute amoebic dysentery and 5 *histolytica* cyst carriers with vioform with uniform success.

It was given by mouth in tablet or powder 0.75 gm. daily for 15 days. The dysentery cases were well in a week and no relapse has occurred in a period of 1-5 months. All the carriers also were cured after three days of treatment.

A G B

MILLISCHER (P) Essai de traitement de l'amibiase intestinale par l'acide iodo-oxyquinoléine sulfonique. [Treatment of Amoebic Dysentery by Mixiod.]—*Bull Soc Path Exot* 1935 Feb 13 Vol. 28. No 2 pp 99-103

The report is favourable.

The author states that he has had first hand and satisfactory experience of emetine and stovarsol therapy in over 2,000 cases of amoebiasis and it is with that partisan bias that he approached the trial of Mixiod (acide iodo-quinoléine-sulfonique) in amoebic dysentery. Observations on 22 cases lead him to conclude that Mixiod is most effective when given simultaneously by mouth and as rectal lavage. As compared with emetine its action is more definite and rapid on cyst carriers than on infections with trophozoites. In the latter Mixiod may entirely replace emetine where the latter is contraindicated although its action is slower and treatment must be more prolonged. Emetine dosage may be reduced if given with Mixiod.

H M H

AKASHI (Kazuyoshi) The Treatment of Amoebiasis with Gavano.—*Taiwan Igakkaï Zasshi (Jl Med. Assoc Formosa)* 1935 Feb Vol. 34 No 2 (359) [In Japanese pp 189-194 English summary p 194]

Ten cases of acute amoebic dysentery were treated with gavano which proved remarkably effective. In the case of 3 carriers progress was slow.

The drug was given by mouth, and by injection in two cases. In the dysenteries after 2-3 days the number of motions was reduced and pain disappeared. After 3-4 days *E. histolytica* could not be found. No relapse occurred in 3-6 months. In the carriers cysts disappeared on the 7th, 8th and 9th days. There was no evidence of toxicity. Gavano is said to be a derivative of ipecacuanha [see this *Bulletin* Vol. 31 pp 282 and 652].

A G B

AGRIKOLANSKI (N.) & TIBURSKAYA (N.) On the Treatment of Amœbiasis with Osmarsol.—*Med Parasit. & Parasitic Dis.* Moscow 1935. Vol. 4 No. 1-2. [In Russian pp. 16-18. English summary p. 18.]

The authors report the results of treatment of 15 cases of amœbic dysentery with Osmarsol (=Stovarsol=Spiroside). The drug was administered three times a day in the course of four days, the doses being 1+1+2 tablets (0.25 gm. each) on the first two days, and 2+2+2 on the last two days (=20 tablets or 5 gm. "Osmarsol"). The patients underwent 5-6 such courses with intervals of 6-7 days between them, with the result that a complete cure was effected in 11 cases. In two cases the treatment failed to expel the amœbæ while two others relapsed. C. A. Hoar.

AFRICA (Candido M.) & GARCIA (Ensebio Y.) Iodaseptine Cortial (Iodobenzomethylformine) in the Treatment of Chronic Amœbiasis.—*Philippine Islands Med Assoc* 1935. June. Vol. 15. No. 6. pp. 305-311 [12 refs.]

Symptoms, and cysts and trophozoites, disappeared in five cases of treated chronic amœbiasis after intramuscular injection of Iodaseptine cortial. All had been subjected to other forms of treatment without success.

Iodaseptine cortial, or Iodobenzomethylformine is a French patented preparation primarily designed for the treatment of pulmonary tuberculosis and chronic rheumatism. The five cases are described. There were no special dysenteric symptoms only chronic diarrhoea alternating with constipation and pain and with loss of weight and strength. In every case cysts were found but trophozoites in one only. After "two series" or a few injections of the drug the symptoms disappeared and did not recur. In one instance cysts were absent three years later & another 12 months. The authors suggest that a further trial is justified. A. G. B.

NOSSINA (V.) Action of Drugs upon *Entamoeba histolytica* in vitro.—*Med Parasit. & Parasitic Dis.* Moscow 1934. Vol. 3. No. 4. [In Russian pp. 451-459.]

The author studied the effect of emetine and yatren upon the dysentery amœba cultivated in a fluid medium (John's combined with Barrett and Smith's media). Emetine has a slight action in an acid medium but the effect increases as the reaction approaches neutrality. At pH above 6-8 emetine kills the amœbæ in a dilution of 1:5,000,000. Further rise in alkalinity does not increase the effect of the drug. The effective range of yatren is between pH 5-6-7.8 in a concentration of 1:5,000. C. A. Hoar.

BERETERVIDE (Juan Jose) & GRAU (Carlos A.) Una nueva sal de emetina el canfosulfonato de emetina. [The Camphosphonate, a New Salt of Emetine.]—*Revista Méd. Argentina* 1935. Apr. 3. Vol. 22. No. 14. pp. 671-681. With 12 figs. [12 refs.]

The authors claim for the camphosphonate of emetine the advantages that the depressing action of the base, emetine is counteracted by

the acid radicle that experiments carried out with frogs rats rabbits guineapigs cats and dogs have shown it to be only one-third as toxic as the hydrochloride that clinically patients show greater tolerance for the new compound than for the older and finally that it should replace the older

The authors give an account of the preparation of Reychler's camphor B-sulphonic acid ( $C_{10}H_{13}O SO_3H$ )<sub>2</sub> and of the emetine base and lastly of the compound. In testing the new drug they find that the toxic action is due to the contained emetine and that it is a cardiac and central nervous system poison and that as stated above the toxicity is only one-third of emetine hydrochloride. The dose employed in human subjects was 6 cgm. daily injected till 1.2 gm. had been given. The course lasts for 20 days.

The two cases reported in detail are not very convincing of its efficacy. Both were cases of liver abscess with chocolate-coloured pus [but faecal examination in each case was negative for *Entamoeba* and none is mentioned as being found in the discharge]. Both were operated upon and in spite of injection of the new salt into the abscess cavity and of courses of it till the total mentioned, 1.2 gm. had been administered, in each case the abscess re-formed and more pus was removed at the second operation than at the first. To each patient three series of the injections were given before the condition cleared up. They were under treatment for 5 and 8 months respectively. [Since 6 cgm. is the usual dose of the hydrochloride perhaps better and more rapid results might have been obtained with larger doses of the new compound since its toxicity was only one third that of the hydrochloride.]

H H S

FAUST (Ernest Carroll) SCOTT (L. C.) & SWARTZWELDER (J. C.)  
Influence of Certain Foodstuffs on Lesions of *Endamoeba histolytica*  
Infection.—*Proc. Soc. Experim. Biol. & Med.* 1934 Dec.  
Vol. 32. No 3 pp 540-542.

KAGY and Faust 1930 and Faust and KAGY 1934 showed that raw liver and liver extract were distinctly beneficial to dogs suffering from acute amoebic enteritis and ventriculin consistently harmful to them [ante pp 190 and 191]. Faust discovered that dogs resistant to amoebic infection on a balanced diet could usually be infected if fed on canned salmon.

In the present experiments 26 healthy young dogs were inoculated intracaecally (Faust 1931) with the same human strain of *Endamoeba histolytica*. All suffered from acute amoebiasis of a few days' standing when the tests were made. Fresh pigs' liver ventriculin (Parke Davis & Co.) and commercial canned pink salmon (grade B) were the foodstuffs employed. One dog died, the other 25 were sacrificed.

**Liver.** 150 gm. unchopped raw liver fed to one dog daily. Clinical improvement ninth day. Killed 13 days later only few small shallow amoebic lesions in caecum and rectum. 60 gm. finely chopped liver in liver juice produced clinical improvement on 5th day. Killed 3 days later only few shallow lesions in rectum. When only 12 gm. liquid and solid fractions of finely chopped liver had been introduced into large intestine of 3 dogs 2 showed improvement on 4th day one failed to improve. Autopsy revealed only few lesions in rectum of one dog. Numerous shallow lesions in large intestine of the other two. 60 gm. liquid and solid fractions of finely chopped liver given intracaecally daily procured marked improvement on third day and on sacrifice 2 days later only a very few pinpoint

lesions were found. Finely chopped liver autoclaved at 17 pounds pressure for 20 minutes and 60 gm. given daily orally (2) and intracaeally (2) all 4 dogs became rapidly worse sacrificed on eighth day multiple lesions throughout large intestine, many motile amoebae in lumen and in lesions. Chopped liver heated to 70°C. for 30 minutes to coagulate proteins solid fraction doubly filtered and washed, fed orally 85 gm. daily to each of 2 dogs. Liquid fraction (250 cc. solution from 100 gm. raw liver) given orally to each of 2 dogs all 4 sacrificed on 22nd day. Solid fraction fed dogs revealed numerous deep undermining lesions, no healing. Liquid fraction fed dogs revealed only very few small shallow lesions with extensive healing.

*Ventriculin* 10 gm. suspended in 100 cc. water was given daily orally to one dog, and intracaeally to 2 dogs in all 3 infection became rapidly fulminating on sacrifice, 2 on 9th day one on 12th day multiple deep lesions throughout large intestine in each, and in one a general inflammatory condition. *Ventriculin* 6 gm. in 50 cc. water autoclaved (17 pounds pressure, 20 minutes) given daily orally to 2 dogs, intracaeally to 2 in all four improvement occurred and on sacrifice on 9th day relatively few active lesions were found.

Salmon unaltered canned, was used routinely to exacerbate mild chronic, or inactive infections. When macerated and given intracaeally the dog noticeably improved on return to oral administration infection promptly fulminated. Peptic and tryptic digests of salmon given intracaeally daily (30 cc. containing 25 gm. canned salmon) caused rapid fulmination of infection sacrifice on 10th day revealed large intestine studded with amoebic lesions.

Liver and ventriculin (15 gm. each suspended in 100 cc. of water daily) and liver and salmon (15 gm. each daily) were combined and given intracaeally. In the former experiment the liver failed to counteract effect of ventriculin but in the latter marked clinical improvement and recovery were effected and on sacrifice on 12th day no amoebae and no unhealed lesions were discovered. H M H.

DESCHAMPS (R.) Modification de l'aptitude pathogène, pour le chat, de l'amibe dysentérique en culture. [Change in Pathogenicity for the Cat of Cultures of the Amoeba of Dysentery]—*Bull. Soc. Path. Exot.* 1935. Feb. 13. Vol. 28. No. 2. pp. 119-125.

Eight strains of amoebae (all to start with haematophagous) have been studied—3 strains from France (autochthonous) 3 Moroccan, or Indo-China, one Madagascar—for pathogenicity to cats.

The strains were cultured in a medium containing rice starch, and the cultures maintained from three to eleven months. From two to five kittens were inoculated with each of the strains in culture. Of these 8 strains, originally virulent 6 appeared to have lost their pathogenicity for the kitten, after culture in presence of rice starch. 2 maintained their pathogenicity for which the duration of culture might account, as the 2 had been in cultivation less than three months, and the 6 for more than three months.

The author states that profound modification of the initial intestinal flora associated with the dysenteric amoeba, fermentation of the rice starch forming butyric, lactic, and propionic acids, acid reaction of the culture medium could explain decrease or loss of pathogenicity if it be admitted that a proper flora associated with the amoeba is necessary to provoke amoebic dysentery.

[It is to be noted how few were the kittens inoculated with each strain.] H M H.

MALONEY (Henry E.) & FRYE (William W.) Studies of *Endamoeba histolytica* and Other Intestinal Protozoa in Tennessee. IX. Further Observations on the Pathogenicity of Certain Strains of *E. histolytica* for Kittens.—*Amer. J. Hyg.* 1935. Mar. Vol. 21 No. 2 pp. 422-437. With 2 figs. [31 refs.]

The four strains of *E. histolytica* studied were maintained for nearly three years in culture on egg-Ringer medium, overlaid with horse serum-Ringer, and enriched with rice flour. The strains were tested at intervals during this period to determine pathogenicity for kittens. Similar experiments were made with seven other strains of *E. histolytica*. Twenty or more kittens were used in nearly all the series of experiments with each strain.

"In these series of experiments there was considerable variation in the percentage of kittens which became infected with each strain, but the average extent and intensity of the lesions remained fairly constant in all the series performed with each individual strain.

"The average degree of pathology produced by the two strains from the hill country of Middle Tennessee continued to be much less than that produced by the two strains from the bottom-land of West Tennessee.

"Experiments with several other strains of *E. histolytica* are reported in which one series of twenty or more kittens was inoculated with each strain. One strain from a symptomless carrier in Nashville showed a very low degree of pathogenicity. Two other strains showed an intermediate degree of pathogenicity. Four strains from Chicago all showed very high degrees of pathogenicity.

"These results corroborate our previous conclusion that it is possible to demonstrate by large-scale kitten experiments performed under uniform conditions that strains of *E. histolytica* of varying degrees of pathogenicity exist.

"The work has also demonstrated that some strains of *E. histolytica* maintain a constant degree of pathogenicity throughout a period of at least 3 years in artificial cultivation.

"Since even the least pathogenic strains which we have encountered produce lesions in some kittens, and since human beings may harbor potentially virulent strains without showing clinical symptoms it is important that every person encountered in medical practice who is found to harbor *E. histolytica* should be treated with an amoebicidal drug."

H M H

FRYE (William W.) & MALONEY (Henry E.) Studies of *Endamoeba histolytica* and Other Intestinal Protozoa in Tennessee. VIII. Observations on the Intestinal Protozoa of Young Pigs and Attempts to produce Infection with a Human Strain of *E. histolytica*.—*Amer. J. Hyg.* 1934. Sept. Vol. 20 No. 2 pp. 404-414. With 9 figs. or 1 plate. 11 refs.]

Ten young pigs were studied with reference to their natural intestinal protozoa.

Unexcysted amoebic cysts, 5 to 12 micra, were found in all. The authors describe them as having the combined characteristics of *E. polecki* and *E. defliedtsi*. Other natural intestinal protozoa found were *Iodamoeba*, *Trichomonas*, *Chilomastix*, *Giardia*, *Balantidium*, and a coccidium. Infections with *Balantidium* were eliminated by a single dose of heptres-cumel (dihydroemel). Carbonate treatment permanently eliminated the *polecki-defliedtsi* amoebae from all of the pigs. *Iodamoeba* later reappeared in three pigs and *Trichomonas* in eight

pigs. All attempts to infect the pigs with a pathogenic strain of *E. histolytica* either by direct injection into the ileum or by rectal injections failed, whether the pigs were on a normal diet or on a high carbohydrate diet. H M H

PAVLOFF (P) Recherches sur la présence de kystes à quatre noyaux d'amibes dysentériques dans les excréments des porcelets. [Un-nucleated Cysts of *E. histolytica* in the Excreta of Pigs].—*Ann. Parasit. Humains et Comparés* 1935 Mar 1 Vol. 13. No. 2 pp. 155-160 [12 refs.]

It was announced by KESSEL that pigs in China harboured amoebae producing cysts with four nuclei and that these injected into kittens behaved like *Entamoeba histolytica*. An examination of a large number of pigs in France and Bulgaria has not revealed any such infection. Unnucleated cysts similar to those described by PROWAZEK, CAUCHOIX and others occur C M Wynn.

TANABE (Mitsuo) The Excystation and Metacystis Development of *Entamoeba histolytica* in the Intestine of White Rats.—*Kyojo J. Med.* 1934 Dec. 31 Vol. 5 No. 4 pp. 236-253. With 1 text fig. & 38 figs. on 3 plates. [12 refs.]

By feeding cysts of *Entamoeba histolytica* to white rats and making preparations from the intestinal contents at varying intervals the author has been able to follow the excystation process and the subsequent development of the excysted quadrinucleate amoebae. The findings agree in all essential respects with those obtained by DOMI on cultures of this amoeba, which appears to be truly pathogenic to white rats. Three excellently executed plates containing 38 figures illustrate the author's findings. C. M. H.

GWEZDILOV (V) Contribution à la biométrie et à la statistique des kystes d'*Entamoeba histolytica* et d'*Entamoeba hartmanni*. [Biometrical and Statistical Study of the Cysts of *E. histolytica* and *E. hartmanni*].—*Rev. Microbiol. Epidémiol. & Parasit.* 1934 Vol. 13 No. 2 [In Russian pp. 137-148. With 4 figs. 28 refs.] French summary pp. 148-149.]

The author made a biometrical study using statistical methods of over 2,300 cysts of the dysentery amoeba from three human cases. He arrives at the conclusion that there exist two groups of amoebae differing markedly in the dimensions of their cysts: the one with large cysts belongs to *E. histolytica* (or *E. dispar*) the other with small cysts belongs to *E. hartmanni*. Each group contains a number of strains or races characterized by different average dimensions of the cysts, viz., those measuring on the average  $6.93\mu$ ,  $7.2\mu$ ,  $7.75\mu$ ,  $7.69\mu$  and  $8.25\mu$  represent the group with small cysts, while those measuring  $11.66\mu$ ,  $12.85\mu$ ,  $13.25\mu$  and  $14.47\mu$  represent the one with large cysts. The specific status of the rare cysts with intermediate dimensions ( $9-11\mu$ ) requires further elucidation. It is suggested that since the biological properties of *E. hartmanni* are unknown, forms with small cysts should be treated separately in all works dealing with the incidence of the dysentery amoebae. C. A. Hoar.

ZERTCHANINOV (L.) Sur la différenciation des kystes semblables à celles de l'*Entamoeba histolytica* [Differential Diagnosis of *Histolytica* Like Cysts].—*Med Parasit & Parasitic Dis* Moscow 1934 Vol. 3 No 3 [In Russian pp 267-273 With 4 figs. French summary p 272.]

In the course of a coprological examination of the population in the Ural Region the author found that all the amoebic cysts of the *histolytica* type were of the small or medium varieties, measuring from 5 to 12 $\mu$  in diameter. In view of this fact, and because all the cases observed in this region were symptomless carriers the author concludes that the infections are due to *Entamoeba hartmanni* and *E. dispar* and not to *E. histolytica*. Apart from size he claims to be able to distinguish the first two forms from *E. histolytica* by the morphology of the vegetative or active stages and by the dimensions and amount of the chromatoid bodies. With a view to differentiating between *E. hartmanni* and *E. dispar* an examination was made of 5136 cysts obtained from 25 cases using statistical methods. The cysts were found to fall into two groups, those of the first which are referred to *E. hartmanni* have a diameter from 4.25 to 9.35 $\mu$  (average 7 $\mu$ ) with chromatoid bodies in 75.5 per cent while the cysts of the second group referred to *E. dispar* range from 7.5 to 14.45 $\mu$  in diameter (average 10 $\mu$ ) and have chromatoid bodies in 40.6 per cent. of specimens. C. A. Hoare

ABDEL SAYED (Ibrahim) Résumé de sa communication faite le 2 juin 1933 sur l'amibiase.—*C. R. Soc. Méd. et Hyg. Trop. d'Egypte* Alexandria. 1933-34 5th Year Vol. 1 pp 29-30

BLANC (F.) & BORDES (L. A.) Considérations pathogéniques et thérapeutiques sur l'amibiase intestinale.—*Marseille Méd.* 1935 Feb 5 Vol. 72. No. 4 pp 145-153

CHANG (Hsiao-Ch'ien) & CHOU (Shou-k'ai) Amoebic Dysentery and its Sigmoidoscopic Diagnosis.—*Far Eastern Assoc. Trop. Med. Trans. Ninth Congress Nanking China*, 1934 Vol. 2. pp 433-439 [11 refs.]

FARMAKIDIS (C.) A propos de l'amibiase.—*C. R. Soc. Méd. et Hyg. Trop. d'Egypte* Alexandria. 1933-34 5th Year Vol. 1 pp 31-34

FISCHER (Otto) Chronische Darmstörungen und Amöbeninfektion. (Ein Gutachten für die Kriegsgeschädigtenversorgung).—*Muench. Med. Woch.* 1935 Feb 28 Vol. 82. No. 9 pp 336-338

HARGROVE (M. D.) Review of 112 Cases of Amoebiasis.—*New Orleans Med. & Surg. J.* 1934 Dec. Vol. 87. No. 6 pp 359-362

HIGGINS (Robert) Absence of Tissue Invasion in Monkey Carriers of *Entamoeba histolytica*.—*Amer. J. Trop. Med.* 1935 Jan. Vol. 15. No. 1 pp 41-43

IKEDA (Kano) Roentgenologic Observations of the Colon in Amoebic Dysentery with Report of Seven Cases Originating in Chicago.—*Radiology* 1934 May Vol. 22. No. 5 pp. 610-621 With 7 figs. [12 refs.]

KITABATAKE (Eitaro) Investigations on Amoebic Dysentery II Experimental Studies on Amoebic Dysentery in Rats. Part I. Amoebic Dysentery of Rats in the Acute Stadium. *J. Oriental Med.* 1934 Oct. Vol. 21 No. 4 [In Japanese pp. 623-652. With 1 chart & 6 figs. on 3 plates. English summary pp. 57-58.]

KITABATAKE (Eitaro) Investigations in Amoebic Dysentery II Experimental Studies on Amoebic Dysentery in Rats. Part II. On Amoebic Dysentery in Rats in Chronic Stadium as well as on the Significance of House Rats as Vectors of the Transmission of Amoebic Dysentery.—*J. Oriental Med.* 1934 Nov. Vol. 21. No. 5 [In Japanese pp. 827-842. With 7 figs. on 3 plates. [31 refs.] English summary pp. 90-91.]



- KUBO (Michio) Investigations of Amoebic Dysentery IV Experimental Studies on Amoebic Dysentery in Dogs. First Report. Amoebic Dysentery of Dogs in Acute Stadium.—*Jl. Oriental Med.* 1934 Dec. Vol. 21 No. 6 [In Japanese pp. 987-990 With 9 figs. on 3 plates. [15 refs.] English summary pp. 113-114.]
- MAYER (C.) Morphologie et cycle évolutif de l'amibe dysentérique.—Reprinted from *Algérie Méd.* 1931 May 16 pp.
- MÜLLERS (P.) Folgezustände und Fehldiagnosen nach Amoeben-Dysenterie und ihre Behandlung.—Reprinted from *Tsing-Chi Med. Monatsschr.* 1934 No. 8. 12 pp. [In parallel Chinese.]
- PATINO MAYER (C.) & GARCIA RODRIGUEZ (Alfredo) Consideraciones sobre un caso de sigmoiditis amebiana crónica, de forma frusta. Resultado del tratamiento arrectal por vía rectal.—*Seminario Méd.* 1935. Mar 21 Vol. 42. No. 11 (2149) pp. 881-884. With 4 figs.
- SABU (Ismael A.) The Diagnosis of Chronic Dysentery in Children and the Use of the Sigmoidoscope.—*Jl. Egyptian Med. Assoc.* 1935 Feb. Vol. 13 No. 2 pp. 118-124
- SHATTUCK (George Cheever). Amoebiasis in Boston.—*New England Jl. of Med.* 1934. Dec. 6. Vol. 211 No. 23 p. 1044
- SIMON (Sidney K.). The Clinical Aspects of Amoebiasis.—*New Orleans Med. & Surg. Jl.* 1934 Dec. Vol. 87 No. 6. pp. 335-350
- TAKUKEDI (Gerardo) Anemia ipocromica grave da amebiasis intestinal.—*Polisience Soc. Prat.* 1935 July 1 Vol. 42. No. 28. pp. 1293-1294. [10 refs.]
- TSUKU (Yukio) Recherches sur la pyogenèse entre la dysenterie amebienne et bacillaire.—*Jl. Oriental Med.* 1934. Dec. Vol. 21 No. 6. pp. 85-88 With 12 figs.
- VASILESCU (C.) & PAPAZIAN (R.) Kystes hydatiques supportés de fole, compliqués d'abcès multiples au fole et péricardite purulente.—*Bull. et Mém. Soc. Méd. Hôp. de Bucarest* 1935. Mar Vol. 17 No. 3 pp. 40-48.
- YAMAMOTO (Yoshio) Investigations in Amoebic Dysentery V On the Cultivation of *Entamoeba histolytica*.—*Jl. Oriental Med.* 1934 Nov Vol. 21 No. 5 [In Japanese pp. 811-825 With 1 chart. [23 refs.] English summary p. 86.]

## MALARIA.

BULLETIN DE L'OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE.  
 1935 May Vol. 27 No 5 pp 903-929—Enquête sur les  
 règlements ou prescriptions officielles pour préserver du paludisme  
 les personnes qui se rendent dans des régions malariques Grande-  
 Bretagne (Colonies Britanniques) Allemagne Etats-Unis France  
 (Colonies Françaises et Territoires sous mandat français) Congo  
 Belge Pays-Bas, Indes Néerlandaises Italie Turquie. [An  
 Enquiry into the Official Regulations and Instructions for pro-  
 tecting from Malaria Persons proceeding to Malarious Countries.]

The inquiry showed that the counsel generally given to Europeans in different malarious countries was that they should take quinine as a preventive and should protect themselves against mosquitoes by nets and by proofing their houses. The method of quinine prophylaxis most commonly recommended was a daily dose of 25 centigrams (4 grains) or more rarely 40 to 60 centigrams (6 to 9 grains). In Egypt Italy and Turkey the preventive dose of quinine is given on only two days—consecutive or not—in the week. According to the Malaria Commission of the League of Nations, this method is not so efficacious as a small daily dose. The period over which the governments of different countries recommend their subjects to continue taking prophylactic quinine differs in different parts of the world. Europeans in British West Africa are recommended to take quinine daily during the whole of the time they are in Africa and to continue it for 6 months after their return to England. In French Africa prophylactic quinine is taken between May and September only. In the Dutch East Indies quinine is continued for only 2 to 4 weeks after returning to Europe. On German ships quinoplasmine is used as a prophylactic in preference to quinine. As recent work in England has shown that atabrin is a more potent and less risky prophylactic than plasmoquine, atabrin is to be tested on persons proceeding to West Africa in British ships.

W Fletcher

VAN CAMPENHOUT (Em.) La prophylaxie individuelle du paludisme au Congo Belge. [Personal Prophylaxis in Belgian Congo]—  
*Bull. Office Internat. d'Hyg. Publique* 1935 Feb Vol. 27  
 No 2. pp 307-309

Numerous laws are in force with reference to the prevention of malaria which deal with such matters as the provision of mosquito-proofing of houses collections of stagnant water accumulations of rubbish the breeding places of mosquitoes and the like. Government officers are not compelled to take prophylactic quinine but with rare exceptions they do so. Medical history records of each officer are kept and on these a note is made as to the regularity with which they have taken quinine. These records are considered in connexion with leave and pension. All officers on first appointment must attend 17 lectures on tropical hygiene and, during their service, pamphlets on the same subject are issued to them from time to time. Courses of instruction are also available for non-officials. All natives are treated without charge by the Government and in certain native schools prophylactic quinine is administered regularly

W F

KOMP (W. H. W.) & CLARK (H. C.). A Fourth Year's Observations on Malaria in Panama, with Reference to Control with Atebrin and Plasmochin.—*Amer. J. Trop. Med.* 1935. Mar. Vol. 11. No. 2. pp. 131-154. [10 refs.]

This is an example of the comparative futility of voluntary drug control, among a native population living in an endemic area.

"During the past 5 years, 1930 to 1934 an area lying in the mid-beds of the Chagres River in Panama has been observed and studied with regard to malaria, and various sorts of treatment have been given the inhabitants in an effort to control the disease. Malaria cannot be entirely eliminated, but by various means it can be reduced to negligible proportions, as is witnessed by conditions in the Panama Canal Zone which lies within 7 miles of our town. The costly measures of control used there are not economically feasible in our area, so our efforts have been directed toward a reduction of malaria, either by direct attack on the parasite by drugs or by breaking the chain of infection in the mosquito by antigametocytes treatment. Our efforts have been concentrated on the young children. We have used several drugs and combinations of drugs over the four-year treatment period. It should be mentioned that all treatment was voluntary. Various combinations of antimalarial drugs were used including quinine sulphate alone or with plasmochin, and atabrine alone or with plasmochin. None of the methods used were particularly successful in reducing the malaria rate, except possibly the combination of atabrine and plasmochin. Monthly surveys over four years indicate the presence of cyclical variations in malaria parasite rate extending over several years. If treatment of any sort happens to be given during a down-swing in rate, success is nearly sure to follow but if it is given on an up-swing, apparently nothing can stop the natural course of the cycle. Although we feel that the recent improvement in malaria parasite rate is not due solely to our efforts, we have no doubt but that the general health of our villagers is much improved over its condition in 1929 before our work started."

During the course of treating 400 persons with atabrin, no toxic symptoms of any kind were noticed. It was far different with plasmoquine and, when combined atabrin-plasmoquine treatment was given, cases of poisoning were sufficiently common to drive the authors to the conclusion that the toxicity of plasmoquine rendered it unsuitable for mass administration without medical supervision. This is seldom available except in experimental enquiries, and not always in time. The authors regret that it was not available. "Economic considerations overruled in the matter as we could not afford the expense of maintaining the required supervision."

DE MELLO (Froilano). Une vue d'ensemble sur la chimioprophylaxie en masse des localités malarieuses et ses résultats pratiques. [Mass Drug Prophylaxis].—*Bull. Soc. Path. Exot.* 1935. Feb. 11. Vol. 28. No. 2. pp. 87-92.

The results of mass drug prophylaxis are fairly good if the treatment is continued.

The author first tried the new synthetic drugs in hospital. The results were excellent and the relapses were few but atabrin proved too expensive for field use. The next step was to try the effect of plasmoquine and quinine in a village. An isolated village was chosen, Paris green was used, adult mosquitoes were killed, the people were kept

under strict control the drugs were given regularly and everyone was thoroughly treated. The results were most striking. The spleen rate in the next epidemic season was reduced from 82 to 27 and instead of half the population being incapacitated with malaria, there were only two cases. It would be impossible to impose such rigid discipline upon the general population and the next test was made upon a number of villages where no compulsion was used. Villages with a splenic index above 50 per cent. were given a primary 8-day treatment with plasmoquine and quinine, followed by a secondary treatment consisting of a daily dose and lasting for 12 weeks. Villages with a splenic index between 30 and 50 were given only the primary course. Many people failed to take the treatment and the results showed that the primary treatment alone was useless. If effort, time and drugs are not to be wasted, it is not only necessary for the primary course to be followed by a secondary course, but the latter must be followed by fortnightly visits to the villages and the treatment of all relapses. *W F*

ISMAIL (Assam) Mesures préventives contre le paludisme dans les régions palustres en Turquie. [Preventive Measures against Malaria in Turkey].—*Bull Office Internat d'Hyg Publique* 1935 Feb Vol. 27 No 2. pp 304-306

Quinine prophylaxis is the method adopted for dealing with malaria and when an area has been declared malarious by the Ministry of Health certain regulations come into force under a law passed in 1928. The government supplies quinine for labourers on small holdings but on farms where more than 15 persons are employed, the proprietor must supply 2 grams of quinine per week for each person. If he fails in this the Health Department steps in and, if he does not pay the bill he is liable to a fine and imprisonment. *W F*

DUKE (H. Lyndhurst) Quinine as a Prophylactic in Malaria. [Correspondence].—*Lancet* 1935 Mar 9 pp 572-573.

The author complains that in consequence of experiments made in Europe quinine has become discredited as a prophylactic against malaria in tropical countries. The impression remains, he writes, that without prophylactic quinine men go down with malaria more often than they used to do under the old rite of 5 grains a day. He does not consider that the results of experiments carried out with European strains of parasites and with syphilitic patients who have never before suffered from malaria, should be applied to the treatment of patients in the tropics without further inquiry. He suggests that an investigation should be made in Uganda with European and native volunteers. *W F*

DECOURT (P) Etudes sur la prophylaxie collective du paludisme [Mass Prophylaxis].—*Bull Soc Path Exot* 1935 Mar 13 Vol. 28. No. 3. pp 176-183

The author has employed two schizonticidal drugs quinine and atabrin (or quinaquine) and two gametocidal drugs plasmoquine (or praequine) and rhodoquine. The objection to quinine was that it had to be given daily. The following doses of the other drugs were given—Quinaquine 0.4 grams once a week. Praequine 0.03 grams once a week or Rhodoquine 0.03 grams once a week. Smaller doses were given to children. The results were encouraging. *W F*

DECOURT (P) Méthode mixte dans la prophylaxie médicamenteuse collective du paludisme. [Mixed Drug Prophylaxis in Malaria.]—*Bull. Soc. Path. Exot.* 1933. Apr. 10. Vol. 28. No. 4. pp. 255-261

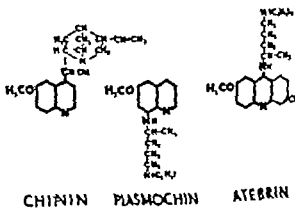
A prophylactic mass-treatment with quinacrine and praeguine-rhodoquine, given once a week, is recommended. The prophylactic treatment should be begun as soon as the anopheles begin to breed at the commencement of the malaria season. If it is not begun then, and the population is already suffering from malaria, it is necessary to give a preliminary 5-day therapeutic treatment with quinacrine, combined on the first and on the last day with a gametocidal drug. A week later the prophylactic treatment is begun. This consists of 0.3 gram of quinacrine and 0.02 to 0.03 grams of a gametocidal drug which may be praeguine or rhodoquine or a mixture of the two. This treatment is given once a week, during or after food. The doses recommended for children and infants are shown in a table. The method was used with success in a district in the north of Tunis, not far from the Algerian frontier. W F

FARINAUD (M. E.) Les possibilités de l'atébriue en prophylaxie collective. [Atebrin in Group Prophylaxis.]—*Ann. de Méd. et de Pharm. Colon.* 1934. Oct.-Nov.-Dec. Vol. 32. No. 4. pp. 532-559

This is a review of observations which have been made—particularly in Malaya by GREEN WALLACE and KINGSBURY—on the use of atebrium as a prophylactic. In an editorial footnote it is stated that the names "atebrin" and "quinacrine" denote the same drug. The author concludes that on account of the danger of cumulative toxic effects, atebrium should not be placed at the disposal of an ignorant public, but should be given only under medical supervision. He suggests that Europeans are more sensitive to some synthetic drugs than members of coloured races. W F

SCHULEMANN (W) The New Synthetic Drugs.—*Indian Med. Gaz.* 1935. Feb. Vol. 70. No. 2. pp. 83-88. With 2 charts. [Trans.]

This lecture was delivered by the author in the Istituto di Malariologia in Rome. The following diagram of the structure of the three drugs was shown and the lecturer said, "A glance at Chart I will show



you that atebryn plasmochin and quinine are all derived from 6-methoxy-quinoline which in atebryn is changed to acridin by combining it with a benzol nucleus. The side chains in atebryn and plasmochin are identical, alike in structure and in the nature of the linking member. The positions of the side chains on the ring system differ in plasmochin and quinine but are analogous in quinine and atebryn [See HENRY and GRAY p 385]

The author does not consider that final conclusions should be drawn from the results of the treatment of artificially infected syphilitics. These patients are usually infected by the bites of a large number of heavily infected mosquitoes—doses of parasites far greater than they would receive in nature. It might be inferred from the work of CIUCA on general paralytics and from that of SWELLENGREBEL on very heavily artificially infected volunteers that the combination of plasmoquine with quinine did not affect the relapse rate but it has been found at the malaria treatment centre at Kasauli in India that the relapse rate, which was 70 per cent with quinine treatment, was reduced to 8.5 with plasmoquine and quinine eventually the treatment centre was closed for lack of patients. Atebryn does not reduce the relapse rate to quite the same extent as gumo-plasmoquine it is therefore necessary to combine atebryn with plasmoquine or to give a short course of plasmoquine after the atebryn in view of the abdominal pains which often occur when the two drugs are given together the latter course is to be preferred. The author recommends the following treatment for the acute attack (first infection and relapse)

5 to 7 days—0.3 gm. ( $4\frac{1}{2}$  grains) atebryn daily

3 to 4 days—interval.

3 to 5 days—0.03 gm ( $\frac{1}{4}$  grain) plasmoquine daily

For prevention (general prophylaxis) he recommends 0.02 gm ( $\frac{1}{2}$  grain) plasmoquine on two days in every week throughout the malaria season. Plasmoquine should not be taken on an empty stomach. The rare cases of fatal poisoning have not been due to variations in the toxicity of different samples. AMY has shown that fluctuations in the toxicity of plasmoquine do not occur. Atebryn does not affect the liver in any way and does not give rise to jaundice. [See DE LANGEN and STORM *ante* pp 726-8.] W F

CHOPRA (R. N.) GANGULI (S. K.) & ROY (A. C.) On the Relationship between the Quinine Concentration in the Circulating Blood and Parasite Count in Monkey Malaria.—*Indian Med Gaz* 1935 Feb Vol. 70 No 2 pp. 62-65

There is no direct relationship between the concentration of quinine in the blood and the number of parasites.

These experiments were carried out on *Silomus rhesus* monkeys infected with *Plasmodium knowlesi*. Quinine was given both intravenously and intramuscularly. The maximum concentration was reached in about 20 minutes and remained fairly constant for about  $1\frac{1}{2}$  hours. It was noted that though in some monkeys the maximum concentration was reached in half an hour and was maintained for some time in others an equally high concentration never developed. The quinine had no visible effect upon the parasites in the blood, no matter how great its concentration. The infection as a rule

was not controlled until 2 or even 3 injections were given at daily intervals no matter what was the concentration of quinine in the blood. If any change in the parasites was observed, it was an increase in their number immediately after the injection, but never a marked decrease. When once the number of parasites approximated to one million per cmm. no amount of quinine however administered, was of any avail in saving the monkey. H F

CHOPRA (R. N.) & GANGULI (S. K.) Chemotherapeutic Studies on Plasmodium Infection in Monkeys. No. V Action of Tebetren.—*Indian Med. Gaz.* 1935. June. Vol. 70. No. 6. pp. 513-520.

"The drug, it seems, combines the virtues of atebirin and quinine. But the authors have omitted all reference to trials made elsewhere.

The authors treated with tebetren a number of *Silveryia rhodesi* which had been infected with *Plasmodium knowlesi*. They conclude that "in so far as the decrease in the number of parasites in the peripheral blood is concerned, tebetren appears to be intermediate in action between atebirin and quinine. By the intravenous route, its action resembles quinine. So far as relapses are concerned, the effects observed resembled more or less those produced in quinine-treated monkeys."

H F

LANDERRO (Fausto) Anreicherungsverfahren für die Untersuchung der Malaria Parasiten im Blute. [Enrichment Method for the Detection of Malaria Parasites in the Blood.]—*Arch. f. Schiffs- u. Trop. Hyg.* 1934. June. Vol. 38. No. 6. pp. 253-255.

In the course of the author's work on the sedimentation speed in malaria he used the sediment of the special pipette (Leitz) and the Westergren process for making preparations at different levels of the sedimented blood corpuscles. Parasites were counted in the very thick drop, in the drops obtained by this process, and also in drops obtained from the lower part of the sediment in the mixing tube of citrate and blood. The drops were examined after an hour's sedimentation.

He examined 117 specimens thus, of which 57 were negative and 60 positive. The parasites stained better and were on a brighter and clearer ground than in the usual drops.

The lower part of the pipette sediment gave preparations 8 times as rich in parasites as the thick drop, the middle part 6 times as rich and the upper part 4 times as rich, while the lower part of the mixing tube sediment gave preparations 6 times as rich as the thick drop. J. G. R.

STANTON (J. A.) A Method for cleaning the Capillary Tubes used for the Enumeration of Malarial Parasites in the Blood.—*Records of the Malaria Survey of India* 1935. Mar. Vol. 5. No. 1. pp. 1-2.

Capillary vaccine tubes are recommended in place of ordinary capillary pipettes for counting parasites by Stanton's method. If the tubes are thrown away after being used once this is rather expensive. A method of cleaning them with nitric acid, water and alcohol is described. H F

KERIM (M Abdel) The Thick Drop Method in the Diagnosis of Malaria.—*Jl Egyptian Med Assoc* 1935 Apr Vol. 18. No 4 pp 232-237

The percentage of positives was increased from 67 found by the thin film method, to 95.5 found by the thick film method. The average time taken in finding parasites was 8.47 minutes in thin films but only 38 seconds in thick films. W F

HOFFMANN (W H.) Nachweis von Malaria-parasiten in schlecht gelungenen Blutausstrichen [Demonstration of Malaria Parasites in Badly made Blood Smears].—*Arch f Schiffs u Trop Hyg* 1935 May Vol. 39 No 5 pp 216-217

In the case of bad blood smears especially those that are too thick the author advises that only the thinner part be fixed with methyl alcohol and that the whole smear be stained with dilute Giemsa. The unfixed part thus freed from haemoglobin becomes so transparent that even scattered parasites show up clearly. A G B

MENON (T Bhaskara) KRISHNASWAMY (T K) & ANNAMALAI (D R) The Reticulocyte Count in Malaria and Kala-Azar and its Significance.—*Jl Indian Med Assoc* 1935 May Vol 4 No 9 pp 359-363 With 5 charts. [13 refs.]

Instead of the ordinary method of taking a drop of blood on to a slide smeared with saturated alcoholic cresyl blue the authors take up in a pipette one drop of a 1 per cent. watery solution of cresyl blue and one drop of blood, mix the two drops for half a minute and then prepare films. In 10 cases of acute malaria the average reticulocyte count was 1.06 per cent. In 7 cases of chronic malaria 3.55 per cent. Cases of kala azar gave an average count of 3.62 per cent. When quinine was given to malaria patients the count began to rise after 2 or 3 days and continued to rise for another 2 or 3 days. W F

CHOPRA (R. N) MUKHERJEE (S N) & SEN (B) Studies on the Protein Fractions of Blood Sera. Part III. Malarial Sera during and after the Rigor Stage.—*Indian Jl Med Res* 1935 Jan. Vol. 22. No 3 pp 571-580 [14 refs.]

The authors summary is as follows —

During the rigor state in malaria the physical properties such as the pH and the buffer action change very little while the relative viscosity and the surface tension are both lowered, the former to a greater extent than the latter

The protein fractions all deviate from the normal, albumin diminishes considerably the  $\alpha$ -globulin increases to a certain extent while the pseudo-globulin remains practically normal. The total proteins also diminish to a considerable extent. In those cases where the blood was drawn after the rigor had subsided the changes in the physical properties and also in the proteins are similar to those of the rigor cases but such changes are less marked and more towards normal.

From these we are led to conclude that the changes in the physical properties as well as in the proteins of blood sera in malarial patients really set in during the rigor and reach a maximum when these changes begin to disappear and finally reach normal values within a short period after the rigor is over " W F.



HENRY (A. F. V.) Mélanofloculation en dehors du paludisme et instabilité sérique. [Henry's Reaction, Melanofloculation without Malaria. Serological Instability].—*C. R. Soc. Biol.* 1935. Vol. 118. No. 14 pp. 1443-1446.

The author discusses the occasional non-specific positive reactions occurring in diseases other than malaria.

Positive results have been reported in kala azar. KAROUT reported positive reactions in rabbits inoculated with typhus virus. His technique was not good—he did not employ formalized controls. TZECHKOWITZER and others reported positive reactions in typhus exanthematicus but the patients came from malarious places and the typhus may have re-activated their serum. The author has had 4 positive results among 34 rabbits and guinea-pigs infected with typhus virus. The positive serums contained haemoglobin, and the reaction appeared to be associated with blood destruction. The same occurs, though rarely in animals infected with trypanosomiasis. The reagents used in Henry's reactions possess certain properties of a colloidal nature which occasionally give reactions obscuring or simulating the specific reaction. The occasional reactions occurring in laboratory animals infected with parasites which destroy the blood cells and produce an instability of the serum do not vitiate the specific reaction which occurs in human malaria. W. F.

TRENSE (F.) Technique de la séroflocculation palustre par la mélanine choroidienne purifiée rendue soluble dans l'eau distillée. [Henry's Reaction with Soluble, Purified, Choroid Melanin].—*Arch. Inst. Pasteur d'Algérie*. 1935. Mar. Vol. 13. No. 1 pp. 11-38. With 1 chart. [14 refs.]

The melanin from the choroids of ox's eyes is dissolved in a warm alkaline solution. It is precipitated by acid and then redissolved by alkali. The process is repeated several times, until eventually the precipitate becomes soluble in cold water. This product is as active as the ordinary untreated melanin, and has the great advantage of being stable. It can be kept for a long time and its activity is constant. In place of the distilled water and the 3 per cent. sodium chloride used by HENRY the author employs 3 per cent. ammonium chloride, and only two tubes are needed for each test. As the reagent is quite clear the results are easier to read. The soluble melanin is as sensitive as Henry's reagent and it gives fewer positive reactions in non-malarial cases. W. F.

TRENSE (F.) Sur les différences qualitatives qui existent entre les euglobulines du sérum de paludéens et les euglobulines du sérum normal dans leurs rapports avec la séroflocculation palustre de Henry. [Henry's Reaction, The Qualitative Differences between the Euglobulins of Normal and Malarial Sera].—*C. R. Soc. Biol.* 1935. Vol. 118. No. 11 pp. 1076-1077.

It has been found that the melanoreaction of Henry depends upon an increase in the euglobulins of the blood. In certain diseases other than malaria the euglobulins are increased and the melanoreaction is positive. Sometimes, where the euglobulin is increased in non-malarious subjects surflocculation occurs without melanofloculation. The

author has separated the euglobulins from malarial and non-malarial sera by precipitation and dialysis. He has then dissolved them both in serum and in distilled water and subjected them to Henry's test. As a result he concludes that there are qualitative differences between euglobulins. The euglobulin of malaria possesses a specific character which distinguishes it. (See TRENSZ below) IV F

- i. TRENSZ (F) Des relations qui existent entre les englobulines et la surfloculation du sérum dans l'eau distillée. [Henry's Reaction. Euglobulins and Surfloculation in Distilled Water]—*C. R. Soc Biol* 1935 Vol. 118 No 13 pp 1332-1333.
- ii. BENHAMOU (Ed.) & GILLE (R.) Les modifications sériques au cours de la malarithérapie.—*Ibid* pp 1334-1336.
- iii. THIODET & RIBÈRE. Au sujet de la spécificité et du mécanisme de la réaction de Henry.—*Ibid* pp 1336-1338

i. Surfloculation in distilled water is due to an instability of the serum and to this extent it is related to melanofloculation but the two phenomena are not identical. Melanofloculation is not due simply to an increase of euglobulin but to the presence of a special euglobulin. The changes caused by malaria are not merely quantitative they are qualitative. Certain non malarial sera which were rich in euglobulins gave a precipitate in distilled water but not with melanin (i.e. they were negative). Part of the precipitate was redissolved in salt solution and part was added to normal serum. Henry's test was carried out and again surfloculation occurred, while melanofloculation was still negative although the euglobulin was increased. This procedure was repeated with the precipitate produced in a positive serum by distilled water. Here the redissolved euglobulin gave a positive Henry's reaction because it was malaria euglobulin.

ii. These authors contend that Henry's reaction is not due to a qualitative change in the euglobulin but to its quantitative increase with reference to serum albumen and cholesterol. A negative malaria flocculation signifies that the flocculable albumen is maintained in colloidal solution by a sufficient quantity of colloid protectors represented by the serum-albumen and cholesterol. When there is a relative deficiency of these substances flocculation occurs.

iii. Thiodet and Ribère consider that Henry's reaction is of questionable value and non-specific, and that it is due to euglobulin  $\alpha$  which is increased in response to all kinds of antigens. A number of cases are cited where patients suffering from diseases other than malaria gave a positive Henry's reaction, for example pernicious anaemia, hypoid nephrosis, starvation duodenal ulcer and several other diseases nearly all associated with anaemia. IV F

CHOMINE (V) & KOECHLIN (D) Diagnostic du paludisme par mesure de l'instabilité du sérum dans l'eau distillée. [Henry's Reaction. Diagnosis by Instability of Serum in Distilled Water]—*Bull Soc Path. Exot* 1935 May 8. Vol. 28. No 5 pp 375-379

The authors recommend that melanin should be abandoned and that the reaction should be carried out with serum and distilled water. The results are read with a photometer. The reaction in distilled water shows that titres below 10 indicate the absence of malaria.

between 10 and 20 doubtful above 20 almost certain malaria. The reaction becomes negative 30 to 50 days after the institution of effective treatment. The reaction in a group of persons who had returned from malarious countries less than 6 months before being tested proved positive in 80 per cent. The number of positives decreased rapidly during sojourn in a non-malarious country, and fell to 8 per cent. in 2 years. The authors obtained like results when employing melanin, and they conclude that the reaction in distilled water is identical with the melanoflocculation reaction discovered by HENRY [See pp. 130 131 420 422, above.] 17 F

SIKELNIKOW (S. I.) MOLDAWSKAJA KRITSCHENSKAJA (W. D.) GOCHOWA (E. L.) ALTHAUSEN (D. S.) & GRITZAY (A. A.) *Über gleichende Bewertung der Melanoflokkulationsreaktionen mit nichterwärmten und auf verschiedene Temperaturen erwärmten Seren.* [Comparative Estimations of the Melanoflocculation Reaction with Unheated and Heated Sera.]—*Arch. f. Schiff- u. Trop. Hyg.* 1935 May Vol. 39 No. 5. pp. 213-216.

An attempt to eliminate non-specific reactions in the melanoflocculation test by heating the serum to various temperatures.

The authors conclude that—The melanoflocculation reaction carried out with on the one hand unheated sera, and on the other hand, sera heated for 5 minutes to 54°C. gives concordant results in 83.4 per cent. of definitely diagnosed cases of malaria. If the heating is carried on under otherwise similar conditions, for 30 minutes then the agreement is only 56.6 per cent. Sera heated to 45° or 50°C. for 5 minutes give the same results as unheated sera. In typhus fever cases, when the sera is heated to 54°C. for 5 minutes the reaction when positive, is the same in heated and unheated sera, indicating a close connexion in the pathogenesis of malaria and typhus. The authors recommend that the method of carrying out Henry's reaction should be modified, and the sera should first be heated to 45°C. for 5 minutes, because in this method the full specificity of the reaction will be retained, but the possibility of a fallacious, non-specific flocculation will be eliminated. E. D. W. Gray

SILVERSTEIN (R.) *Metodo facile di preparazione della sospensione di pigmento corallo per la melanoreazione di Henry nella malarie.* [Easy Method of Preparation of Corallal Pigment for Henry's Reaction.]—*Policlinico Sez. Prat.* 1935. Apr. 1 Vol. 42 No. 13 pp. 614-615 [13 refs.]

After describing in detail Henry's method of preparing the melanin for his reaction, certain modifications of it and the value and significance of the reaction, the author speaks of a method devised by him, which by its ease of preparation renders the test practicable for any medical practitioner. On the analogy of extraction of the pigment from melanotic tumours by trituration with ether, he suspends the corallal pigment of the ox fn, and treats it repeatedly with ether in a funnel with a few cubic centimeters of physiological saline. The pigment is deposited in a layer between the saline and the ether. By carefully opening the tap of the funnel, the saline and pigment can be collected

and the ether discarded. Further grinding of the pigment in saline results in a finely opalescent suspension which is distributed in clean tubes and ready for adding to the different dilutions of serum for the test.

By its use the author has obtained marked flocculant precipitation with the sera of malaria patients after 2 hours at 37°C H H S

BENHAMOU (Ed.) & GILLÉ (R.) A propos du rôle de la cholestérine dans la mélanofloculation (réaction de Henry) [Henry's Reaction. Cholesterol in Melanofloculation.]—C R Soc Biol 1935 Vol. 118. No 15 pp 1573-1575

Henry's reaction depends upon an increase of euglobulin and a diminution of the cholesterol and serum albumen of the blood.

CHORDINE and GILLÉ on the contrary found that if cholesterol were added to the serum the intensity of Henry's reaction was increased and that if cholesterol were removed from the serum by treatment with ether it was decreased. The authors state that the added cholesterol does not increase the melanofloculation but it is precipitated by the addition of water to the serum and so adds to the opacity. As regards the removal of cholesterol by ether it is not a reduction in the amount of cholesterol which reduces the flocculability of the serum but the presence of traces of ether which act by lowering the surface tension W F

KRITSCHIEWSKI (I L.) & RUBINSTEIN (P L.) Ueber die Antigennatur des Melanins. [Antigenic Structure of Melanin.]—Zucker's Immunitäts- u. Experim Therap 1935 Apr 29 Vol. 84 No 5/6. pp 387-404

An experimental study of the nature of the phenomenon of melanofloculation (Henry)

In their investigations the authors employed birds infected with *Plasmodium praecox* and *P. cathemerium*. They obtained the melanin from the choroid of the eye of the ox. They consider that melanin is not a complete antigen but a hapten and requires the addition of another substance (in the investigation the serum of the pig was employed) to convert it into a complete antigen. They consider that it is highly probable that the phenomenon of Henry in malaria is a reaction between the antigen and antibody and the melanin of the eye of the ox is from the point of view of antigenic structure, identical with the melanin of protozoa (plasmodium). [SINTON & GHOSH consider that malaria pigment is a different substance from melanin (See this Bulletin Vol. 31 p 706)] As a result of their investigations the authors conclude that—Melanin of the choroid is a hapten which in the presence of an activator (Schlepper) serum of the pig is converted into a complete antigen. Similarly the melanin produced by *Plasmodium praecox* is a hapten, whose antigenic completion is effected by an activator the protoplasm of the protozoa. Henry's phenomenon in malaria is a reaction between antigen and antibody. Melanin differs from all other haptens in being insoluble.

E D W Craig

SAUNDERS (George M.) & TURNER (Thomas B.) The Wassermann Reaction in Malaria.—*Southern Med J.* 1935. June. Vol. 28. No. 6. pp. 542-546. With 1 chart. [12 refs.]

The authors have investigated the Wassermann reaction in malaria, as many have done before and they conclude that malaria does not cause fixation of complement in this reaction, but that it may stimulate a weak reaction and make it stronger. IV F

ASCIONE (Guglielmo) & MARIOTTI (Ettore) Esperienze di trasmissione della infezione palustre con filtrati di sangue e di liquido cerebro-rachidiano di malarici primitivi. [The Transmission of Malaria by the Inoculation of Filtered Blood and Cerebrospinal Fluid].—*Riv di Malarologia*. Sez. I. 1935. Vol. 14. No. 1. pp. 1-46. With 7 charts on 4 plates. [14 refs.] English summary

Particulars are given of 9 experiments in which filtered blood & cerebrospinal fluid was inoculated into healthy individuals. In 5 cases out of 10 this was followed after 10 to 15 days, by mild accessions of fever. Malaria parasites were not found, but quinine caused the malaria like syndrome to disappear. [See this Bulletin Vol. 3 p. 487.] IV F

KNOWLES (R.) & BASU (B. C.) Nuclear Division in Malarial Sporozoites.—*Indian J Med Res.* 1935. Jan. Vol. 22. No. 1. pp. 443-447. With 1 fig & 1 plate.

Examining sporozoites from the salivary glands of *Anopheles stephensi* infected with *Plasmodium vivax* and *P. falciparum* the author found that the chromatin as seen in dried films stained by Giemsa stain may be present as a single mass or as two or three masses which appear to arise by division from the single one. The appearance is interpreted as indicating nuclear multiplication in the sporozoite.

C. M. Wynn.

MISSIROLI (A.) & MORNA (E.) La reazione nucleare nei vari stadi di sviluppo dei parassiti malarici. [Nuclear Reaction in Various Stages of Development of Malarial Parasites].—*Riv di Malarologia*. Sez. I. 1934. Vol. 13. No. 5. pp. 553-558. English summary (5 lines)

Applying the Feulgen method of staining to human and rodent malarial parasites the authors find that a positive result is obtained only with merozoites in the rosette stage and with the oocysts and sporozoites in the mosquito. In all other stages there was a negative reaction. C. M. W.

IVANIĆ (Momočilo) Ueber die zwei allerfrühesten Kernteilungsstadien des Tertianaparasiten (*Plasmodium vivax* Grassi et Feletti) und deren Bedeutung. [The First Two Stages of Nuclear Division of *P. vivax*].—*Zeit f. Bakt.* I. Abt. Orig. 1935. Feb. 18. Vol. 133. No. 5/6. pp. 274-282. With 11 figs. [13 refs.]

The author has studied the nuclear division in the schizonts of *Plasmodium vivax* fixed both by the dry and the wet methods. The

first two nuclear divisions are at first promitotic it being possible to distinguish the linen spindle with chromatin granules arranged as an equatorial plate and polar bodies of a plastin nature. As division proceeds the polar bodies are dispersed, the division in its later stages becoming a true mitosis with a granule at each end of the spindle and daughter plates of chromatin substance. C M W

FERREIRA (J. Chaves) Observações sobre os esporozóitos do *Plasmodium praecox* (relictum) [Observations on the Sporozoites of *P. praecox*].—*Rev. de Malariologia* Sez. I 1934 Vol. 13 No. 5 pp. 559-562. With 35 coloured figs. on 1 plate.

The author has studied the structure of sporozoites of the bird malarial parasite *Plasmodium praecox* in the salivary glands of *Culex pipiens*. It appears that when they first reach the glands each has as a rule a single chromatin mass and a cytoplasm with a neutrophile reaction. During the course of the following 5 or 6 days it appears that the single chromatin mass divides into 8 smaller masses while the cytoplasm at first neutrophile acquires a basophilic and finally an acidophilic reaction. In the last case the sporozoites appear swollen while the chromatin is disintegrated. C M W

MISSIROLI (A.) Sullo sviluppo dei parassiti malarici. Nota 2a [Stages in the Life of the Malaria Parasite].—*Rev. de Malariologia* Sez. I 1934 Vol. 13 No. 5 pp. 539-552. With 4 text figs. & 24 figs. on 2 plates (1 coloured) [Refs. in footnotes.] English summary (8 lines)

Professor Missiroli as a result of experiments carried out with *P. praecox* (relictum) and canaries finds that sporozoites rapidly disappear from the site of inoculation, in 5-10 minutes in fact. Within the first 5 minutes some at least of the sporozoites will show a swollen nucleus in which are seen 4 or 5 chromatin granules distinct and separate one from another. If later examination 3 hours or so after reveals any of them they are only the degenerate or immature. The sporozoites break up into small fragments and are carried off by the lymphatics in other words they may divide before entering the red corpuscles and do not always penetrate the corpuscle entire and then multiply as described in the text books. H H S

BLANCKENBURG (K.) Experimentelle Versuche ueber die Funktion der Blutreservoirs bei Vogelmalária (*Proleasoma praecox*) [The Function of the Blood Reservoirs in Bird Malaria].—*Arch. f. Schiffs- u. Trop. Hyg.* 1935 Mar. Vol. 39 No. 3 pp. 116-121

It is well known that a large part of the blood of the body is retained in the organs (spleen, bone marrow, liver) as a reservoir where it is in intimate association with the reticulo-endothelial system. In cases of malarial infection large numbers of parasites occur in this reservoir and it would seem that not completely destroyed by any drugs they are the forms responsible for relapses. It occurred to the author that methods which bring about a reduction of the blood reservoir and an increase in the blood corpuscles in the peripheral blood might produce a corresponding increase in the malarial parasites. One of these is reduced atmospheric pressure and the author has demonstrated

that malaria infected canaries show an increase in the number of parasites in the peripheral blood if they are exposed to this condition for 5 to 10 minutes.  
C. M. W.

BRUMPT (Emile) Paludisme aviaire *Plasmodium padas* n. sp. de callat (*Padda oryzyora*). Utilisation de ce parasite pour les recherches chimiothérapiques du paludisme. [*P. padas* of the Java Sparrow Its Value for Chemotherapeutical Research].—C. R. Acad. Sci. 1935 Mar 11 Vol. 200. No. 11 pp. 967-970 With 24 figs.

The Java sparrow which, as is well known is frequently found infected with a halteridium (*Haemoproctus oryzyora*) is also liable to a less known plasmodium infection. The plasmodium was actually first seen by ARSCOFF in 1909 who finding its schizonts associated with the halteridium thought that these represented an instance of the much talked of schizogony of the female gametocyte. The mistake was, in the author's opinion, again made by LACROIX and LWOFF. The author and LANGERON studied the plasmodium in 1910 and noted its resemblance to *Plasmodium relictum*. It was not, however inoculable to the canary or common sparrow. In the present paper the author records these original observations, not published before and some further ones he has made recently. In spite of its resemblance to *P. relictum* he has not been able to inoculate it to any other bird but the Java sparrow. He gives a figure of the various stages of its development and proposes for it the name *Plasmodium padas*. He thinks the plasmodium may prove to be useful for testing malarial therapeutic drugs as the Java sparrow is a much stronger bird than the usually employed canary.  
C. M. W.

BRUMPT (Emile) Paludisme aviaire *Plasmodium gallinaceum* n. sp. de la poule domestique [*P. gallinaceum* n. sp., of the Domestic Fowl].—C. R. Acad. Sci. 1935. Feb. 25. Vol. 200. No. 9 pp. 783-785 With 18 figs.

In 1912 PROWAZEK briefly referred to a malarial parasite of the fowl in Deb (Sumatra) which gave rise on reproduction to six merozoites. No further reference to this parasite has been made unless the parasite noted by CRAWFORD (1933) in a number of imported fowls in Ceylon and identified by him as *Plasmodium relictum* (fowls) is the same species. In 1910 Dr BROUSSAIS discovered a plasmodium in fowls in Indo-China and was able to inoculate it to other fowls. A film of the blood of an infected fowl was given to the author who now describes the parasite for the first time from this film. It is a large form producing distortion of the cell and displacement of the nucleus. The schizonts produce a variable number of merozoites (7-32) while the gametocytes are relatively large rounded bodies. This parasite, if it were rediscovered, would prove useful for therapeutic experiments.  
C. M. W.

MAXWELL (Reginald D.) Immunity to Cross-Infection in Avian Malaria due to *Plasmodium vaughani*.—Proc. Soc. Exper. Biol. & Med. 1934 Nov Vol. 32. No. 2 pp. 391-392.

In 1904 NOVY and MACNEAL described as *Plasmodium vaughani* a malarial parasite of the common robin. The author has isolated it in

canaries from a catbird in Syracuse U.S.A. and has tested its immunity reactions towards other bird parasites. There does not appear to be any cross-immunity between it and other species not even *P. rosei* which it resembles morphologically except that a pre-existing *P. praecox* infection may give a partial immunity to it. On two occasions infected birds seem to have rid themselves entirely of a *P.oughani* infection as evidenced by failure of massive doses of the blood to infect clean birds. This is a very rare occurrence in bird malaria. C M W

MALANOS (B.) & NAUCK (E. G.) Die Malaria-plasmodien der Affen [Malarial Plasmodia of Monkeys].—*Zent. f. Bakt.* I Abt. Referate. 1935 Apr 18 & 25 Vol. 117 Nos. 9/10 & 11/12. pp 193-218 241-261 [2 pages of refs.]

In this article the authors give an exhaustive account of the malarial parasites of monkeys based on a detailed analysis of the literature, complete references to which are given. Not only are the parasites of the Old World monkeys dealt with as in the recent publications of SINTON and MULLIGAN which are repeatedly referred to but those of the New World are also considered, while the parasites of the higher apes are fully described. The article cannot fail to be of the greatest assistance to all who wish to study malaria as it occurs in monkeys. C M W

MULLIGAN (H. W.) Descriptions of Two Species of Monkey Plasmodium Isolated from *Silenus srus*—*Arch. f. Protistenk.* 1935 Vol. 84 No 2. pp. 285-314 With 2 charts & 2 coloured plates. [28 refs.]

Much of the information contained in this paper has already been published by the author in collaboration with SINTON. It gives, however, a descriptive account of *Plasmodium knowlesi* and *P. cynomolgi* both of which together with *P. sruis* (described by SINTON see below) occur as natural infections in the monkey *Silenus srus* (*Macacus cynomolgus*). The paper is illustrated by two excellent coloured plates showing the characters of the two parasites. Some reference is also made to *P. sruis* and its cycle of development is given as 48 hours while in the later paper by SINTON based probably on more extended observations the figure is 72. C M W

SINTON (J. A.) A Quartan Malaria Parasite of the Lower Oriental Monkey *Silenus srus* (*Macacus cynomolgus*)—*Records of the Malaria Survey of India* 1934 Dec. Vol. 4 No 4 pp 379-410 With 79 coloured figs. on 2 plates & 1 chart. [31 refs.]

The author describes the isolation in pure culture of a third malarial parasite from the monkey *Silenus srus*. Hitherto two species have been isolated *Plasmodium knowlesi* Sinton & Mulligan, 1932 with a 24-hour periodicity and *P. cynomolgi* Mayer 1907 with a 48-hour cycle. The former produces a maximum of 11 merozoites does not enlarge the red cell and produces a stippling demonstrable only by special staining while the latter produces up to 16 merozoites enlarges



the red cell and gives rise to conspicuous stippling. The new parasite, which has been identified with *P. inui* Halberstadter & Proszek, 1907 has a cycle of 72 hours, enlarges the red cell slightly produces stippling which is less conspicuous than that caused by *P. cynomolgi* and produces up to 16 merozoites. These 3 malarial parasites occur naturally in *Silenus inui* very commonly in mixed infections. They do not produce any serious symptoms in the natural host nor do *P. inui* and *P. cynomolgi* in other species of *Silenus* to which they are inoculable. On the other hand *P. knowlesi* is highly pathogenic for *S. rhesus* in which it gives rise to a severe disease often associated with haemoglobinuria. The *Silenus inui* in which the 3 parasites were found had come to India from Malaya. It appears that *P. inui* is identical with the parasite described by HALBERSTADTER & PROSZEK (1907) from *S. inui* from Java and *S. nematodes* from Sumatra and Borneo and with the form seen by MATHIS & LEGER (1911) in *S. rhesus* and *S. lasiotis tchadiensis* from Tonking. Thus *P. inui* has a wider distribution than the other 2 species which at present are known only from Malaya.

The following table taken from the paper gives the differential characters of the 3 parasites.

	<i>P. inui</i>	<i>P. cynomolgi</i>	<i>P. knowlesi</i>
Natural hosts ..	<i>Silenus inui</i> <i>S. nematodes</i> <i>S. rhesus</i> <i>S. lasiotis tchadiensis</i>	<i>S. inui</i>	<i>S. inui</i>
Regions from which recorded	Borneo, Java, Sumatra, Tonking, Malaya	Malaya	Malaya
Duration of schizontory cycle	72 hours	48 hours	24 hours
Chromatin in young ring forms	Frequently double and of very unequal size	Accessory dot present	Accessory dot present
Trophozoites ..	Amoeboidity of lobose nature vacuolation marked up to early segmentation	Amoeboidity marked, of vesicular character vacuole at first well developed but not marked in old forms	Amoeboidity slight or absent; vacuole small, early forms
Pigment in trophozoites	Yellow to brown, becoming darker with age appears early fine and abundant with peripheral distribution	Golden-brown appears later and is coarser and scarcer than in <i>P. inui</i> distribution less markedly peripheral	Golden-brown to almost black appears early abundant
Mature schizonts	Maximum 16 merozoites. Often rosette	Maximum 16 merozoites. More irregular	Maximum 11 merozoites. Grape-like cluster

	<i>Pl irms</i>	<i>Pl cynomolgi</i>	<i>Pl knowlesi</i>
Gametocytes	About size of normal red cell pigment scattered yellowish brown to brown and abundant	Distinctly larger than red cell pigment not very abundant, darker than in <i>Pl irms</i>	About size normal red cell pigment relatively coarse brown to black, and abundant
Infected red cells	Slightly enlarged with older forms. Stippling less conspicuous, scantier than with <i>Pl cynomolgi</i>	Much enlarged with old forms. Stippling very conspicuous and dots very numerous	Not enlarged showing characteristic distortion. Stippling only shown by special stains
Pathogenicity	Few or no symptoms. Easily inoculable to other species of <i>Silvius</i> . Not inoculable into higher monkeys	Usually no severe symptoms. Easily inoculable to other specimens of <i>Silvius</i>	Mild in <i>S irms</i> but causing very severe symptoms, often haemoglobinuria, when inoculated into <i>S rhesus</i> . Has been transmitted to man and the gibbon

C M IV

KNOWLES (R.) & GUPTA (B M Das) Latent Malaria Infection in Monkeys.—*Indian Med Gaz* 1934 Oct Vol. 69 No 10 pp. 541-545 With 3 figs.

A specimen of *Silvius irms* on which splenectomy had been performed followed by inoculation with a pure strain of *Plasmodium knowlesi* developed an intensive malarial infection in which not only the inoculated parasite but also *P irms* var *cynomolgi* was present. The operation of splenectomy appeared to have re-awakened a latent infection. To test the matter further a series of 5 young *Silvius irms* were subjected to careful examination. Thick and thin films were examined daily for 10 days. The result was the discovery of parasites in two. An attempt to arouse infection in the others by injection of 2 cc. of horse serum failed. Then 2 cc. of blood from each of the negative monkeys was inoculated into susceptible *S rhesus* with the result that one became infected showing that one of the 3 negative *S irms* had a very slight infection. The 3 monkeys were then subjected to splenectomy with the result that malarial parasites appeared in the blood of all. It appears, therefore that the most certain method of detecting a latent malarial infection is by splenectomy.

C M IV

NAUCK (E. G.) & MALAMOS (B.) Ueber Immunität bei Affenmalaria [Immunity in Monkey Malaria].—*Ztschr. f. Immunittät u. Experim. Therap.* 1933 Mar 4 Vol. 84 No. 4 pp. 337-358. With 6 figs.

In the investigations described in this paper the author has followed the development of immunity in monkeys inoculated with *Plasmodium knowlesi*. Three different monkeys were used (*Silvery rhesus*, *S. aurea* and *Cercopithecus mona*) and it was found that they differed from one another as regards reaction to the infection and the rate of development of immunity which was of two types. That to develop first was a toxin immunity or an immunity which enabled the animal to tolerate the parasites present in the blood. Later there developed in addition to this a parasite immunity which enabled the animal to suppress the parasites by getting rid of them entirely or by keeping them in abeyance. Though from the point of view of the development of immunity the spleen is very important it is not absolutely necessary for immunity will develop in splenectomized animals though more slowly than when this organ is present. The removal of the spleen in an already immune animal lowers the immunity to some extent. The existence of acquired immunity is not entirely dependent on the presence of a latent infection (premunition) since it may exist when, as tested by every available means, the monkey appears free from parasites.

C M W

CHAND (Kharan) & HARBHAGWAN Some Unsuccessful Attempts to transmit Monkey Malarial Parasites to Common Laboratory Animals.—*Records of the Malaria Survey of India.* 1934 Dec. Vol. 4 No. 4 pp. 373-378.

An attempt to infect the rabbit guinea pig, rat, mouse, squirrel and dog with one or other of the three malarial parasites (*Plasmodium knowlesi*, *P. falciparum*, *P. cynomolgi*) of the monkey *Silvery rhesus* (*Macaca cynomolgi*) has completely failed.

C M F

PITTI-FERRANDI (François) & SAUTET (Jacques) Anopheles undulatus paludisme dans un village corse de montagne. [Anopheles without Malaria in a Corsican Mountain Village].—*Rev. M.H. d Hyg. Trop.* 1934 Nov.-Dec. Vol. 28. No. 6 pp. 262-267

The village of Pietra-di-Verde with some 700 inhabitants is situated about 15 kilometres from the east coast of Corsica, at an altitude of 500 metres. It used to be malarious, but, since 1925 there has not been a single local case in spite of the continual importation of parasites by villagers returning from the plains. This change is not due to the deviation of the anophelines by an increase of domestic animals there are fewer animals than in the past and mules—the only ones which were stabled—have been largely replaced by motor transport. The larvae of *A. maculipennis* and *A. bifurcatus* are plentiful, but the adults do not come into the houses to feed, and people sleeping in rooms with open windows, close to the breeding-places, are never bitten. The mosquitoes probably feed on the domestic animals which are turned loose in the woods, for they are not plentiful in the stables. The local *A. maculipennis* appears to be a small, panderate race. One of the authors has carried out a vigorous quinine treatment of all cases of malaria for a number of years, and there have been fewer imports

cases but these factors are not sufficient to account for the disappearance of the disease because in neighbouring villages in the plains where the same has been done malaria has not disappeared. W F

- i. TREILLARD (M.) Gîtes sites ou régions dans la localisation des espèces anophéliennes de l'Indochine méridionale. [Breeding-places Sites or Regions in the Localization of the Anophelines of Southern Indo-China].—*Bull Soc Path Exot* 1935. Jan. 9 Vol. 28 No 1 pp 40-42.
- ii. ——— Tableau synoptique pour la détermination rapide des anophèles d'Indochine. 2. Larves [A Synoptic Table for the Rapid Determination of the Anophelos of Indo-China. 2. Larvae] —*Ibid* pp 42-44 With 1 fig

i. The species of *Anopheles* having been identified we need to know as definitely as possible where and when they are to be found. As yet however breeding places cannot be determined precisely since we are still ignorant of too many of the factors governing their selection by the female mosquitoes and the subsequent development and fate of the progeny. The real characteristics which make a breeding place attractive to female *Anopheles* do not necessarily affect its topography and may be incommunicable by means of description or photographs. On the other hand no appreciable results have been obtained by studying either the microflora microfauna or physico-chemical qualities of water although recent investigations by MORIN and BADER (see this *Bulletin* Vol. 31 p 718) seem to indicate a suggestive simultaneity between certain percentages of carbonic acid and the presence of larvae of *A. minimus*. To avoid serious errors we must confine ourselves to broad categories (running and stagnant water spring water and salt water but slightly or heavily charged with organic matter etc.) and to the idea of larger or smaller faunal regions within which every collection of water is more or less suspect. Moreover it must not be forgotten that the biological needs of the adult are just as important as the physiological necessities of the larva.

ii. The table provided is on the lines of that recently given by the author for the adults of the species included (this *Bulletin* ante p 438) but the characters are indicated in a purely schematic and conventional manner by means of blank or shaded spaces. Intended primarily for the use of beginners this method of determination may have a certain value but accurate results are unlikely to be obtained without practice and larvae for examination will be better dead than alive.

In a list of twenty-one species of *Anopheles* met with in Indo-China between January and September 1932 the following are shown as harbouring malaria parasites in the south —*A. hyrcanus* *A. minimus* *A. acuminatus* *A. jeyporiensis* *A. ludlowi* *A. leucosphyrus* and *A. kochi*.

F E Austin

- GASCHEN (H.) Sur un nouvel agent transmetteur du paludisme en Indochine septentrionale *Anopheles calicifacies* Giles 1901 [*A. calicifacies* as Malarial Vector in Indo-China].—*Bull Soc Path Exot* 1935 Feb 13. Vol. 28. No 2. pp 111-113 [10 refs.]

The presence of *A. calicifacies* in Indo-China was first notified in 1932 by TOUMANOFF and FARINAUD. The author captured a specimen in

1934 at Lahati (Yunnan) with oöcysts in the gut. It probably acts as a vector in the highlands and is responsible for the generalized malarial of mild type in such areas as the plateaux of Yunnan, where the only other anopheles are *A. sinensis* and *A. vagus* W. F.

GASCHEN (H.) Recherches entomologiques dans la province de Yunnan. [Entomological Investigations in the Province of Yunnan.]—*Bull. Soc. Mèd.-Chirurg. Indochine*. 1934. Nov. Vol. 12. No. 9 pp. 873-892. With 1 folding chart. [14 refs.]

— Faune entomologique des voies d'accès au Yunnan. [Entomological Fauna of the Approaches to Yunnan.]—*Bull. Soc. Path. Exot.* 1935. Mar. 13. Vol. 28. No. 3 pp. 184-188.

The province of Yunnan, situated in the extreme south-west of China, is a high plateau traversed fan-wise by several mountain chains, and by large rivers running from west to east and south. Investigations into its anopheline fauna made by Moxix in January 1934 were followed by others conducted by the author in the ensuing August and September. Eleven species of *Anopheles* were met with viz. —*A. sinensis*, *A. vagus*, *A. culicifacies*, *A. murinus*, *A. pygmaeus*, *A. lindesayi*, *A. maculatus*, *A. autkeni*, *A. barbarostriatus*, *A. gigas* and *A. kochi*—all with the exception of *A. lindesayi* of which adults alone were found, in both larval and adult stages. *A. culicifacies* and *A. gigas* until encountered by the author had not been taken in Yunnan; a specimen of the former caught at Lahati, contained oöcysts in the stomach-wall. In the vicinity of Yunnanfou *A. sinensis* was found breeding at an altitude of some 2,400 metres (nearly 8,000 feet).

*Phlebotomus* (*Ph. barraudii*) was captured in the province for the first time E. E. A.

FENG (Lan-chou) Notes on Some Mosquitoes collected from Shantung Province, North China.—*Chinese Med. J.* 1935. Apr. Vol. 8. No. 4 pp. 359-363.

The author cites three papers about anopheles in Shantung by CHRISTOPHERS, HENDLE and himself. He himself has made several collections of mosquitoes since 1927; they contain 15 species, 3 of which are anopheles, 4 aedes and 8 culex. A short description is given of each with notes on their habits. *A. hyrcanus* var. *sinensis* is the most common anopheles both in the plains and hills and has been shown by HENDLE and Feng to be infectible with *P. vivax*. *A. lindesayi* is *japonicus* is rare and it is not known whether it bites man. *A. pictus* is common in the hills and will harbour *P. vivax* A. G. B.

PETRIKHEVA (P. A.) Zur Fauna und Biologie der Culicidae des Karakala-Gebietes. [Contribution to the Fauna and Biology of Culicids of the Karakala Region.]—*Trud. Karakal. i Krail.-Afrik. parant. Eksped. 1931 i Mater. po Faune Turkm. in Trud. Soc. Issuch. prirodo. Sci. Ser. turkmenokh. Leningrad, Acad. Sci.* 1934. Pt. 8. pp. 83-104. With 6 figs. & 1 graph. [In Russian.] [Summarized in *Ann. Appl. Entom.* Ser. B. 1935. Mar. Vol. 23. Pt. 3. pp. 73-74.]

"The 15 species of mosquitoes found in the Karakala region (north-western Turkmenistan) in 1930 included 6 of the genus *Anopheles*, viz. *A. superpictus*, Grunel, which was the most common, *A. maculipennis*, Mg., *A. claviger* Mg. (*bifurcatus* auct.), *A. hyrcanus* var. *parasilpictus*, Grunel, *A. pulcherrimus* Theo. and *A. plumbeus*, Staph. The last three were

rare. Notes on the breeding places are summarised in a table. Larvae of *A. superpictus* occurred from May till the end of November in almost all types of water especially in spring water exposed to the sun, along the pebbly banks of rivers and streams and in flooded areas with a very slow current and sparse vegetation. They were often found together with those of *A. claviger* in wells in which the water was very high, and in one instance larvae pupae and empty pupal skins occurred in a deep well situated in a gloomy mine gallery. As the walls of the well were of hard rock and there was no vegetation the author believes that the larvae of *A. superpictus* can develop on the colloid substances dispersed in water if coarser particles in suspension are absent. Larvae of *A. claviger* which were found throughout the year occurred in a variety of breeding places including water exposed to the direct rays of the sun streams almost hidden in dense grass and in one instance water from a sulphur spring devoid of macroscopic organic matter. Larvae of *A. maculipennis* occurred from May till the end of November in large shallow accumulations of water formed by the overflow of irrigation ditches and covered with grasses and sometimes along pebbly river banks.

The adults of *A. superpictus* were predominant in dwellings and out houses, while *A. maculipennis* occurred much less frequently and *A. claviger* very rare. On the whole mosquitos were most numerous in gorges caves and burrows of animals reeds, etc. at a distance of from 6 to 25 miles from human habitations. *A. superpictus* which was again predominant was found at altitudes up to 6 500 ft. *A. claviger* up to 5 000 ft and *A. maculipennis* up to 2 500 ft while other Anophelines occurred in valleys up to an altitude of 1 000 ft. The adults of *A. superpictus* and *A. maculipennis* were found throughout the year the former being most numerous in August and September. *A. claviger* was obtained from April to the end of November. *A. hyrcanus* var. *pseudopictus* from June to the end of August and *A. pulcherrimus* in July and August only.

RUSSELL (Paul F.) & BAISAS (Francisco E.) Habitats of Philippine Anopheles Larvae.—*Philippine Jl Sci* 1934 Dec Vol. 55 No 4 pp 297-306 With 5 plates [15 refs.]

Although the genus *Anopheles* is abundantly represented in the Philippine Is. comparatively little is known of the bionomics of the local species of which to the extent indicated in the title the present paper based on collections made by the staff of Malaria Investigations from January 1930 to September 1934 in every province in the Philippines under varying conditions as to altitude type of breeding place and time of year provides a useful summary. In addition to original observations earlier reports by other writers have also been utilized. The breeding places of no fewer than twenty-seven species or varieties two of which have not been precisely identified, are noted and in some cases illustrated. Breeding habits in the same species often vary widely and on the other hand observed preferences are difficult to explain. *A. minimus* var. *flavirostris* the chief malaria vector in the Islands breeds particularly in foothill streams along the shaded edges especially among bamboo roots. E E A

SEN (Purnendu) Anopheles Breeding in Relation to Rice Cultivation in Lower Bengal.—*Records of the Malaria Survey of India* 1935 Mar Vol. 5 No 1 pp 97-103. With 8 charts. [12 refs.]

Every area of cultivation must be judged on its own merits. Certain municipalities prohibit cultivation within half a mile or a mile of their town or village but this is not always necessary. Three

villages surrounded by rice fields, within 12 miles of Calcutta and typical of lower deltaic Bengal, were chosen for observation. Varying 50 per cent. of the mosquitoes breeding in the rice fields were *A. hyrcanus* var. *nigerrimus*. *A. culicifacies* was not found. *A. philippinensis* was found in some of the fields but not in large numbers, and two other carriers, *A. tritaeniorhynchus* and *A. annularis* occasionally. One of the villages was malarious, with a spleen rate of 50 per cent. one was slightly malarious, with a spleen rate of 10 per cent. the third was healthy and its spleen rate was nil. In this last village, the water of the paddy fields had a higher salinity and *A. philippinensis* did not breed there. The author concludes that "It does not appear that there is any direct correlation between the malariousness of a place and rice cultivation in lower Bengal." H F

MEASHAM (J. E.) & CROWDHURY (M. U.) A Note on the Anopheles Mosquitoes of the Anaimalai Hills.—Records of the Malaria Survey of India 1934 Dec. Vol. 4 No. 4 pp. 363-365.

The Anaimalai Hills are the tea planting district of the western Ghats 10 degrees north of the Equator. The estates lie at an elevation of 3 000 to 4 000 feet surrounded by hills 5 000 to 8 000 feet high. *A. foveolatus* was the only anopheline found to be infected. It breeds in the grassy edges of slow-running streams where shade is not too dense. From June to October the rivers are in flood and anophelines cannot be found in them. The malaria transmission season lasts from March to June and during those 3 months, 8-95 per cent. of the *A. foveolatus* were found to be infected. Counts were made of adults caught in stables and dwellings, which showed the anthropophilic character and prevalence of *A. foveolatus*. These are some of the figures—*A. foveolatus* 199 in dwellings, 4 in cattle sheds. *A. annularis*, 14 in dwellings, 34 in cattle sheds. *A. regalis* 12 in dwellings, 123 in cattle sheds. H F

- I. EVANS (A. M.) & LEESON (H. S.) The Faunistic Series of *Anopheles* in Southern Rhodesia, with Description of a New Variety.—Int. Trop. Med. & Parasit. 1935. Apr. 25 Vol. 29 No. 1 pp. 33-47. With 10 figs. [12 refs.]
- II. LEESON (H. S.) Another Anopheline of the Faunistic Series in Southern Rhodesia.—Ibid. pp. 69-71

i. In Southern Rhodesia, what a few years ago would have been regarded simply as *Anopheles faunisticus* now proves to consist of *A. faunisticus* (typicus), *A. leeson* (described in 1931 as a subspecies of *A. faunisticus*, but in this paper raised to specific rank) and a new variety here characterized as *A. faunisticus* var. *confusus* var. nov. The most distinctive characters of all three of these, in their different stages, are stated in the text shown in tabular form and displayed in the figures. Notes on distribution in S. Rhodesia, and on bionomics are added. Adults of all three, which breed at the edges of sluggish streams and in swamps, occur in houses. Out of doors their favourite retreats along streams are among grass and weeds, in crevices and cavities in the soil and beneath stones at "drifts" they likewise lurk in disused quarries and gravel-pits.

ii. *A. faunisticus* var. *regularis* var. nov., here described, is in addition to the foregoing. The egg has not so far been identified, but

the larvae which in the shape and size of the mam tergal plates resemble those of *A. longipalpis* occur in slowly moving streams near banks and among boulders " with those of *A. funestus* var *confusus* *A. lessonae* *A. longipalpis* and *A. pectoriensis*. The adults are found " along streams in crevices and cavities in the banks.

E E Austen

AMBIALET (R.) *Activité anophéllienne et conditions climatiques sur le littoral algérien* [Anopheline Activity and Climate on the Algerian Coast.]—*Arch Inst Pasteur d'Algérie* 1935 June. Vol. 13 No 2. pp. 201-204 With 1 map 1 chart & 4 figs. on 2 plates.

A village near Constantine with much malaria was selected for these trials. Traps of metallic gauze such as are set in the apertures of doors and windows baited with rabbits were arranged and were emptied twice a week for a year while observations were made of maximum and minimum temperature rainfall, fog wind etc. The result is shown graphically. In the traps were collected female *A. maculipennis* (and one male) and female *Culex pipiens* which seemed to show that the insects entered for blood rather than shelter. The graph shows parallelism between captures of *Anopheles* and *Culex* and the importance of seasonal variations in the activity of mosquitoes. They were active at two periods—from May 26 to July 10 and from September 1 to November 20 i.e. between the minimum and maximum of 10° and 30°. The great heat in summer was as inimical to them as the cold of winter.

A G B

VILLAIN (Georges) DUPOUX (Robert) & MARINI (Charles) *Contribution à l'étude de l'anophéllisme tunisien et aperçu de la lutte antianophéllienne dans la régence*. [Anophelism in Tunis, with Sketch of the Anti Mosquito Campaign in the Protectorate]—*Arch Inst Pasteur de Tunis* 1935 Apr Vol. 24 No 2. pp 300-342. With 12 figs.

The first part of this paper consists of a list in tabular form and in many cases giving details as to vegetation, etc. of *Anopheles* breeding places in Tunis all of which have been inspected and verified by the authors while the larvae found have been carefully determined. The species met with are—*A. maculipennis* which occurs more or less everywhere *A. hispaniola* *A. multicolor* *A. algeriensis* *A. sergenti* and *A. superpictus* *A. bifurcatus* *A. marleri* *A. broussesi* and *A. elutus* although occurring in Algeria have not so far been encountered. The importance of wells as anopheline breeding places is emphasised but abandoned wells or modern ones fitted with wind pumps are more dangerous than those of the Arab type in which the water is frequently and violently disturbed by buckets.

*A. maculipennis* appears to show a marked preference for human blood, and GALLIARD (see below p. 813) from an examination of eggs and larvae from various regions in Tunis considers that all those collected belong to var *labranchiae*. In winter at least in certain specified regions the adult females take refuge in houses and pass into semi-hibernation i.e. they remain active and ready to feed, but do not go outside in order to oviposit.



Anti-mosquito measures on a large scale, for which the necessary funds and personnel are now available, and of which some details are given have been in operation in Tunis for scarcely five years. As regards biological control, very satisfactory results have been obtained from stocking with top-minnows (*Gambusia holbrooki*) which are among the most valuable auxiliaries in attacking anopheline larvae. Refence is also placed on oiling, and Paris green, for the dissemination of which an aeroplane proved to be too costly in material, is employed only for broad grass-grown expanses. E. E. A.

DUYX (Lawrence H.) Entomological Investigations in the Chiriquí Region of Panama.—Reprinted from *Psyche*, 1934. Vol. 41. No. 3 pp. 166-183.

The greater part of this paper is concerned with animal and bird parasites, but there are a few notes on mosquitoes (*Anopheles albimanus* & *punctimaculatus* and nine culicines) and on species of *Simulium* and *Ceratopogonidae* (*Culicoides* and *Leishmanias*) attacking man. The majority of the culicines met with were found breeding, but no anopheline larvae were discovered. Specimens were collected on three different occasions but the investigations appear to have lasted only a few weeks. E. E. A.

BOYD (Mark F.) CAIRN (T. L.) Jr & MULRENNAN (J. A.). The Insectary Rearing of *Anopheles quadrimaculatus*.—*Amer. Jl. Trop. Med.* 1935. May Vol. 15 No. 3 pp. 385-402. With 7 figs.

This is a detailed description of the type of outdoor insectary used in Florida and an indoor insectary in New York, for rearing *Anopheles quadrimaculatus* and *A. punctipennis*.

The same methods with very slight modifications serve for the two species—more extensive modifications are probably required for *A. crucians*. Photographs and plans of both insectaries are given. In Florida the natural conditions of temperature and humidity are satisfactory—in New York, by means of a Frigidaire air-conditioning unit the temperature is kept always at about 72°F (22°C.) and by introducing water vapour from the hot water supply a relative humidity of about 70 per cent. is maintained. In the belief that ultra violet rays are essential to proper larval development, these are supplied for hours daily from a lamp. The larvae are reared in enamelled pots 12 inches in diameter and 2½ inches deep, and fed on hay infusion with strips of cork floating on the surface. The adults are fed on man. The many empirical details as regards the preparation of the hay infusion, etc., must be read in the original. Colonies of 3,000-5,000 are maintained. V. B. Wigglesworth.

BARNER (M. A.). Malaria Studies in Greece. A Method of detecting the Eggs of *Anopheles* in Breeding Places and Some of its Applications.—*Riv. di Malarologia*, Ser. I. 1935. Vol. 14. No. 2 pp. 146-149. English summary (5 lines).

A thumbless mitten or bag of white muslin is worn on the left hand. The surface of the water is skimmed with a pan and the contents of the

pan are strained through the mitten. The material collected on the mitten is examined with a hand lens. A good combination of lenses for field use is a 7X and a 20X. If it is desired to take eggs to the laboratory several mittens can be used or squares of muslin may be employed to place over the glove. The mittens or the squares can be put into flat boxes with the eggs on them for transport to the laboratory

W F

RICKS (J. B.) & BARBER (M. A.) *Malaria Studies in Greece. A Modification of the Uhlenhuth-Weldons Precipitin Test for determining the Source of Blood Meals in Mosquitoes and Other Insects.*—*Jl Lab & Clin Med* 1935 May Vol 20 No 8. pp 876-883. With 6 figs.

This is a detailed account of the test illustrated with photographs and diagrams. It should be read by those who wish to carry out precipitin tests on mosquitoes.

The authors obtained precipitating sera for man, sheep horse pig and cow in ampoules from the Istituto Sieroterapico of Milan, Italy. These were diluted with seven parts of the following diluent—

Sodium chloride	4.25 gram
Glycerine	166.00 c.c.
Phenol	2.50
Distilled water	330.00

The diluted sera will keep 10 months, overlayed with paraffin in the ice-box. One cubic centimetre of undiluted serum is sufficient for the testing of 700 mosquitoes. The fresher the blood to be tested the better. The blood inside a mosquito often becomes black and unfit for the test in 24 hours if the weather is hot. The authors put their collections of mosquitoes in corked, labelled test tubes. The tubes are placed in a large thermos jug with abundance of ice for transport to the laboratory. It is best to remove blood from the mosquito to filter paper on the same day but with a well-iced thermos jug this may be postponed for 24 hours. Round hard filter-paper 9 cm. in diameter (Whatman No 5) is used. The mosquitoes are lightly chloroformed and the blood from each stomach is expressed on to the margin of the filter paper. Labels are written in the middle. Dried blood specimens can be kept for months in a cool dry place. Each blood spot is cut out for testing and dissolved in 3 cc. of salt solution. The blood spots are allowed to soak in the salt solution for an hour at room temperature in order to extract the serum. The actual tests are made in capillary tubes 6.5 cm. long with an internal diameter of 3 mm. A description is given of the manipulation of these tubes and of the method by which they are cleaned.

W F

MISSIROLI (A.) *Osservazioni sulla biologia dell'Anopheles plumbeus* I Nota. [On the Biology of *Anopheles plumbeus* Preliminary Note.]—*Riv di Malariologia* Sez. I. 1935 Vol. 14. No 2. pp 150-154. With 2 figs. English summary

The author states that the negative phototropism of larvae of *A. plumbeus* is known and that the same avoidance of light guides the

into a number of constituent forms, with a minimum of overlapping. Roubaud's maxillary index and the wing-length classification of van THIEL have statistical value only—they are useless in the classification of individuals and have only a local validity i.e., the long wings in one country may be no longer than the short wings in another—the longest wings found in Italy are half a millimeter shorter than the shortest wings of North Europe. The number of teeth of *atroparvus* averages more than 17.5 in Germany and Holland, while it does not reach 16 in either *atroparvus* or *messias* in Italy.

The subdivision of *A. maculipennis* into varieties on the ground of differences in the eggs is supported by biological differences in (a) the selection of breeding-places, (b) sexual behaviour and (c) winter habits. *Atroparvus* breeds in saline water *messias* in fresh *atroparvus* will copulate in a closed space ("stenogamy") the other varieties will not *atroparvus* does not go into complete hibernation the other varieties do. The validity of the classification is further supported by (d) the constancy of the egg characters in a given variety (e) the constancy of the morphological and biological characters of the adults bred from a given type of egg and, finally (f) attempts to cross mate the different forms have so far revealed a barrier of sterility between them which is the strongest evidence of their specific nature."

*The relation of the different varieties to malaria*—All the varieties of *A. maculipennis* are equally susceptible to malaria and, though some prefer to feed on animals, there is never an insurmountable barrier, either microclimatic or instinctive between any of the varieties and man. In almost the whole of northern Europe *A. maculipennis* lives at the expense of domestic animals and man is said to be protected from malaria through "deviation" of the anophelids by animals. In the malarious regions of southern Europe, *A. maculipennis* bites man persistently. The principal reason for the difference in its behavior in the north and the south, is that the anopheline population of the latter regions consists of varieties such as *clutus* and *labracchus* which prefer to feed on man. For example at Diamantina on the river Po *clutus* occurs mixed with more northern races of *A. maculipennis*. 226 *clutus* were caught there in stables and 158 in houses while of the other races 478 were caught in stables and only 3 in houses. BARNER and RICE found in Albania and Northern Greece that 51 per cent. of the *clutus* contained human blood, but only 6 per cent. of the *typicus* and *messias* contained it. Again, they found 42 infected cows for every single infected insect of the other varieties. It is probable that there is a profound cleavage between the barred-egg group (*typicus*, *messias* and *melanoon*) and the spotted-egg group (*atroparvus*, *labracchus* and *clutus*) which favour saline water.

The races *typicus* and *melanoon* are rarely if ever associated with malaria.

The race *messias* is effectively deviated by animals in summer and goes into complete hibernation in winter. It was associated with some outbreaks of benign tertian shortly after the war and more recently in Rumania.

The race *atroparvus* is not dangerous as a rule, but slight variations in its environment can make it so. It is responsible for whatever malaria occurs in northern Europe. Much depends on the standard of living and the way people house themselves and their animals. The range of *atroparvus* is the whole coastline of northern Europe.

from France through Great Britain Holland Sweden Denmark Germany to Danzig and beyond but malaria is endemic only in the coastal area of Holland and a small contiguous zone of German East Friesland. Here the same variety of insect is prevalent all along the coast, and the difference must lie in the environmental circumstances which induce this mosquito to feed on man in one place and on animals in another. Where *atroparvus* is present war indigence or squalor may bring malaria. In Holland *atroparvus* feeds on animals during the summer but it does not go into complete hibernation during the winter though it continues to feed it ceases to lay eggs and is therefore not obliged to leave its shelter (gonotrophic dissociation). If an infected *atroparvus* shelters in a house it remains fixed there and transmits the infections during the winter which are responsible for the spring epidemic of benign tertian in Holland. On the north coast of Germany *atroparvus* is found in houses during the summer.

The races *labranchiae* and *elutus* are always associated with an intense malaria and they try persistently to enter bedrooms even when there is an abundance of animals. They are the mosquitoes of the Mediterranean littoral.

### *The Geographical Distribution of the several Types*

*Maculipennis* — This is the preponderating variety in Norway and is found in almost pure culture in the Black Forest and Harz Mountains of Germany. It is not found in England.

*Messiae* — This variety is probably numerous in all the fresh water regions of Europe. The most southern points of its range are Italy and the Balkans. It is found in Sweden Denmark, Germany (the lakes of Holstein and Mecklenburg the valleys of the Oder and Rhine the Bavarian lakes) France England Northern Italy the valley and delta of the Danube in Rumania.

*Melanoon* — This closely related form is found in the rice fields of north Italy and north-eastern Spain.

*Atroparvus* — This salt water breeder is found all along the northern coasts of Europe Warnemünde on the Baltic, the marshes at the mouth of the Elbe the low marshes of the Netherlands, the mouth of the Thames, Hayling Island. Inland it is met with on salty soil for example near Lübeck near Bucharest in the steppes. In some places it is found breeding in fresh water in Buckinghamshire and near Hamburg.

*Elutus* — This variety displaces *atroparvus* in the south, and is found along the Montenegrin and Dalmatian coasts the Balkan Peninsula Asia Minor Syria, Palestine Persia, North Africa.

*Labranchiae* — This begins to take the place of *atroparvus* in the north of Italy and is the dominating variety in the Roman Campagna, the Pontine marshes and the west coast of Italy.

*Atroparvus labranchiae* and *elutus* are the three varieties of *A. maculipennis* which are chiefly concerned with malaria. They lay spotted eggs, and they can breed in saline water. *Atroparvus* is the only race of *maculipennis* found breeding in cool northern water of moderate salinity. *Labranchiae* prefers the same kind of breeding place namely brackish marshes along the coast but this variety is found in warmer waters further south. *Elutus* occurs over a wider range than *labranchiae* but in the same kind of breeding place. It can breed in waters of higher salinity than *labranchiae*. It breeds in fresh water in Palestine.

W F

- I. EKBLÖM (Tore) Les races suédoises de l'*Anopheles maculipennis* et leur rôle épidémiologique. [The Swedish Races of *A. maculipennis* and their rôle in Epidemiology]—*Bull. Soc. Path. Exot.* 1935 Apr 10 Vol. 28, No. 4 pp. 284-289 With 2 figs. (1 map).
- II. SERGENT (Et.) Au sujet des variétés de l'*Anopheles maculipennis* du groupe *labranchiae*. [The Varieties of *A. maculipennis* of the *labranchiae* Group.]—*Ibid.* p. 290 With 1 plate.

Although in Sweden malaria is now only sporadic, and the attacks diagnosed as such are generally of foreign origin, indigenous but very rare cases occasionally occur forming a striking contrast to great epidemics of the past which at certain times involved a large portion of the country. Thanks to BERGMAN (1877) we possess exact knowledge of the local distribution of the malady in the middle of last century.

Relying on egg-characters, the validity of which has been disputed by ROUBAUD and GASCHEN (see this *Bulletin* Vol. 30, p. 611) the author finds that, in addition to typical *A. maculipennis*, the races *messeae* and *labranchiae* occur in Sweden as in Italy and Holland. While *messeae* is generally distributed throughout the anophele area, the other two races are of less regular occurrence, and *labranchiae* appears to be mainly confined to the south coast on the west coast it is replaced by *messeae* and *typicus* and on the east coast by *messeae*. North of the line Halmstad-Kungälv the two last-mentioned races alone are found. In the interior the typical race preponderates.

A comparative study of the distribution in Sweden of the three races of *A. maculipennis* mentioned above and of the bygone occurrence of malaria, both epidemic and endemic, shows that —

- (i) *labranchiae* is absent from most of the quondam malarious regions
- (ii) *typicus* predominates in those parts of the country where malaria was formerly epidemic as well as endemic
- (iii) round Stockholm where in 1827 there were a few sporadic and apparently indigenous cases of malaria, the local races of *A. maculipennis* are *messeae* and *typicus* which, as vectors, have previously been considered of less importance than *labranchiae*.

It is not absolutely certain that the Swedish races of *A. maculipennis* are identical with, e.g. those found in Holland.

II. In the vicinity of Algiers, 90 per cent. of female *A. maculipennis* lay eggs of pure *labranchiae* type the eggs of the remaining 10 per cent. exhibit characters intermediate between those of the eggs of the latter and those of the eggs of ROUBAUD's recently described *var. sicaulti* (see p. 814 below).

A brief addendum by ROUBAUD admits that the eggs figured by the author as deposited by his "remaining 10 per cent" are very similar to if not identical with, those of *var. sicaulti*. It would be interesting, by means of a study of selected broods, to determine the race and geographical distribution in Algeria of *Anopheles* laying indistinctly speckled eggs.  
E. E. AUSTIN.

SERGENT (Et.) & TRUMAN (F) Premières études sur les races d'*Anopheles maculipennis* en France et en Algérie (1933). [The Races of *A. maculipennis* found in France and in Algeria, in 1933].—*Arch. Inst. Pasteur d'Algérie*. 1935. Mar Vol. 13 No. 1 pp. 1-10. With 6 figs. on 1 plate.

The only race of *A. maculipennis* hitherto met with by the authors in Algeria (three localities) is *labranchiae* which is indifferently zoophilic.

since the adults bite man and domestic animals alike and whether they feed upon human or animal blood, the maxillary index (14 to 15 on the average) is the same. It does not appear that the Algerian *labranchiae* has become less dangerous in the localities studied, where the insects have long found conditions favourable to the development of zoophily.

As regards France at Moustolat, a village in the Limousin (Corrèze) malaria disappeared more than fifty years ago. The dappled *Anopheles* eggs found and examined there in the summer of 1833 have smooth and transparent floats like cellophane whereas those on Algerian eggs are wrinkled and finely striated. The Moustolat eggs are also narrower than the Algerian and of a slightly yellowish grey. Instead therefore of also belonging to the *labranchiae* race as was at first supposed (see this *Bulletin* Vol. 30 pp 611-612) the Moustolat *Anopheles* are really *atroparvus* and the local existence of this zoophile race, of which the maxillary index was found to be between 16 and 17 is in accord with the present absence of malaria. Two batches of eggs belonging to *A. maculipennis typicus* were also found.

In Alsace, where anophelism is still intense though the inhabitants are not molested, 206 out of 208 batches of eggs examined were found to belong to the race *messeae* albeit more or less important variations were noted in the general colour of the egg and in the degree of wrinkling of the floats. In the great majority of the batches (180 out of 208) the floats were strongly wrinkled. A single batch of eggs was entirely black (= race *melanoon*)

E E A

GALLIARD (Henri) Contribution à l'étude des races d'*Anopheles maculipennis* en Tunisie. [The Races of *Anopheles maculipennis* in Tunisia]—Arch Inst Pasteur de Tunis 1935 Apr Vol. 24 No 2. pp 343-351 With 3 figs [15 refs.]

After a preliminary discussion and characterization of the races or varieties of *A. maculipennis* in general the author proceeds to consider larvae collected by him in certain specified localities in Tunisia. All belonged to var *labranchiae* as did also some thirty batches of eggs though one batch of entirely black eggs resembled those of var *melanoon*. Thus in Tunisia as in Algeria, the predominant and perhaps the only race of *A. maculipennis* is var *labranchiae*. It is certain however that *A. elutus* must exist in the coastal region and this species may also breed in brackish water in the Sahel.

On the other hand, in North Africa, the absence or recession of malaria in a given region must be explicable otherwise than by the distribution of the different races of *A. maculipennis*. The author in conjunction with SAUTET has already demonstrated, in Algeria, the exclusive presence of var *labranchiae* in two regions, in one of which malaria is disappearing while in the other it is still extremely severe and similar conditions have been found by the same investigators in Corsica, where the distribution of the endemic is very irregular although the anopheline fauna is everywhere the same. It may perhaps eventually be found that var *labranchiae* in Corsica and North Africa, although so similar morphologically to the same variety in Continental Europe possesses biological characters which are entirely different.

E E A

ROUBAUD (E.) Variété nouvelle de *Anopheles maculipennis* en Maroc, *A. maculipennis sicaulti* (n. var.) [*A New Variety of Anopheles maculipennis* found in Morocco, *A. maculipennis sicaulti* var. nov.]—*Bull. Soc. Path. Exot.* 1935 Feb. 12, Vol. 28, No. 2, pp. 107-111. With 7 figs. on 2 plates & 1 text fig.

At his insectary in Paris the author received living females from an *A. maculipennis* population which SICAULT had been studying for several years in the region of Rabat, Morocco. The deposition of batches of eggs by these insects followed by the rearing of a new generation of adults, furnished morphological and biological data showing that the Moroccan individuals represent yet another new race, allied to *labranchiae* and here described under the name given above.

The egg which has a dusky hue, is blunter at each end than that of *labranchiae* and, though becoming progressively darker towards the poles, is without the sharply defined dark caps exhibited by the egg of the race in question. The markings on the middle region, which appears paler in certain lights, are also much less numerous and less sharply defined. In the larva, the branches of the hair on the second abdominal segment are filiform instead of palmate.

In the adult, the white spot in the fringe at the tip of the wing is generally narrower than in *labranchiae* and scarcely so large as the interval between the end of the anterior branch of the first alar vein and the third longitudinal vein. All the harpagonal spines in the subhypopygium are sharp.

Biologically the new variety is closely allied to *labranchiae*. It is eurygamous (i.e. will not mate in a confined space) and homodynamic, ovipositing in winter at a medium temperature. It is also panmixtic, with a maxillary index of about 13.7 and by predilection anthropophilic rather than zoophilic.

E. E. ALEX.

RIVERA (Julio) & HILL (Rolla B.) Persistencia de los caracteres étnicos de los huevos, larvas y adultos, en diferentes generaciones de *Anopheles maculipennis* (*atroparvus*). [Persistence of Different Characters in Eggs, Larvae and Adults of Different Generations of *A. maculipennis*.]—*Medicina Paises Calidos* Madrid, 1935, July Vol. 8, No. 7, pp. 313-319. [13 refs.] English summary (7 lines).

Authors' summary.—

From May to October six generations of *A. maculipennis* var. *atroparvus* were raised, beginning with a single fertilized female. Egg, fourth stage larva, and male and female characters were studied in each generation. Each generation bred true to type for differential characters. Slight variations were noted particularly in size of eggs, and host, wing length, maxillary index and duration of developmental stages which we attribute to environmental influence.

HILL (Rolla B.) OLAVARRIA (JOSE) & RIVERA (Julio) Longitud de vuelo del *A. maculipennis* (*atroparvus*). [Length of Flight of *A. maculipennis* (*atroparvus*).]—*Medicina Paises Calidos* Madrid, 1935, Jan. Vol. 8, No. 6, pp. 255-258. English summary (3 lines).

"In various experiments with stained *A. maculipennis* var. *atroparvus* to test the length of flight it was found that a certain number will fly from 4 to 5½ kms. in 18 to 36 hours apparently in search of food. The number found is sufficient to account for the presence of anopheline in the center of a protected zone of 4 kms. radius.

OLAVARRIA (Jose) & HILL (Rolla B) Algunos datos sobre las preferencias hematológicas de los *A. maculipennis* [Blood Preferences of *A. maculipennis*].—*Medicina Paises Calidos* Madrid. 1935 Apr Vol. 8. No 4 pp 169-176 [11 refs.] English summary (7 lines)

# Summary —

The results of 2,500 precipitation tests performed on bloods from freshly engorged *A. maculipennis* var *atroparvus* caught in houses and in stables [in Caceres, Spain] are given together with the technique of the reactions.

Approximately 40 per 100 of those caught in houses and 2 per 100 of stable-caught mosquitoes had human blood. Since less than 7 per 100 of the total anopheles production is caught in houses it follows that a maximum of 5 per 100 feed on human beings one or more times.

A G B

FACCIOLI (Domenico) Sulle varietà di *Anopheles maculipennis* presenti nella piana di S. Eufemia (Calabria) [Varieties of *A. maculipennis* in the Calabrian Plain].—*Riv di Malariologia* Ser I 1935 Vol. 14 No 2 pp 167-184 With 1 fig English summary (9 lines)

In Calabria—Piana di S. Eufemia—four varieties of *A. maculipennis* (that is *labranchias maculipennis messiae elutus*) are found. The *labranchias* variety predominates and is the dangerous vector of malaria. All the varieties of *A. maculipennis* are found more frequently associated with animals than with man. The commonest egg type of *labranchias* is somewhat different from that we observe in other regions. The greatest number of ovipositions is given by the anopheles caught in the stables the zoophile and anthropophile anopheline races show their highest or lowest percentage of oviposition in different months of the year

H H S

KHARITONOV (D E) Observations on the Biology of the Malaria Mosquito (*Anopheles maculipennis* Meig.) in the Manchash Subdistrict of the Ural Province.—*Bull Inst Rech Biol Perm* 1934 Vol. 9 No 6-8 pp 297-309 [10 refs.] [In Russian.] [Summarized in *Rev Applied Entom.* Ser B 1934 Dec. Vol. 22. Pt. 12. p. 239.]

A detailed account is given of observations on the adults of *Anopheles maculipennis* Mg. carried out in the spring and summer of 1925 in the south west of the Ural Province. In most of this area there were apparently three generations in the year the adult males occurring in mid June mid July and early August but in one locality where streams, etc. dried up by the middle of July there were only two generations. Females with developed fat-bodies were first observed in the second half of July and became very abundant during August. Of the females found hibernating in April, 90 per cent. were in warm sheds for cattle pigs and sheep of the other types of shelters basements of unheated buildings were preferred, and only a few mosquitoes were taken in basements and rooms of inhabited houses. Some occurred in suitable quarters at a distance of nearly a mile from water and at a level of about 100 ft. above the ground. They chiefly congregated on ceilings and the upper parts of walls especially in corners. They seldom assumed the typical Anopheline resting position usually resting in the same way as *Culex* does. Badly built animal quarters with large cracks in the walls were avoided. Activity was resumed about mid April, and active oviposition apparently occurs in the field in the first half of May. In the second half of April females oviposited in the laboratory within 4½-8½ days after a blood meal, and females taken in hibernation quarters at the end of the month and containing fresh blood did so in about 3 days. The number of eggs laid varied



from 89 to 243. In the summer most of the mosquitoes occurred by day in warm sheds for domestic animals, and only a few in dwellings and outhouses."

HOFFMANN (Carlos C.) La formación de razas en los Anopheles Mexicanos. I. *A. maculipennis* y *A. quadrimaculatus* y una raza nueva del *maculipennis*. [The Formation of Races in Mexican Anopheles. I. *A. maculipennis* *A. quadrimaculatus* and a New Race of the Former]—*Ann. d. Inst. Biol.* 1935. Vol. 6. No. 1 pp. 3-22. With 20 figs. [31 refs.] German summary.

*A. quadrimaculatus* found in Mexico in a form indistinguishable from that which occurs in Southern U.S.A. is a denizen of the Gulf coast and does not penetrate far inland. Statements by previous writers, as to its occurrence in the uplands and mountain valleys of the interior in reality refer not to this species but to a new race or form of *A. maculipennis* of which in its various stages, a detailed description is given in this paper under the name *A. maculipennis arizonae*. The egg is described as light brown without spots the floats occupy roughly 40 per cent. of the total length and have 25 ribs and a finely granular intercostal membrane.

At an altitude of upwards of 7,000 feet (2,250 metres), *A. m. arizonae* occurs throughout the year. During winter when the males do appear the females are found in houses. Larvae in all stages are to be met with at any time and even survive being frozen over for a brief period. Breeding takes place by preference in ditches, containing den water well supplied with algae and protozoa. Rearing in the laboratory presents no difficulty. E. E. A.

EJERCITO (Antonio) Biological Control of Anopheline Vectors of Malaria in the Philippines. Preliminary Report.—*JL Philippine Islands Med. Assoc.* 1935. Apr. Vol. 15. No. 4 pp. 17-194. With 4 figs.

The experimental damming and flushing of a stream reduced the number of *A. sinensis*.

A series of dams provided with gates was constructed in a stream dividing it into six sections. The stream was flushed at intervals by opening the gates and setting free the imprisoned water. The average number of *A. sinensis* (the principal carrier) per dip, taken before the damming of the stream was 2-45. The average, per dip after the stream had been disturbed by flushing now and then "was 0-73 per dip. *A. maculatus* which is normally an "accidental or seasonal breeder, bred in the dammed up water and was found in the lower parts of the stream after flushing, although there was none there before. Cutting down the shade along the sides of streams is recommended because observations have shown that while *A. sinensis* var. *flavescens* could be found in the shady reaches of the stream none was present in the portions where the shade had been cleared away. W. F.

SIXTON (J. A.) & MAJID (Syed Abdul) The Dispersion of Anopheline Larvae by the Flow of Streams, and the Effect of Larvicides in preventing this.—*Records of the Malaria Survey of India.* 1935. Mar. Vol. 5. No. 1 pp. 3-17.

Larvae which drifted into a controlled area in the intervals between the applications of Paris green were not destroyed (see Abstract p. 134 above).

A slowly moving stream was treated regularly with Paris green but in spite of this numerous large anopheline larvae and pupae could be found in it on the next day after each dusting. It was suspected that they had drifted in from the upper reaches. In order to investigate this a net or barrier made of muslin was stretched across the stream with about 10 inches of its width above the surface of the water and 10 inches below. The muslin strained off the material floating down the stream, and this was collected and examined. The result showed that in this stream which flowed at the rate of 300 yards an hour about a thousand larvae and pupae drifted into the controlled area every hour. Though the Paris green dusted in the controlled area had an excellent immediate effect it soon drifted away and sank consequently it had no effect upon the larvae which drifted into the area during the 5 days interval between the dustings. The continuous application of oil made by means of oil balls greatly diminished the number of larvae which drifted into the controlled area. W F

TILLI (Pietro) Esperimenti pratici di disinfestazione idrica nell'Agro Romano mediante la calciodianamide. [Practical Experiments with Calcium Cyanamide as a Larvicide.]—*Rev. di Malariologia*. Sez. I 1935 Vol. 14 No. 2. pp 192-200  
French summary

The author's previous tests with calcium cyanamide (nitrolme) as a larvicide have been referred to [see this *Bulletin* Vol. 31 p 189]. In the present article he gives an account of further experimental work in the field using new road-dust as a diluent and in strengths from 10 to 50 per cent. applied every 8, 15 or 20 days. It acts best in a strength of half and half at which it kills anopheles and culex. It is destructive to the plankton on which the larvae feed. The compound, however, has drawbacks. It causes a high mortality among *Gambusia* and therefore cannot be employed in waters where fish are preserved. It also arrests vegetation. It sets up conjunctivitis and dermatitis in those working with it unless glasses and gloves are worn and it is well to use long tubes for projecting the mixture.

Although the author mentions the destructive action of the cyanamide on vegetation he recommends its use in rural districts because it possesses at the same time larvicide and fertilizing properties and is more economical than Paris green [but the latter is used in a strength of only 1 per cent. whereas the cyanamide needs to be 50 per cent. of the mixture with dust] H H S

DE BENEDETTI (Augusto) Outillage mécanique pour la préparation d'une poussière flottante selon le procédé de Benedetti appliqué par le service de délarvaison de la ville de Milan. [Benedetti's Apparatus for preparing a Floating Powder]—*Rev. d'Hyg. et de Méd. Préventive* 1935 Apr Vol. 57 No. 4 pp 267-273 With 3 figs.

Road dust is no longer obtainable because the roads are tarred. Ordinary garden soil cannot be used for mixing with Paris green because it sinks at once but the author has devised a method of mixing it with oil and then heating it, which gets over the difficulty. After the earth has been mixed with the oil it is heated to 250°C in one of the portable furnaces used for melting pitch and after being mixed with Paris green it is distributed by a blower devised by the author. Figures showing the apparatus are given. W F

**SATYAKARAYANA (H.)** Anti-Malarial Operations in the Vizagapatnam Harbour Construction Area (1927-1933).—*Records of the Malaria Survey of India* 1934 Dec. Vol. 4 No. 4 pp. 343-352. With 2 maps & 5 graphs.

This describes "oil-balls" for using in streams.

Vizagapatnam has always been a malarious locality and when the construction of the harbour was begun in 1926 it was feared that there might be a great increase in the disease. The Harbour Authorities consequently decided to take steps to prevent such an occurrence, and they have succeeded not only in maintaining a healthy labour force engaged on the work of construction, but also in preventing an outbreak of malaria in the city while the work was in progress. Some of the control operations were radical and costly. For example, the malarious inhabitants of 4 villages who were a dangerous source of infection to the labour force of the harbour were transplanted to a safer distance, and a tunnel 1 400 feet long was driven through a hill at a cost of 70 000 rupees in order to divert a stream. About 169 wells were filled up much jungle and prickly pear was cleared away streams were canalized and drains were cut, oil and Paris green were used a mixture of carbolic acid, kerosene and petrol was used as a spray fishing and grazing rights were restricted wet cultivation in the neighbourhood of the harbour works was prohibited. Four Oaks' sprayers were used for most of the oiling and, in addition oil balls were employed. These were made by stitching up a mixed mass of waste cotton, Indian coconuts and sawdust in gunny bags. They were about the size of a football and weighed 4 to 5 pounds. They were soaked in oil for 24 hours during which time they absorbed about 3 pounds. They were then tethered in streams where they made a good film for about a week.

J F

**JAMES (J F)** Fumigation and Trapping of Mosquitoes.—*Indian Med Gaz* 1935. Mar Vol. 70. No. 3. pp. 143-144. With 1 fig.

The author trapped about 15 000 anopheles in barracks during a period of 11 weeks. Mosquitoes fly towards any lighted exit when a fumigant is burnt. The method adopted was to fix a diaphragm of black cloth over one of the windows of the barracks. In the middle of the black cloth was a hole about 8 inches in diameter. The neck of a thin muslin bag about 8 feet long was fastened round the edge of this hole, and the blind end of the bag was attached to some object outside the window. All the other windows and the doors were closed and a coil of a proprietary fumigant burnt. After half an hour the mouth of the bag was tied up the bag removed, and the contents killed by chloroform.

J F

**SERGIEV (P G)** Sur l'importance épidémiologique de la destruction des moustiques dans l'habitation. [The Importance of Destroying Mosquitoes in Houses].—*Med Parasit. & Parasitic Dis. Moscow* 1934. Vol. 3. No. 4 pp. 315-322. [10 refs.] [In Russian. French summary.] [Summarized in *Rev. Applied Entom.* Ser. B. 1935 Mar Vol. 23 Pt. 3. p. 78.]

"The author considers that Anophelines in houses should be destroyed in the spring and summer rather than in winter since most of

them hibernate elsewhere. Moreover malaria sporozoites are rapidly killed at temperatures near freezing point and do not survive the winter in mosquitos that have become infected in autumn. On resuming activity in the spring the surviving mosquitos including those from unknown or remote hibernation quarters concentrate in inhabited houses stables and cattle sheds and should be destroyed from this time onward but particularly in July August and September when the rate of infection in them reaches its maximum. In the central part of the northern Caucasus in August 1933 and in Daghestan in August and September 1932 the infection index of mosquitos in houses was as high as 13.5 and 11.36 and 23.58 per cent. respectively

RUTINSKI (S. V.) & LEVIT (M. S.) Die Fischzucht als Bekämpfungsmittel der Malaria in der Ukraine. [Fish-breeding as a Method of controlling Malaria in the Ukraine.]—*Rev. Microbiol. Epidémiol. et Parasit.* 1934 Vol. 13 No. 2. pp. 151-159 (27 refs.) [In Russian. German summary.] [Summarized in *Rev. Applied Entom.* Ser. B 1935 Mar Vol. 23 Pt. 3 p. 86.]

In the Ukraine most of the endemic centres of malaria occur in districts with vast expanses of water resulting from river floods. Neglected mill ponds also offer favourable breeding places for mosquitos of which *Anopheles maculipennis* Mg. is the chief vector of the disease. As it is planned to use large accumulations of water for breeding fish investigations were carried out in 1932 on the possibility of rendering the fish-ponds unsuitable for mosquito larvae or using the fish against them. For this purpose over 50 carp-ponds were examined near Kiev. Measures suggested to prevent the breeding of Anophelines include the removal from the water of vegetation thus depriving the larvae of shelter from the fish the improvement of the channels by which the ponds are filled or drained and in which Anopheline larvae are often numerous dusting with Paris green which unlike oil, does not affect the fish and stocking the ponds with young carp which feed readily on the larvae. The value of other fish in this respect is discussed, and the introduction of *Gambusia* is particularly advocated as experiments have shown that it can be established in the Ukraine. When a pond is constructed, the bottom should be made very smooth so that it can be thoroughly dried when the pond is drained.

SICAULT (G.) & ROULE (S.) Note sur la biologie du *Gambusia holbrooki* (sic) au Maroc. [Biology of *G. holbrooki* in Morocco.]—*Bull. Soc. Path. Exot.* 1935 Feb 13 Vol. 28. No. 2. pp. 134-141

The multiplication and activities of *Gambusia* were studied in a swamp 50 by 1 to 4 km. in area connected with two rivers. *Anopheles* abounded.

An attempt made to drain the swamp by means of a canal proved ineffective and *Gambusia* were introduced. Their fecundity was surprising. In 7 months they stocked an area of 10 000 hectares. Where they were in sufficient concentration in warm weather (at least 20 per sq. metre) they prevented all anopheline increase. In the autumn and even in the spring when the temperature is below 5°C the fish leave the shallow water for the deeper pools. Larvae can develop at such temperatures at these times therefore the usual antilarval measures may be employed.

A. G. B.

is usually of a severe nature. Examples are given in support of these contentions.

In dealing with the question of prognosis, Charters lays stress on the degree of rapidity of the contraction of the spleen. If contraction of the spleen is the main factor in the causation of blackwater fever, it is obvious that the greater the degree of contraction the more severe the attack. The study of the author's records shows that the small spleen was, as a rule, associated with a mild attack. Where the spleen is large the prognosis is not so simple. If there is complete contraction from a spleen of over 3 fingers to one that is not palpable, the disease is invariably very severe. For some reason or other it may suddenly stop contracting and this phenomenon is accompanied by an immediate cessation of haemoglobinuria. The more rapid the contraction of the spleen, the more acute is the course of the disease. A large spleen which undergoes a very rapid contraction may result in a fatal termination before it has disappeared beneath the costal margin and the very rapid contraction of even a small spleen may suffice to produce a fatal attack of blackwater.

Charters considers that a tender spleen is in an irritable condition and liable at any moment to contract and bring on an attack of blackwater, especially if there is an exciting cause such as a dose of quinine.

As a result of all this, the author believes that the best method of prevention of blackwater apart from general malarial prophylaxis, is to impress upon the people the importance of regular medical examination, and in any case where the spleen is found enlarged to cause a gradual contraction of the organ by quinine administration. He adds "Should cases prove resistant to quinine, splenectomy will be a certain preventative."

17 Y

CASTILLOX (L.) *Flèvre bilieuse hémoglobinoque, considérations thérapeutiques et pathogéniques.* [Therapeutic and Pathogenic Considerations on Blackwater Fever]—*Bull. Soc. Path. Exot.* 1935 Mar 13. Vol. 28. No. 3. pp. 189-207

Two cases of blackwater fever were examined with considerable care and a number of observations made on each—these are given in detail. These cases which ran very similar courses, exhibited certain unfavorable signs, e.g. hepato-renal deficiency, lowering of the cholesterol, pronounced anaemia and very poor general condition. Favorable signs were—no diminution in red cell resistance, and passage of not more than 500 cc. of urine daily for "un bilieux qui pisse est un bilieux guéri; quelle que soit par ailleurs, l'importance de son hémoglobinurie." [This seems sound common sense.]

In the author's opinion the cases exhibited certain points of interest from the point of view of therapy and also from that of pathogenesis. To the ordinary methods of treatment the author added subcutaneous injections of chlorhydrate of choline 2 cgm. daily. The blood cholesterol is diminished in malaria and may fall to 0.6 per 1,000. The author states that the action of choline in causing a rise in the cholesterol is certain—in his second case it rose to 1.65 per 1,000 which is definitely beyond the normal level.

It is generally recognized that there are two causes which precipitate an attack of blackwater in a malaria subject, viz.—quinine and exposure to cold. Quinine was no doubt the exciting cause of the paroxysm in the second of these two cases. In the first case, however,

neither of these two factors could explain the relapse of blackwater which occurred when the patient was in hospital under the most careful observation. The author suggests that a simple malarial paroxysm with a rise of temperature to 40°-41.5°C sufficed in this case to upset the physico-chemical equilibrium of the blood. IV Y

BAMFORD (C. B.) Observations on Therapeutic Malaria with Special Reference to a Case of Haemoglobinuria.—*Brit Med. J.* 1934 Oct. 27 pp 764-765 With 1 chart

An account is given of a general paralytic who developed haemoglobinuria following the treatment of his nervous condition by quartan malaria. The strain employed had passed previously through two patients who did not manifest any unusual symptoms. Another patient inoculated simultaneously with the same blood as the case under consideration manifested nothing unusual. When the patient had had ten paroxysms at daily intervals he was put on the usual course of quinine treatment *s.e.* 10 grains three times daily. Twenty-four hours later (after he had received 5 doses of quinine) he had a very severe rigor. Quinine was continued, however and two days later the temperature rose again to 99.6°F. The skin exhibited an icteric tinge and the urine was observed to be unusually dark in colour. The next day the jaundice had deepened and the urine was diminished and of a deep red colour. The serum was found to be of a reddish hue. At this point quinine was stopped and copious drinks were given with large doses of alkalis. The condition responded well to treatment and the urine cleared gradually and became free from albumen within 4 days. IV Y

GOLDBLATT (L.) Atebrin in the Treatment of Blackwater Fever.—*South African Med. J.* 1935 June 8. Vol. 9 No 11 pp 384-385

This note describes the treatment given to 13 cases of blackwater fever occurring in Europeans during the period 1934 to March 1935. Of the 13 cases 3 were very severe—there was thick, black tarry urine, marked diminution of urine, persistent vomiting and pronounced general toxæmia—2 cases were mild, and the rest were of moderate severity.

The author states that in all his cases the malarial element was very pronounced, and all previous to the attack of blackwater had been using quinine as an anti-malarial remedy. Goldblatt stopped the quinine at once and attacked the malarial parasite with atebrin. All cases were treated in the following way—

The patient was given a large dose of magnesium sulphate. Next a diaphoretic powder consisting of aspirin, pyramidon and pulv. ipecacuanha  $\text{co. } \frac{\text{ss}}{\text{gr. v}}$  was administered and the patient placed between blankets. The patient took a hot drink and heat was applied to the kidney areas. Marked sweating proceeded for about 2 hours when the patient was thoroughly dried, given a dry sleeping-suit, and left to lie between dry blankets, as diaphoresis generally continued mildly for some time. The application of heat to the renal areas was continued. Atebrin in doses of one tablet (0.1 gram) was given at this stage and a diuretic mixture made up as follows—

R.	Pot. citrat	gr. xv
	Spt. aether nit.	m.℥ss.
	Tr. digitalis	m.℥ss.
	Decoc. scoparii	ad oz. ss.
	Sig. Half an ounce in water every 4 hours.	

"The diet consisted of frequent feeds of citrated milk. The patient was encouraged to drink freely of barley water, diluted orange drink and other bland fluids. Sodium bicarbonate was added to the feeds and drinks and, when the patient could tolerate it, glucose.

"No special treatment was employed for vomiting, but the patient was encouraged to drink freely despite it. Generally it ceased within thirty-six hours."

Under this treatment a marked improvement occurred and within three days the temperature had become normal and the urine clear in all cases. No relapse was observed. The author remarks that it is impossible to state what effect the atebryn had upon the course of the blackwater fever as he had no control cases. W 1

MURRAY (A. J.) Blackwater Fever following Atebryn—a Fatal Case.—*West African Med J* 1934 Oct. Vol. 8, No. 2 p. 17

Details are given of a case which supports Mott's conclusion [*ibid. Bulletin* Vol. 32, p. 207] that not only are atebryn and plasmochin incapable of preventing blackwater fever but they may excite an attack.

The patient in question a European aged 34 was admitted to hospital at Kaduna, on the 23rd August, 1934 suffering from malaria. He had suffered from blackwater in the spring of 1933 and acting on medical advice he had taken 5 grains of quinine in liquid form daily ever since. On admission the temperature was 103.6°F., the spleen was considerably enlarged, and vomiting was very troublesome. He was given 10 grains quinine on the morning of the day of admission and again in the evening. He had a restless night, and at 7 a.m. the next day he passed porter-coloured urine. Within a few hours the urine cleared and his temperature became normal and remained so until the evening of the 30th August when it rose to 99.4. Thereafter it varied between 97°F. in the morning and 99°F. in the evening. On the 29th August the patient was put on 2½ grains of quinine daily and this was increased to 5 daily on the 6th September. From the 6th September onwards the swing in the temperature was marked, and on the 10th September the quinine was stopped and atebryn, 1½ grains three times a day, commenced. The full course was given but at the end of it the condition was unchanged. On the 15th September i.e., the sixth day of atebryn treatment, plasmochin compound was given in addition to the atebryn. The following day atebryn was stopped and 2½ grains of quinine was given with the plasmochin compound. During the night the patient had a rigor and passed blackwater at 6 a.m. the following day. This did not show the slightest sign of clearing up, and the next day the patient died still passing porter-coloured urine. W 1

CORMAN L'association atébrine-extrait de foie dans le traitement de la fièvre bilieuse hémoglobino-urique. [The Association of Atebryn and Liver Extract in the Treatment of Blackwater]—*Bull. M. A. de Katanga* 1934 Vol. 11 Nos. 3 & 4 pp. 77-79-82 113, 115-116.

In these two papers details are given of 4 cases of blackwater fever treated, amongst other things, with atebryn and hepatol. All four patients recovered. W 1

DANG-HANH KIEM. La fièvre bilieuse hémoglobinoïdique et son traitement préventif par la biocholone intraveineuse. [Blackwater Fever and its Preventative Treatment by Biocholone Intravenously] —*Bull Acad Méd* 1935 Feb 5 99th Year 3rd Ser Vol. 118. No 5 pp 191-195

The article recommends the intravenous injection of biocholone not only for the treatment of blackwater fever but for certain cases of malaria as a means of preventing blackwater fever.

Blackwater is very common especially among the Annamites in the upper regions of Tonking. With the old form of treatment (antivenom serum and calcium chloride) the mortality was 30 to 35 per cent. This figure has decreased greatly since the introduction of the biocholone treatment recommended by Dr RAYMOND. Details are given of a small number of cases which in the author's opinion received benefit from the administration of biocholone. Being convinced that the hæmolytic in this disease follows a diminution of red cell resistance resulting from hypocholesteræmia the author decided to add to his quinine an intravenous injection of biocholone as a preventive in all malaria patients who were generally debilitated or slightly icteric or who exhibited hepatic or lumbar pain. Since he commenced this line of treatment he has had hardly any cases of blackwater although in previous years he had from 15 to 24 cases yearly. The amount of biocholone given at an injection—either subcutaneous or intravenous—was 2 centigramms. IV Y

VU DINH TUAN. Contribution à l'étude du traitement de la fièvre bilieuse hémoglobinoïdique par les injections intraveineuses d'urotropine. [The Treatment of Blackwater by Intravenous Injections of Urotropine]—*Bull Soc Méd-Chirurg Indochine* 1934 Dec Vol. 12. No 10 pp 940-954

Since May 1932, the author has had occasion to treat 18 cases of blackwater fever at Van Yên on the Black River Tonking. Certain of these cases have been treated in what the author calls the classical method (serum, biocholone calomel calcium chloride etc.) and others by a new method viz intravenous injections of urotropine and still others by a mixture of the two methods.

The urotropine was given intravenously in doses of 1 gm. morning and evening. The drug was first given to a comatose patient on the fourth day of the disease and as he got better it was subsequently given to seven other cases at the beginning of the disease. The author says the results were bien curieux. Within half an hour of the injection the temperature fell by half to two degrees the urine cleared within 22 hours on an average. The earlier the drug is given the sooner is the disease cut short. The jaundice disappears and vomiting ceases within 12 to 20 hours and convalescence is greatly shortened.

Clinical details of the 18 cases are given. It is noted that of the 10 cases treated in the classical way (biocholone sera, glucose antivenom etc.) 30 per cent. died of the 8 cases treated with urotropine none died. [It is instructive to read this paper in conjunction with that of DANG-HANH KIEM advocating the use of biocholone. The reader can draw what conclusions he pleases.] IV Y



VAN SLYPE (W) *Thérapeutique calcique dans la fièvre bilieuse hémoglobinoïdique. [Calcium in the Therapy of Blackwater Fever]*—*Bull. Soc. Path. Exot.* 1935 Feb 13, Vol. 28, No. 2, pp. 85-87

Details are given of two cases of blackwater treated by the author. In December 1932 these patients were treated in the usual way—serum antivenom, rectal glucose, alkalis by the mouth, abundant fluid to drink, atabrin and plasmochin—and in addition they were given calcium gluconate. The first was apparently a case of moderate severity but the second was more grave and the urine scanty. Both patients recovered and the author believes that the calcium preparation had something to do with this happy result. W Y

FAIRLEY (N. Hamilton) & BROMFIELD (R. J.) *Laboratory Studies in Malaria and Blackwater Fever. Part III. A New Blood Pigment in Blackwater Fever and Other Biochemical Observations.*—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1934 Nov 27, Vol. 28, No. 3, pp. 307-334. With 1 coloured plate & 3 graphs. [29 refs.]

These studies were initiated with the object of getting more accurate biochemical and haematological data regarding what is happening at different stages throughout the course of blackwater fever. The present paper gives further information regarding the new blood pigment which the authors have discovered in blackwater cases [this *Bulletin*, Vol. 27, p. 210] and also the result of their investigation of the bilirubin content of the blood and bile, the blood urea, the alkali reserve, and the blood cholesterol in this disease.

One point which might have been brought out more clearly in the previous paper is the naked eye appearance of the plasma and of various factors responsible for the colour changes. Three pigments were concerned, viz. oxyhaemoglobin, methaemoglobin and bilirubin. If present alone the first imparts a red tint to the plasma, the second brown, and the third a bright yellow. When there is a mixture of the pigments, as in blackwater fever, their resultant colour depends on their relative and absolute concentrations. This fact is demonstrated in a coloured plate.

*The new blood pigment*—This pigment was constantly present, but in variable amounts, over a period of 10 days in the plasma of Case 1. It resembles methaemoglobin spectroscopically but differs in not being reduced with Stokes reagent or ammonium sulphide and in never appearing in the urine in demonstrable quantities. It was never found within the corpuscles and differs from sulphaemoglobin in several important respects. KILLICK who undertook its investigation, reports as follows—

"The samples of serum marked 17/XII/33 and 21/XII/33 contain a peculiar haemoglobin derivative with a normal prosthetic group, but the globin portion of the molecule is undoubtedly modified. The spectrum has the general appearance of methaemoglobin with the bands shifted however about 80 Angström units towards the short wave end of the spectrum. Although it does not reduce with Stokes reagent the compound contains a trivalent iron. It is easily reduced with sodium hypochlorite and gives a typical haemochromogen (globin-protophaemochromogen). Apart from its spectroscopic resemblance to haemoglobin and its trivalent

iron it has no properties of methaemoglobin when tested with alkali,  $H_2O_2$ ,  $H_2S$  acids etc.

The history of Case 7 which shows several unique features is given in great detail and the laboratory findings are recorded in two graphs. Unfortunately there was no opportunity of examining the plasma during the first 3 days of the disease, but two spectroscopic examinations were made on the 4th day and two on the 5th day and subsequently the plasma was examined daily until the 17th day and on 6 occasions during the following 15 days. The new pigment was always present until the 14th day when it disappeared and was not observed again its concentration expressed in terms of the dilution factor varied from 1.5 to 8 as is shown in the graph. As this pigment never appeared in the urine it was either incapable of being secreted by the kidneys at all or at any rate the renal threshold was too high for it to be excreted in a concentration detectable spectroscopically.

Oxyhaemoglobin was present either in small quantities or not at all the maximum concentration observed was 0.28 per cent. Methaemoglobin was never observed in the plasma, and as the incidence of methaemoglobinuria coincided with an acid reaction of the urine and completely disappeared on the 6th day after the urine became neutral it is highly probable that it was not true methaemoglobinuria at all. The method employed however required methaemoglobin to be present in a quantity of 0.665 per cent. before it could be detected, and it is possible therefore that it may have been produced in small quantities and rapidly converted into the new brown pigment.

Other biochemical findings recorded in the graph are commented upon under their appropriate sections later in the paper but one aspect of special interest was the rapid development in a polyuric type of case of renal acidosis associated with a decreased alkali reserve equalling 33.1 cc.  $CO_2$  per 100 cc. plasma and an inorganic phosphorus value of 7.6 mgm. per 100 cc. on the 4th day of the disease. Nitrogen retention was marked and the blood urea reached the high figure of 340 mgm. per 100 cc. 2 days later.

*The Bilirubin content of the blood and bile*—Forty-one estimations of the bilirubin content of the plasma were made in the 7 cases serial observations being undertaken in 6 of them the findings are shown in a table. In all the cases the bilirubinaemia persisted for some considerable time after demonstrable haemoglobinuria had ceased—a fact which had previously been commented upon by YORKE MURGATROYD and OWEN [this *Bulletin* Vol. 28 p. 1].

BARRATT and YORKE (1914) [this *Bulletin* Vol. 5 p. 254] when studying the relation of bile pigment to haemoglobin experimentally in rabbits found that following the intravenous injection of haemoglobin solution there was a distinct and immediate increase not only in the concentration of bile pigment but also in the amount excreted. So far as the authors are aware no observations in blackwater fever have been made on the concentration of bile pigment in human bile either during life with a duodenal tube or at an autopsy. For control purposes estimations on material collected at autopsy were made in which there was no evidence of obstruction to the biliary system. The quantitative indirect reaction showed that bile obtained from the gall bladder in these control cases contained on an average 700 units or 0.35 per cent. of bilirubin. In blackwater Case 3 the bile contained 3,800 units or 1.9 per cent. of bilirubin and in Case 6 4,900 units or 2.45 per cent. bilirubin. It is thus seen that the 5- to 7 fold concentration of bilirubin

in the bile of these two cases agrees closely with the experimental findings of BARRATT and LORKE.

Hyperbilirubinaemia was characteristic of all seven cases investigated, the maximal readings in the four non-fatal cases varied from 7 to 28 units, and in the three fatal cases from 20 to 83.5 units (indirect). Two of the three fatal cases showed oliguria, which in one practically amounted to anuria while the third succumbed to renal acidosis just as water secretion was beginning to fail.

*Blood urea.*—An increase was observed in all patients, varying from 54 to 79 mgm. per 100 cc. in the three less severe cases, and from 150 to 372 mgm. per 100 cc. in the five severe cases. In the latter group both patients showing polyuria recovered after a prolonged illness, while the others showing a decreased water excretion died. Urea is a powerful diuretic and the authors believe that its retention and increase in the blood and tissue fluids is probably responsible for the natural tendency to polyuria, which characterizes so many cases of blackwater which recover.

*The alkali reserve.*—During recent years a few isolated observations have been made to determine the existence or absence of a state of acidosis by estimating the plasma bicarbonate or carbon dioxide combining power of the plasma in blackwater fever cases. Van Slyke's criteria have been generally followed—he suggested that the normal range varied from 73 to 53 cc.  $\text{CO}_2$  per 100 cc., that mild acidosis existed between 53 and 40 cc., moderate acidosis between 40 and 30 cc., and severe acidosis below 30 cc. per 100 cc. of plasma—clinical manifestations were often confined to the last group.

During the present investigation 32 observations on the plasma bicarbonate or  $\text{CO}_2$  combining power of the plasma were made on the 8 cases of blackwater fever. Estimations were always done in duplicate by van Slyke's method—the blood being oxalated and collected under paraffin to prevent chloride shift—a constant decrease in the alkali reserve varying from 21.8 to 48.0 cc.  $\text{CO}_2$  per 100 cc. plasma, was noted in severely ill patients. This lowering of the alkali reserve was associated with urea retention—and in two instances clinical evidence of acidosis developed. Case 9 died of typical uncompensated acidosis with air hunger and Case 7 developed dyspnoea but recovered with appropriate treatment.

*Blood cholesterol.*—The average value of 18 estimations of the whole blood cholesterol in 5 very typical cases was 86.5 mgm. per 100 cc., the minimum being 68.0 mgm. and the maximum 109.0 mgm. per 100 cc. There was a persistent hypocholesterolaemia in both fatal and non-fatal cases and the results were not influenced by blood transfusion.

The paper closes with a discussion on the origin and nature of the haemolytic agent in blackwater fever. The authors have shown that methaemoglobin is the predominant pigment present in the plasma in this disease and that it has an extra-corpuscular origin from oxyhaemoglobin liberated during an intravascular haemolysis of circulating corpuscles. Both the authors, and the reviewer and his colleagues (1930) failed to demonstrate methaemoglobin in the washed corpuscles of blackwater blood containing this pigment, and consequently there is good reason to believe that both methaemoglobin (and the new pigment) have an extra-corpuscular source of origin.

In blackwater there is, therefore, firstly haemolysis of the corpuscles, and secondly conversion of the liberated oxyhaemoglobin into

methaemoglobin or the allied new pigment. These facts make it highly improbable that we have to deal either with a true haemolysis or a direct drug effect on the corpuscle. A much more attractive hypothesis is that some derangement of metabolism associated with chronic subtertian malaria, is precipitated by the administration of quinine or plasmoquine and gives rise to a potent haemolytic substance which first lyses the corpuscles and then acts on the liberated oxyhaemoglobin along the lines already discussed. Whether this action is confined to the backwaters of the circulation or whether it occurs in the general circulation is a matter of conjecture. In the authors' opinion the percentage of total blood pigment is sufficient to explain the blood destruction in terms of a lysis occurring in the peripheral circulation but the inability to demonstrate either *in vivo* or *in vitro* a lytic substance in the serum or plasma derived from blackwater fever cases may be held to favour the visceral site of haemolysis postulated by the reviewer and his colleagues. It must however be remembered that the negative results may depend upon the immediate fixation of the haemolytic agent by the corpuscles or on its fluctuating concentration which would add to the difficulty of its demonstration unless the specimen happened to be collected at exactly the right time.

YORKE MURGATROYD and OWEN (1930) have shown that several haemolytic crises rather than one isolated haemolysis characterizes blood destruction in blackwater fever and the authors have confirmed this in several of their cases but not all cases fall into this category, as in two instances the haemolysis remained unabated until death. Evidently the haemolytic agent may be present in variable quantity in different cases and at different stages of the same case. Apparently following a haemolysis the haemolytic agent is decreased or entirely used up and time is necessary for its production and accumulation in a concentration adequate to produce another haemolytic crisis.

Writing on the subject of the disposal of blood pigment, the authors say that it is generally agreed that in any intravascular haemolysis only a very small proportion of the liberated oxyhaemoglobin appears in the urine. Much of the blood pigment is, of course, dealt with by the reticulo-endothelial system. Here the haemoglobin is considered to be converted into an iron-containing moiety haemosiderin which is ultimately deposited in the cells of the liver, spleen and kidney and an iron free pigment, haemobilrubin which circulates in the blood and is converted by the polygonal cells of the liver into cholebilirubin with resulting polycholia. In the present series of cases abundant evidence of hyperactivity of this mechanism was found.

[It is impossible in a summary of moderate length to do justice to this valuable paper. It is greatly to be hoped that all who have to deal with cases of blackwater fever will study it carefully in the original. This might have two results—both excellent in the reviewer's opinion. Firstly it might encourage a few serious students of the disease to attempt to make similar observations for themselves and thus by collecting reliable data, make a definite contribution to the solution of the mechanism of this most baffling disease and secondly it might discourage the many who plunge into print for no discoverable reason except to demonstrate their complete ignorance of the disease and to add to the enormous mass of rubbish which is the chief characteristic of the literature relating to blackwater fever.]

DEUTSCH (Béla) Ueber Hämoglobinkonzentrationsbestimmung im Blute. [The Estimation of the Haemoglobin Concentration of Blood.]—*Biochem. Ztschr.* 1934 Nov 14 Vol. 274. No. 24. pp. 299-304 With 1 fig.

DÉNES (1932) converted the haemoglobin of blood into haemochromogen and estimated the light absorption of the haemochromogen solution. In order to satisfy himself that this procedure is actually suitable for the determination of the haemoglobin concentration of blood, Deutsch has compared the haemoglobin concentration values given by Dénes' method with those given by methods based upon the oxygen capacity of the haemoglobin. The conclusion reached is that the method is satisfactory. [The paper which is rather technical, should be consulted in the original by those interested.] II Y

BLACKIE (W. H.) The Reticulocytes in Blackwater Fever.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935. April 17 Vol. 28. No. 6 pp. 571-578. With 1 graph.

Haematological studies made on 4 cases of blackwater fever showed that a vigorous reticulocytosis followed in the wake of the haemolytic phase of the disease.

A brief clinical outline is given of each of the 4 cases, and the observations made on each are given in tabular form. The observations consisted of (1) red cell count, (2) haemoglobin estimations, (3) color index, (4) size of red cells, and (5) determination of percentage of reticulocytes. In each case a long series of observations was made. The findings suggest that during the stage of active haemolysis the disease exerts an inhibitory influence on erythropoiesis as manifested by the low reticulocyte counts recorded during this period. Moreover, this inhibitory effect is maintained in spite of the severe degree of anaemia induced by gross lack of red cells, and in spite of the stimulant action of free haemoglobin or its derivatives. With the cessation of the haemolytic process active erythropoiesis is established and the reticulocyte count rises with extraordinary rapidity. The warm-up response in the 4 cases varied from the 6th to the 14th day after the commencement of erythropoietic activity. In the 3 severe cases the maximum figures were, respectively 50.8, 52.2 and 53.8 per cent., whilst in the less severe cases it was 26.2 per cent. Thus the magnitude of the reticulocyte response is determined to some extent by the degree of anaemia. Another factor of importance is, however, the hypertrophic state of the bone marrow. II Y

KRISHNAN (K. V.) GHOSH (B. M.) The Reticulo-Endothelial System in Malarial Haemoglobinuria of Monkeys [KRETSCHMAR].—*Indian Med. Gaz.* 1935. Apr. Vol. 70. No. 4. pp. 193-197 [3 refs.] Part II. The Relation of Spleen to Haemoglobinuria [KRISHNAN & GHOSH].—*Ibid.* pp. 197-200.

1. In the course of previous investigations the impression was gained that the incidence of haemoglobinuria in monkeys infected with *Plasmodium knowlesi* was higher in those animals in which experimental damage or dysfunction of the reticulo-endothelial system was caused. This impression led the authors to investigate the matter further. *P. knowlesi* causes a low grade infection in *S. murex* and *S. radialis*, but an intense and rapidly fatal infection in *S. albomaculatus*. In the latter species a certain number of animals (63 per cent.) dying of

severe infection developed haemoglobinuria. The authors ask how it is that all rhesus monkeys which develop a heavy infection do not exhibit haemoglobinuria? Is it because of their increased capacity to deal with haemoglobin and if so what is the basis of this increased capacity?

The observations recorded in this paper were made on a series of 25 *S. rhesus* infected with *P. knowlesi*. The technique used for identifying reticulo-endothelial cells was the supravitral staining technique of Napier, Krishnan and Lal (1932). The cells were classified as monocytes and histiocytes according to their capacity to phagocytose neutral red. Total and differential counts were also made. Serial observations were made from the day the animals first showed parasites in their peripheral blood to the day of their death or recovery.

The 25 monkeys are divided into two groups viz. Group I consisting of 14 animals which developed a heavy infection and haemoglobinuria, and Group II consisting of 11 monkeys not developing haemoglobinuria despite a heavy infection. By the term 'heavy infection' is meant a parasite count of 0.2 to 0.5 million per cmm corresponding to over 50 parasites per microscope field. As monkeys of both groups tended to die if left untreated, quinine was administered by injection to approximately half the number in each group. The results of the observations are summarized in two tables. Table I shows that there is a distinct difference in the counts of the reticulo-endothelial cells in the two groups of monkeys studied. In the pre-haemoglobinuric state of the monkeys in Group I there is a reduction in the number of reticulo-endothelial cells compared to Group II monkeys. In the latter group the mobilization of the reticulo-endothelial cells was marked and haemoglobinuria did not result although the monkeys showed as heavy an infection as did the monkeys of Group I. Furthermore it was noticed that the reticulo-endothelial cells in Group I monkeys just before haemoglobinuria occurred, were functionally less active the amount of neutral red ingested by them being very much less than that ingested by the reticulo-endothelial cells of Group II monkeys.

The author concludes from this observation that in the pre-haemoglobinuric state there is a depression of function of these cells. Again it is interesting to note that in Group I monkeys, which developed haemoglobinuria, the maximum intensity of infection was reached in a very much shorter time than in Group II monkeys, which did not develop haemoglobinuria i.e. 4 days in Group I as compared with 7.5 days in Group II. The general conclusion drawn from these observations is that a damaged reticulo-endothelial system is a prerequisite to malarial haemoglobinuria.

Table 2 shows the fates of the infected monkeys of Groups I and II which are divided into Subgroups A and B according to whether they were treated or untreated. The mortality was higher in Group I than in Group II and treatment produced better results in the latter group. The cause of these differences was investigated by a study of the reticulo-endothelial cell response after haemoglobinuria and treatment.

In this work the effect of the removal of the spleen in monkeys infected with *P. knowlesi* was studied. In all 118 monkeys were used and of these 56 were splenectomized and 62 served as controls. Approximately half the number of animals in the splenectomized and non-splenectomized groups were treated with quinine when the infection reached a definite intensity.

The results are summarized in a table from which it appears that the incidence of haemoglobinuria is significantly higher in the splenectomized than in the non-splenectomized groups. It is also interesting to note that haemoglobinuria occurred in the splenectomized *trois* and *radiatus* monkeys, which normally never exhibit this sign. Treatment with quinine reduced the incidence of haemoglobinuria in all cases, but did not prevent it.

The paper closes with a general discussion of these results and of their bearing on blackwater fever in man.

H. Y.

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BRIDGMAN (L. H.) A Note on a Case of Haemoglobinuria in a Uganda Kafir.—*East African Med J* 1934 Oct. Vol. 11 No. 7 p. 228.

GIUREA (Giuseppe) La febbre biliosa emoglobinurica in Socrata ed i suoi rapporti con la malaria.—*Arch Ital Sci Med Colon* 1934 Dec. 1 Vol. 15 No. 12 pp 809-814 [10 refs.] English summary [4 lines].

HANIFAN (Abu) Een geval van zwartwaterkoorts in Midden-Sumatra.—*Geneesk Tijdschr v Nederl Indië* 1935 July 8. Vol. 75. No. 11 pp 1164-1172. [17 refs.]

## REVIEWS AND NOTICES

DEIMER (Johann Heinrich) Over biotypen van *Anopheles maculipennis* Meigen, in het bijzonder in westelijk Nederland een taxonomisch onderzoek. [Biotypes of *A. maculipennis* in the Western Netherlands] [Thesis for Doctorate of Natural Science at Leiden University]—256 pp With 1 plate 11 figs. & 25 graphs [11 pages of refs.] Amsterdam N.V. Boekhandel W. Ten Have

The argument which is here presented in full, may be summed up as The Race Problem Applied to *Anopheles maculipennis*. That problem fortunately does not arise in the case of all anopheles but relates especially to those of extensive and widely differing distribution. Its great importance lies in this, that difference of race and racial habit is invoked to explain the possibility of Anophelism without Malaria. As is natural, in a doctorate thesis of the University of Leyden the subject matter deals mainly with the problem in its application to the Netherlands. Malaria is not endemic throughout the Netherlands—any more than it is throughout the greater part of Europe—and may be said to be confined to North Holland Western Friesland and the country East of Groningen. The mosquito concerned with its transmission in the Netherlands is the well known *Anopheles maculipennis*. Two races of this mosquito come into question *atroparvus* the small winged and *maculipennis* the large winged mosquito. Many characters have been investigated which should provide the means and foundation for immediate differentiation of these races. It must be stated here that the author in the first part of his work uses the term race or as the case may be variety provisionally and that definition of species race and variety receives special consideration later in a special chapter.

The differences between the two races are worked through on a morphological and a biological basis. The latter consideration has given rise to the conception of the zoophile or misanthrope and the androphile mosquito. These conceptions lead naturally to the institution of antimalaria measures by zoophrophylaxis through the provision of a sufficiency of the alternative mosquito host the cow and stable diversion plus of course treatment of breeding places. Two biological races of *A. maculipennis* may exist the one positively and the other indifferently zoophile. If that be so it is the indifferently zoophile mosquito which is dangerous to man. Positively zoophile races are said to have a maxillary index (mean number of teeth on the maxillae) of under 14 and the indifferent race of over 14. The distinction is questionable. It has long been known that malaria is more apparent in districts where the polder water is brackish only and not in those where it is definitely salt. This fact has been expressed more or less quantitatively in the statement that a 0-40 per cent. admixture tends to the production of a zoophile type. In Leyden (no malaria) the water is salt in Bolsward (high malaria) is brackish.

Other considerations of a biogenic type such as the effect of temperature and humidity on the life of the mosquito are considered critically. Gonotrophic characters are also taken into account. Thus in the Netherlands *atroparvus* shows gonotrophic dissociation that is to say continuance of blood feeding even with the suspension of ovulation which sets in with hibernation while *maculipennis* on the contrary exhibits gonotrophic concordance "by which is meant simultaneous cessation



of ovulation and blood feeding during the winter months. Experimental work on the subject during these months, but with temperatures raised to 25-27°C showed that the mosquitoes fed richly on blood, but whereas *mesasae* laid many eggs *typicus* and *atroperus* were definitely slow in ovulation. Experiments on interbreeding of races receive special treatment in a special chapter and it has been suggested that in the neighbourhood of Leyden where a mixed population of mosquitoes exists the finding of a number of moderately large *atroperus* mosquitoes might mean crossing between *mesasae* and *atroperus*. It is interesting to have the various described races of *A. maculipennis* separated out as regards their relation to malaria and their biological characters.—Thus *mesasae melanom*, *typicus* and *atroperus* are animal maculipennis. Where they occur and where there are at the same time sufficient cows and suitable stables, the contact of the mosquito with man is practically broken and "anophelism without malaria" is the result. In the case of *mesasae* there is also a "gonotrophic concordance" which prevents the autumnal infection. *Lebranchiae* and *ethiops*, on the contrary, are human maculipennis and are the promoters of severe endemic malaria.

The bionomic characters of mosquitoes are perhaps the most interesting but the morphological characters also receive in this work very considerable attention. An extensive treatment of these for egg, larvae, pupae and imagines, by statistical methods, with frequency distributions, their constants and associated errors, is incorporated and is very important in a taxonomic sense.

Chapter II begins with a statement of questions that have to be answered and these show the general trend of the subject matter in subsequent chapters—

(1) Is the small wing *Maculipennis (atroperus)* of the malarial districts of the Netherlands identical with that of the malarial free districts and could crossing between *mesasae* and *atroperus* explain the absence of malaria? (2) What are the characters of the offspring obtained by crossing *atroperus* with *mesasae*? (3) Ought *atroperus* and the other types of *Maculipennis* to be regarded as races, varieties or species and is *A. maculipennis* as a morphologically delimited *Linnaea* species a subjective philosophic abstraction or an objective reality?

An answer to the last of these questions is to some extent given by the nomenclature proposed by the author for the "races" of *A. maculipennis*. He departs from the Linnean binary system to adopt a ternary nomenclature and subdivides them as—*A. maculipennis typicus* Martini, Messiroli and Hackett 1931. *A. maculipennis mesasae* Fallén 1929. *A. maculipennis melanom* Hackett 1934. *A. maculipennis lebranchiae* Fallén 1928. *A. maculipennis atroperus* van Thiel 1927. *A. maculipennis ethiops* Edwards 1921.

The main points brought out in the author's summary of his own position are—

1. Whereas *mesasae melanom* and *typicus* are the so-called animal maculipennis *atroperus* although primarily a stable mosquito, as in some districts maintain an endemic malaria. *Lebranchiae* for Italy and *ethiops* for S.E. Europe are human maculipennis and responsible for endemic malaria.

2. The fat body in *mesasae* is fully mature by September but in *atroperus* is still small at the end of October. Investigation of the state of the fat body in *atroperus* from a malarial district as compared with that in a non-malarial district gave no confirmation of the idea that crossing took place between *mesasae* and *atroperus*. Neither did the experimental

crossing of *atroparvus* with *messias* the character of the progeny (claspette spine pupal skin spine) showed dominance of *atroparvus*

3 *Atroparvus* and *messias* are morphologically very similar. Although constant structural differences appear to exist between them, in eggs larvae pupae and imagines still the means of the different characters of the two types came very close to one another when the conditions of growth (natural or artificial) were the same

4 Malarialogists call the constant types of *A. maculipennis* races and accord to each of them the systematic rank of variety. The definition of a species receives no uniform acceptance. From a strictly morphological point of view *A. maculipennis* is a species and its types varieties but from the purely physiological standpoint three kinds can be delimited (a) *atroparvus labronchiae* and *clutus* (b) *messias* and *melanoc* and (c) *typicus*. A compromise is suggested in the nomenclature of the types. It is a compromise between the morphological and physiological standpoints and employs a ternary mode of naming

5 The complex type of *A. maculipennis* is neither an objective reality nor a subjective abstraction but it possesses a real total characterization as also do the biotypes

W F Harvey

BARBOSA (Amando) & ARJONA (Benito López). El paludismo en el primer año de la vida. [Malaria in the First Year of Life]—138 pp. With 1 fig & 8 graphs. [Bibliography] 1935. Plasencia Cáceres. Imprenta La Victoria. Valdegamas número 20 [Ps. 6.]

This is a most interesting study well documented, carried out by men who have made the most of good opportunities for observation. These observations are expressed clearly and the reasons for the deductions which the authors make are given the diction is plain and, in short this small book is eminently readable and instructive and in the reviewer's opinion might with advantage be translated into other languages so that the knowledge and advice contained might reach a wider circle.

Malaria in the very young presents certain special characters of which many tropical practitioners who have learned of the disease among adults and at home are quite unaware this applies not only to diagnosis but also to the adverse effects on nutrition and development and on other diseases.

This book is divided into ten chapters, each of which contains plenty of food for thought. The first discusses the question of malaria as a cause of abortion and premature labour for it may cause death of the foetus or expulsion of an infant feeble in constitution and liable to succumb to what would be a mild infection to a healthy child. A few figures are given. Of 152 pregnant women systematically treated with quinine per os and 62 by subcutaneous and muscular injection none aborted. Of 57 with severe malaria, untreated, 12.5 per cent. [?] aborted and 35.5 [?] 20 gave birth prematurely. 40 of the children were born dead. Of 68 with untreated benign malaria [?] mild attack or *P. vivax* infection] 9.7 per cent. aborted. 33 per cent. had premature labour and half the children were born dead. Of chronic relapsing cases treated [number not stated] 1.8 per cent. aborted. 21 births were premature and one third of the children were born dead. Of similar cases untreated the corresponding figures were 16.4-47 and 50 or more per cent. There are various hypotheses as to the reason for malaria interrupting gestation fever leading to uterine contraction

anaemia of the mother leading to death of the foetus, toxæmic irritating contractions, etc.

Chapter II deals with Congenital Malaria. Many authorities are quoted and their views given and there is an admirable short summary in the course of which the authors state "Congenital malaria undoubtedly exists but the percentage of cases is very small. All three forms of the plasmodium have been seen in the new-born, a large accumulation of them in the placenta appears to favour the condition but is not a *conditio sine qua non*. Next follows a chapter on Immunity. The authors conclude that there is no cross-immunity between the three species, that persons premunized against the strains present in one region have no effective immunity against the strains of another and that if real immunity exists it must be very exceptional. Further that any immunity which may have been acquired rapidly disappears when the parasites have been got rid of that the degree of immunity is greater after spontaneous cure than after cure by drugs. Finally that immunity is acquired more quickly to *P. vivax* than to *P. malariae* and to the latter more than to *P. falciparum*.

As regards Morbidity and Mortality in the young, sex is shown to have no influence. vital statistics are given with respect to sex, up in months time of year etc. in Spain as a whole and in Cáceres in particular. In the first and second three months children have about the same morbidity rates thereafter they increase in successive trimesters. Chapter V on the Clinical Aspects of Malaria in children is highly interesting. Convulsions or vomiting often replace the initial rigor or there may be marked cyanosis lasting for 10-15 minutes. Some authorities say that the febrile period is short but in the experience of the authors it was as long as in adults, and at times longer. The benign tertian infection can produce pernicious attacks in a child, the temperature curve is often irregular. In 65 per cent. however it was typically tertian, in 32 per cent. it was quotidian, in 3 per cent. it was continued. occasionally it was irregular. the quartan type was rarely seen in children under 12 months. Splenomegaly was present in about 80 per cent. of cases, it was more marked in *P. falciparum* infections, but the degree increased with the number of attacks. occasionally it was almost the first sign. Leucopenia was found in about one third of the cases of uncomplicated malaria in children. Dyspepsia, vomiting and diarrhoea, perhaps choleraic, are common symptoms, and in children with gastro-intestinal disturbance the malaria is more severe. loss of weight may be marked. Labial herpes is not uncommon. urticarial scarlatiniform and morbilliform rashes are spoken of but these the authors believe, are drug rashes (quinine atebirin, plasmoquine) rather than due to malaria.

Progress depends on (1) the promptness with which the diagnosis is made and treatment undertaken (2) the nature of infection, (3) whether the attack is primary or a relapse, (4) intercurrent conditions, (5) the type of feeding whether natural or artificial. As regards the second of these the authors maintain that in Cáceres there is not much difference in virulence between the strains of *P. vivax* and *P. falciparum*.

is detailed in Chapter IX. both of the primary attack and of relapse. From this, as summing up the authors' opinions, the extract is translated —

"Several reasons of administering quinine in the treatment of malaria tracks. It is merely a therapeutic curiosity. the model

is of value only in grave cases in which nausea prevents oral administration of the intradermal we have practically no knowledge the subcutaneous has little to recommend it, for it has no advantages there poetically and is liable to cause abscess and sloughing intraspinal merely to complicate a treatment which is fairly simple the intravenous route as MARCHIAFAVA & BIGGAMI maintain should be reserved for exceptional cases of pernicious malaria in which owing to a state of collapse there is hope of rapid absorption by the tissues and of immediate action on the parasites in the blood stream in the viscera and in particular the nervous system. In very young children, however this is far from easy and we are driven to conclude that in them the only possible routes are the oral and the intramuscular

"Contrary to widespread belief administration per os will always be the method of choice in the treatment of malaria in infants. We do not understand the affirmation of FISCHER and others that the best way of treating malaria in infants is by injection since the many advantages claimed for intramuscular injection—certainty of dosage greater efficacy surety of absorption—have yet to be demonstrated. Later they state 'We declare emphatically that quinine and other specific remedies should be given parenterally only when the buccal route is impracticable

For first attacks of benign tertian they give 20 cgm. of quinine [the salt used is not specified] daily to children under 4 months 30 cgm. above that age for eight days to well nourished and for ten days to wasted children. Treatment by atebryn should not exceed 8 days 5 cgm daily to those under 6 months 10 cgm for those older given in two doses after food. After the course no antimalaria remedy should be given till a recrudescence occurs then as before but using whichever (quinine or atebryn) was not used in the first attack. In relapses the rules of the Malaria Commission of the League of Nations which are quoted, are to be followed as closely as the state of the patient will allow

In subtertian infections for the primary attack quinine alone for 7 days quinine and plasmoquine for another 7 and then quinine alone again for a further like period, the dose being 20-30 cgm. daily of quinine and 0.5 cgm plasmoquine under 6 months 1 cgm to those above 6 months. If there is doubt as to whether the infection is one of benign or malignant tertian the patient should be treated for the latter. Atebryn should not be given to children with digestive and intestinal disturbance and, when atebryn has been used, plasmoquine should not be given till a fortnight has elapsed and then in a small dose 0.0025-0.005 gm daily for 5 days.

In conclusion they affirm that quinine can be given to pregnant women in the usual doses without fear that abortion following administration of quinine is ascribable not to the drug but to the fever and that quinine is the best prophylactic to ensure a normal pregnancy in women suffering from malaria.

Illustrative cases are not numerous but those given have been carefully chosen there is a good and full bibliography H H S

PRADO (Samuel B.) & MEIRA (João Alves) *A eosinophilia sanguinea*. 165 pp [Bibliography] 1935 S Paulo Brasil Sociedade Editora Medica Ltda. Caixa 1.574

This is a very full monograph on eosinophilia and leaves one wondering whether the subject is of sufficient importance to warrant such a detailed and exhaustive treatment. The work is divided into four

parts the first being of a general and introductory character on eosinophilia in man. This contains as much as most persons know. It starts with defining the normal count and the conception of eosinophilia in man and then treats of the conditions under which the excess is found, including various infections, allergic states, cryotherapy, X-ray treatment, rickets, gastric and duodenal ulcer, chronic arthritis, endocrine affections and so on. Indeed, it would be almost a shorter list to give the conditions in which this sign is not found. Where it occurs in so many its value in diagnosis diminishes inversely. [The reviewer remembers a teacher of medicine whose favourite question was

What are the causes of enlargement of the spleen? " and the number increased session by session till the number reached between 50 and 60, by which time of course its value in diagnosis was reduced to vanishing point.]

Part II discusses eosinophilia in parasitism, especially helminthoses, and Part III experimental eosinophilia. This is valuable because the normal leucocyte counts of 17 species of animals are given, among these those of the horse, cattle, goat, pig, rabbit, guinea-pig, *Brasiliopossum coati*, capibara, cat, dog, rat, macaque, and *comodactyl*, with the number of animals on which the findings are based and the author who carried out the estimations.

Part IV deals with experimental data obtained in rats. It gives the normal leucocyte formula in these animals, the eosinophile increase in those with helminthic infestations, the counts before and after injection of substances believed to produce eosinophilia, e.g. *ascaris* extract, and lastly the effect of splenectomy. There is an ample bibliography of 206 references.

H. B. S.

# TROPICAL DISEASES BULLETIN

Vol. 32.]

1935

[No 12

## PLAGUE

RUSSELL (A. J. H.) Plague in India.—*Far Eastern Assoc Trop Med Trans Ninth Congress Nanking China 1934* Vol. 2. pp 725-733.

WU LIEN TEH. Pestilence and Plague in China.—*Ibid* pp 735-759  
With 1 map

WU (C. Y.) The Occurrence, Distribution and Seasonal Prevalence of Rat-Fleas in China (with a Note on their Relation to Bubonic Plague).—*Ibid* pp 761-771 With 4 charts. [15 refs.]

FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE. TRANSACTIONS NINTH CONGRESS NANKING CHINA, 1934 Vol. 2. pp 773-784.—Round Table Discussion on Plague [PANDIT (C. G.) Chairman]

RUSSELL (A. J. H.)—This presentation of the whole subject of plague is full of important pronouncements and would almost demand that each of its successive paragraphs be summarized.

Plague has been responsible for over 12 million deaths in British India during the last 38 years but both incidence and mortality have a rapid and progressive downward trend. Percentages of the total mortality from 1898 to 1933 are 50 35 13 and 2 for the periods 1898-1908 1909-1918 1919-28 and 1929-1933. Over these 38 years there appears to have been also a rapid and progressive immunization of the rat population and in view of this occurrence it is difficult to estimate the part played by the usual sanitary measures in reduction of the disease. The comparative immunity of certain of the Indian provinces or even, as in the case of Assam, its entire immunity in spite of the presence of a susceptible rat population would seem to point to other circumstances. These may perhaps be found in other biological factors, "influences acting to the detriment of the flea carrier." Bengal is a province which has gradually lost its infection. [It would be interesting to know whether there exists in that province, as may be the case throughout the ports of the world, a subliminal infection in the rat population insufficient to reproduce either epizootic or epidemic.] The comparative freedom of the whole eastern seaboard of India of northern Burma Assam, Bengal, the S.E. parts of Bihar and Orissa and the Western areas of the Punjab and Upper Sind is a remarkable epidemiological phenomenon. Climatic factors are undoubtedly potent in their effect on the seasonal subsidence of

GOBERT (E.) Le rat alexandrin, commensal du paysan tunisien.  
(The Alexandrine Rat a Commensal of the Tunisian Peasant).  
*Arch. Inst. Pasteur de Tunis.* 1935 Apr Vol. 24 No. 2  
pp 360-367 With 2 figs.

To the south and in the centre of the Regency of Tunis there has occurred between 1920 and 1931 an almost uninterrupted series of epidemic explosions of plague. The epidemics do not attack the built-up villages but are observed among the nomads or isolated peasants. It was this fact which led to the suspicion here of a connexion between the gerbil family of rodents and plague. Experiments, however, on this point have shown that this rodent which is much the most prevalent, is much less susceptible to plague than other Tunisian rodents and shows no tendency to chronic plague. In the present investigation the fact emerges that it is *R. alexandrinus* the domestic rat, living in close association with the Tunisian peasant, which is much more dangerous. It is the native rat, has been present for centuries, at least since the time of the Crusaders, and is the rat which has been captured almost exclusively outside the towns. The damage done by this rat is considerable. It lives not only on dates and fruits generally but also on the flower of the palm tree which it seeks out before its emergence from the surrounding spathe. A regular poison campaign is conducted against this destructive rodent and mix vomica is used for the purpose.

W F B

ESTRADE (F) Observations relatives à la biologie de la *Xenopsylla cheopis* en Emyrne.\* (Biology of *X. cheopis* in Madagascar).—*Fal. Soc. Path. Exot.* 1935. Apr 10. Vol. 23. No. 4 pp 232-234  
With 15 charts.

Experiments in Madagascar show that adults of *Xenopsylla cheopis* among debris away from their host, survive longest at a temperature of 15-20 C. and a relative humidity of 85-95 per cent.

The author's object was to relate the climatic conditions under which *X. cheopis* is most abundant and plague most liable to occur with the experimental conditions under which these fleas can best survive apart from their host. The experiments were made in cement pits 80 cm. square with debris from their normal haunts on the floor. The optimal conditions for survival were at a temperature of 15° C. and a relative humidity of 85-95 per cent. Below 80 per cent. humidity at this temperature they lived only a few days. The higher the temperature the more sensitive they are to low humidity (because the saturation deficiency of the air is increased). These results, which agree very well with those obtained by LÉVESQUE (see this *Bulletin* Vol. 29 p. 839) were confirmed by preliminary observations in nature at various altitudes in Madagascar and they explain the seasonal incidence of plague in the Hauts-Plateaux, which is at a maximum in December and January.

F B Wigglesworth

\* Emyrne or Imerina appears to be that part of the plateau making up half of the island of Madagascar which lies around the capital, Antananarivo.

JAN KERGUISTEL (A.) Répartition de la *Dynopryllus lypus* à Madagascar [Distribution of *D. lypus* in Madagascar]—*Bull Soc Path Exot* 1935 June 12. Vol. 28 No 6 pp 543-544

ROUBAUD and MEZGER [*ante* p 449] have reported this flea which can carry plague in Africa not far from Antananarivo. Out of more than 50 000 fleas collected in 13 months in the Mahaiza sector there were only 44 specimens of *D. lypus* 32 of which were on the rat and one on man. None of this species was present among 32,000 fleas collected in the highlands. A G B

KELLOGG (W H) The Plague Situation.—*Amer Jl Public Health* 1935 Mar Vol. 25 No 3 pp 319-322. [Summary appears also in *Bulletin of Hygiene*]

After a note on the epidemiological aspects of plague the author sets out the record of plague in California since it was introduced into San Francisco about 1900. Two bubonic epidemics have been recorded in 1900-04 and in 1907-8 and two small pneumonic epidemics in 1919 and 1924. In addition sporadic cases have occurred mostly in rural districts and of squirrel origin and squirrel plague has been found in 19 counties. The probability of plague dying out the author believes is small for where a wild native animal such as the marmot has been the rodent concerned there is no evidence that the disease has ever completely disappeared. Such an endemic, and perhaps permanent focus now exists in the California ground squirrel. A disquieting aspect is that whereas in rat plague pneumonia is not a common finding in squirrel plague it is common. The Oakland outbreak (1919) of 13 pneumonic cases was started by contact with squirrels the first man having been squirrel hunting just before onset. There is the possibility of direct extension of the disease in the wild rodent population across State lines and recently plague has been discovered among the ground squirrels of Modoc County 400 miles from the nearest previously known plague area and close to the State lines of Oregon and Nevada. It may also travel by transference to the rats in some border line urban area or by means of some person incubating the disease travelling east under the climatic conditions—low temperature with considerable humidity—that, it has been suggested, favour the spread of the pneumonic form. A Bradford Hill

VOGEL (C W) & CADWALLADER (Charles) Rat-Flea Survey of the Port of Philadelphia, Pa.—*Public Health Rep* 1935 July 26 Vol. 50 No 30 pp 952-957 With 1 fig

A considerable number of vessels from plague infected ports call at Philadelphia. Many of these are not rat proof and are laden with rat attractive cargo. It is therefore important to take all suitable precautions to keep piers and water front in a rat proof condition.

In the survey made the rat traps with rats after being placed in bags, were taken to the laboratory and treated with hydrocyanic acid gas which enabled the operator readily to obtain the infesting fleas. Again rats were chloroformed and combed for fleas over a well



illuminated white surface. All the rats were autopsied without discovering any with plague.

It was found that *X. cheopis* was essentially a rat-nest parasite and this accounted for its being found in the proximity of nests and on young rats. Altogether 2,785 rats were captured and these yielded 4,629 fleas. The main percentages according to species were—*X. cheopis* 60 *Ceratophyllus fasciatus* 32, and *Cl. catus* (or *felis*) 24. Practically only one species of rat was encountered, *R. norvegicus*, and the *cheopis* index followed fairly closely the seasonal graph of relative humidity and temperature.

W F H

TRIMBLE (H. E.) & SHERRARD (G. C.) Rat and Rat-Flea Survey of Los Angeles Harbor—*Public Health Rep* 1935. Jan. 18 Vol. 50 No. 3. pp. 74-79 With 1 fig

This survey follows the usual line. The most prevalent flea recorded was the mouse flea *Leptophylla musculus* and the rat flea index generally was low. "In the writer's opinion the *Leptophylla cheopis* index is too low to sustain an epidemic of rat plague." A common finding in such surveys as these is that the rat or the flea varies with the locality of trapping. In this case the *Leptophylla musculus* index of rats increased almost in direct ratio as the distance from the water front. This fact is partly accounted for by association of rats with mice—the mouse, and therefore its flea, is found in the open fields, which are unprotected from the sun and wind. The increase of the mouse flea upon rats was apparent especially on the rats caught in open country. As the ground squirrel in California has been reported to suffer from plague infection, a number of these were shot. They were found to be heavily infested with *Ceratophyllus acutus* a flea which is a vector of plague for ground squirrels. Their flea index was 18.76 and this infestation would probably suffice to maintain foci of plague infection. None of the prevalent rat fleas however was found upon the squirrels.

W F H

LOVE (John D.) Bubonic Plague on the West Coast of South America in 1934—*Public Health Rep* 1935 July 19 Vol. 50. No. 21 pp. 923-932.

Some interesting facts have emerged in the course of co-operative antiplague work in Chile, Ecuador and Peru and are recorded in the report. In the routine inoculations for plague from rats trapped in Lima and Callao twelve guinea-pigs died from icterohaemorrhagic jaundice or Weil's disease. When the work of trapping was commenced, a large proportion of the rats was found to be suffering from abscesses especially in the liver and lungs—many of them, too, had helminthic infections, cysts in the liver and skin diseases. Since the rat population has been reduced through antiplague measures by about 60 to 70 per cent. in Lima and Callao it is rare to meet with any of these conditions—possibly this is due to less opportunity for contact. Latent plague infection is not usually discoverable through any visible lesion. In these operations such infection was usually discovered only by making mass inoculations.—Small pieces of spleen and liver occasionally lymph node, are taken from each rat that comes to autopsy and ground up with normal salt solution. Guinea-pigs are inoculated with

the resultant suspension by rubbing the smeared pestle over a scarified area on the belly of the animal. Some experiments were done with guineapigs which, although they had sickened had not died of plague. No visible lesions of plague were discoverable in these animals and yet inoculation of organs in other guineapigs produced typical bubonic plague 30 days after recovery in one case as late as 60 days and in another 90 days after.

Lice are not commonly incriminated as reservoirs of plague but some of the experiments would seem to indicate that head lice may become infected with plague but are not capable of transmitting the disease. Two interesting outbreaks of human plague occurred in towns high up in the Andes to which there are no roads and where there are no rats and therefore no possibility of an antecedent rat epizootic. These outbreaks are believed to have been due to infected fleas carried in the clothing and effects of mule drivers. The sequence of events in these cases was that the drivers picked up the fleas in towns at a lower altitude where rats are numerous and plague both human and rodent is present. These drivers pass the night at inns located in the towns mentioned sleeping on the floor and guineapigs which are commonly kept snuggle up against them for warmth thus affording ample opportunity for mutual interchange of fleas. The first case of human plague, the first that had occurred in the whole province in over 3 years was in a woman who kept guineapigs. Her sickness and death were preceded by an epizootic among the guineapigs.

In his summary the author states his belief that fleas under favorable conditions as to temperature and humidity especially low temperature and relatively high humidities can act as reservoirs of plague infection carry it over long distances and later under favorable conditions transmit the disease. The incidents cited in this article strongly indicate that head lice and guineapig fleas can also act as reservoirs of plague infection and under certain special circumstances serve as the means by which plague infection is produced.

W F H

RUDNEFF (George P) TINKER (J) KALABUCHOV (N) *The Life Cycle of the Ground-Squirrel (Citellus pygmaeus Pall) and the Laws of Development of the Plague Epizootic. II. Changes in the Leucocyte Picture of the Ground-Squirrel Blood in the Course of their Life Cycle [RUDNEFF]—Rev Microbiol Epidemiol et Parasit. 1934 Vol. 13 No 4 [In Russian pp 291-297 [14 refs.] English summary p 297] III. Changes in the Susceptibility of the Ground-Squirrels (Citellus pygmaeus Pall.) to the Plague in Connection with Sex and Age Differences [TINKER & KALABUCHOV]—Ibid [In Russian pp 299-302. English summary p. 303.]*

Rudneff has found that ground-squirrels during hibernation exhibit a leucopenia, with specially marked diminution of the neutrophils. To this fact he attributes the slow chronic course of plague and the maintenance of a reservoir of the plague virus in these animals during a non-epizootic period.

Tinker and Kalabuchov attempt to establish a correlation between the age and sex of ground-squirrels and their susceptibility to plague

infection. The most susceptible are the young anklis born in the current year then the adult females the least susceptible are the adult males."

W F H

WILLOUGHBY (W M) Diagnostic and Other Experiences with Special Reference to Plague—*Jl. Roy Nav Med Serv* 1935. Apr. Vol. 21 No. 2 pp. 110-120

Personal experiences by a former Port Medical Officer which are related with graphic and humorous commentary have a very special value for any one called upon to diagnose plague in the minimum of time. In the case of a ship the positive decision is very momentous for all concerned, including the Medical Officer. A very good starting point for diagnosis of the human plague case is the finding or history of an associated dead rat." It is evident from the account given that the inspecting medical officer must likewise be alive to the possibilities of evasion of examination. The forms of the plague picture are distinctly variable and one rule to be followed is that, in the case of any one "at risk" even mild fever must be regarded as plague until the contrary is shown. Besides the actual history of the occurrence of dead rats the medical officer does well to enquire as to storekeepers. The rat, the food store and the storekeeper have so to speak somewhat close plague associations. Cases of plague seem to have a tendency to associate themselves with the storeroom. The storekeeper too is the man most likely to know of rat mortality on a ship. In the actual examination of

the muster a port health officer becomes expert at picking out the man who is unwell and an expert at the detection of buboes in armpit or groin even through thick clothing and oil skins. It may also be his function to diagnose plague in the rat—"The large spleen, mottled liver pleurisy peritonitis petechiae and one or more haemorrhagic glands is a post-mortem picture of a rat dead of acute plague. More convincing still is an enlarged spleen which yields the typical bipolar bacilli on film staining." One further observation may be useful to anyone in the circumstances here related. It is the resort to the flea comb for the rat with the recollection "that *Cryptops fasciatus* has a very fine dog collar" denied, though not entirely to the picture of *Xenopsylla cheopis*."

W F H.

GIRARD (G) Vaccination de l'homme contre la peste au moyen de germes vivants (virus vaccin EV). Premiers résultats acquis à Madagascar (First Results in Madagascar of Vaccination of Man with Living Plague (EV)).—*Bull Acad. Méd.* 1935. July-99th Year 3rd Ser Vol. 114. No. 25. pp. 18-22.

An account is given by the author of the use of living plague vaccine on a large scale after it was tested on a smaller scale. In so doing he makes return to one of the original methods of PASTEUR, as it was applied to anthrax, fowl cholera and swine erysipelas. The strain of plague bacillus (EV) which is avirulent is constantly examined for the maintenance of its characters before use in the preparation of vaccines. In a country like Madagascar the procural of satisfactory statistical data is difficult but every endeavour has been made to obtain comparable figures. These figures are—Vaccinated (46,879)—Deaths from plague 22 (0.47 per mille) and general mortality 225 (4.8 per mille). Unvaccinated controls (80,000)—Deaths from plague 100 (1.68 per mille) and general mortality 581 (9.7 per mille). W F H

GOHAR (M. A.) Protective Inoculation against Plague.—*Jl Egyptian Med Assoc* 1935 June Vol. 18. No 6 pp 396-402. With 2 graphs.

A comparison is made between a killed (60°C. 1 hr) vaccine in which the endotoxin of the bacilli had been first liberated by repeated drying grinding and resuspension and vaccines in which the intact bacilli were killed by heat or by phenol. The experiment was carried out on guineapigs and rats and the doses given were equivalent to 1 000 2 000 and 5 000 million organisms injected subcutaneously in the thigh at weekly intervals. A minimum lethal dose was determined (1 000 million) for the living organism for the intraperitoneal route and the test dose was one of 8 M.L.D. Out of 48 guineapigs divided into four groups of 12 each one animal died in each of the batches immunized with killed intact bacilli and two in the batch of animals immunized with autolysed bacilli during the course of immunization. After injection of the test dose the animals were observed for 14 days. The results were—survival of 2 animals out of 11 in the batch immunized with intact bacilli killed by heat 3 out of 11 in the batch immunized with intact bacilli killed with phenol, 4 out of 10 in the batch immunized with autolysed bacilli and none out of 12 in the control non immunized batch. In the case of the rats the results were similar

W F H

BLANCHARD (M) BLOYDIN (P) & ADVIER (M) Septicémie pesteuse avec localisation oculaire suivie de guérison [Plague Septicaemia with Ocular Lesion followed by Cure]—*Bull Soc. Path Exot* 1935 Mar 13 Vol. 28. No 3 pp 235-236

This is a description of an unusual case of septicæmic plague with unusual local lesion. Grave general symptoms were present continuous oscillating fever rapid pulse profuse sweating, asthenia, torpidity low delirium subicterus and painful hepatic enlargement. Malaria relapsing fever the typhoid fevers and abscess of the liver were each eliminated. Then came ocular symptoms conjunctival redness intense pain diminution of vision and double hypopyon. At this moment on the 10th day blood culture which had hitherto proved negative became positive and the organism obtained was the plague bacillus. Anti-plague serum was administered, the symptoms cleared up rapidly and the patient left hospital cured one month after admission

W F H

PONS (R.) Au sujet de l'observation de septicémie pesteuse avec localisation oculaire suivie de guérison rapportée par MM M. Blanchard P Blandin et M Advier [Plague Septicaemia with Ocular Lesion followed by Cure.]—*Bull Soc Path Exot* 1935 May 8. Vol. 28. No. 5 pp 354-356.

A description of a case of plague was given by BLANCHARD BLANDIN and ADVIER which showed a trace of jaundice enlargement of the liver double hypopyon blood culture positive only on the 10th day and final recovery. It is difficult to reconcile these facts. The author has found that blood cultures obtained from guineapigs, and contaminated with bacteriophage show four periods of development—(1) A period of apparent sterility of 36 to 48 hours (2) a period of only a few hours

duration during which the blood culture is feebly positive but cannot be subcultured on agar (3) a new period of apparent sterility which may last from 4 to 20 days, and (4) a period in which a new culture arises, more abundant, capable of subculture and phage-resistant. In these facts may be found the explanation of the case in question. The delay in blood culture would be due to the intervention of bacteriophage, while the jaundice and enlargement of the liver would be due to plague endotoxin set free by lysis of bacteria caused by specific bacteriophage.

W F H

BOYKE (C.) Over de pathologische anatomie der primaire longpest. [Pathological Anatomy of Lung Plague]—*Geneesk. Tijdschr. v. Nederl. Indië* 1935 Apr 2, Vol. 75, No. 7 pp. 564-571. With 2 figs. English summary

Two persons escaped from observation at Bandoeng in the hill region of Java, where plague is endemic and not infrequently pneumonic decamped to Batavia, died there before their illness was recognized and were the cause within a few days of the development of plague pneumonia in three persons with whom they had come in contact. These three persons died of what was a primary pneumonia and not the form which is secondary to bubonic plague.

At the autopsy the pneumonia in two of these persons was found to be lobar and in the third to be largely oedematous but was to all appearance not very haemorrhagic. Lymph nodes at the hilum were enlarged, but again only slightly haemorrhagic. The other organs, too, except for slight bleeding under the epicardium in the gastric mucosa and in the adrenals were not obviously haemorrhagic. The haemorrhagic characters of the condition were much more apparent microscopically but the feature which was most striking was the very large number of plague bacilli in the inflamed supporting tissue of the lung. Epithelium of the small bronchi was but little affected and remained in place. The deduction is made that a primary plague pneumonia can begin with an infection in the connective tissue and not necessarily as a bronchitis. In the pneumonic exudate there was but little fibrin present. One lobe was definitely involved throughout in pneumonia of the same stage and only small pneumonic areas were present in the other lobes. A noticeable feature in these three pneumonias was the comparative absence of a polymorph leucocytic reaction, as if the patients had died of an intoxication before this had time to take place. In none of the three cases was there a typical acute infection of the spleen.

W F H

PRIE (J H Harvey) & GRASSET (E.) Concentrated Anti-Plague Serum.—*Brit. Jl. Experim. Path.* 1935, Apr Vol. 16, No. 2 pp. 128-129.

The method of concentration used was similar to that for anti-bacterial and other sera, a fractional precipitation process with red sulphate. A yield is obtained equal approximately to one-tenth of the original unconcentrated serum. Wild rats were used as test animals and the serum was inoculated intraperitoneally while the testing dose of living plague bacilli was administered subcutaneously some time before, at the same time or 24 hours after. One set of rats received concentrate serum, one set "ordinary" serum and one set no serum.

The minimum lethal dose of plague bacilli was taken as the number which could be relied on regularly to kill a rat in 3 or at most 4 days. A number of the trials is set out for the exemplification of the results obtained which went to show that the concentrated serum was four times as potent as the unconcentrated serum

W F H

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- DUPRAT. Peste bubonique et dératisation.—*Rev Méd et Hyg Trop* 1935 Mar-Apr Vol. 27 No 2. pp 57-78
- FLU (P C). Immunisation des rats contre la peste au moyen de suspensions concentrées de bacilles pesteux virulents lysés par le bactériophage anti pesteux. (2ième communication).—*Acta Leidensia (Scholae Med Tropicae)* 1934 Vol. 9 pp 1-20
- JORGE (Ricardo). Regimento proveitoso contra ha peste negra.—Lisboa, Valentim Fernandes 1496 (?)—Reprinted from *Rev Clinica Hig e Higiologia* Lisbon. 1935 Jan. No 1 pp 4-7
- KELLOGG (W H.). The Plague Situation.—*Amer Jl Public Health* 1935 Mar Vol. 25 No. 3 pp 319-322.
- SCORRER (E. H.). The Deratisation of Ships.—*Jl Roy San Inst* 1935 Jan. Vol. 55 No 7 pp 380-387
- SEYERELICH (A.) & RANJEVA (J). De la nécessité de l'examen des crachats dans un pays où la peste est endémique.—*Bull Soc Path Exot* 1935 June 12. Vol. 28. No 6 pp 541-542
- SILLEVANTIS (Ch.). La propagation de la peste la dératisation et les idées nouvelles.—*Bruxelles Méd* 1935 June 9 Vol. 15 No 32 pp 880-884

## LEPROSY

LEPROSY REVIEW 1935 July Vol. 6, No. 3, pp. 109-141.  
With 9 figs. on 4 plates. Quarterly Publication of the British  
Empire Leprosy Relief Association, 131 Baker Street, London,  
W 1 [2s]

The first article in this number is on the oft described National Leprosarium of the United States by O. E. DICKNEY. For approximately 500 patients 1 143,082 dollars have been spent on construction of the extensive buildings, including patients' quarters, infirmary, recreation building, school and library, administrative building, etc. The daily cost per patient is 2.39 dollars for 350 cases at present, and in fourteen years 801 patients have been admitted. This is the most completely equipped and staffed and also the most costly leper institution in the world.

Leprosy work in the Madras Presidency is dealt with by the medical officer in charge J. J. JOSEPH who points out that the leprosy survey of Dr. Santra in 1829 led to the organization of clinics for early outpatient treatment at low cost of which there are now 400 working with yearly attendances of 903 090 in 1934 at a total cost of three lakhs of rupees (£22,500) in addition to which there are 2,100 inmates of leprosy institutions. An analysis of the results of treatment for three months and over at 107 of the clinics showed symptom free 5 per cent., greatly improved 33.5 per cent., slightly improved 40.5 per cent., leaving only 21 per cent. unimproved. A house-to-house survey in one area revealed 458 cases among 33 037 population and the examination of 44 855 school students showed 483 cases or 10.7 per cent. In 1930 58 000 were registered in the Province by the Public Health Department but treatment at clinics has enabled about 120,000 to be registered. Due attention is paid to propaganda work and efforts to improve the local health conditions by visits and advice. The clinic attendances have more than doubled in two years and the treatment is becoming popular.

A comparative study of the efficacy of intradermal injections of ethyl hydriocarpate and ethyl morrhuate by G. R. RAO in a few selected cases in which each drug was used on one side in symmetrical lesions showed that the hydriocarlates were more effective both in reducing the lesions and the number of lepra bacilli in them, in spite of the morrhuate being the more irritant preparation so it is concluded that the hydriocarlates have some special effect on both the cutaneous and the nerve lesions.

Leprosy in the Leeward and Windward Islands is reported on by R. G. COCHRANE. The Leeward Islands include Dominica, Antigua, Montserrat, St. Kitts and Nevis, of which Dominica and St. Kitts have the highest incidence the last with a rate of 0.8 per cent., and it is noteworthy that in every case of nodular leprosy whose contacts were examined one to three children were found to have become infected. The Windward Islands include St. Vincent, St. Lucia and Grenada, and few cases were found in them. Throughout this area there was a close relationship between poor economical conditions and increased incidence and activity of leprosy, St. Kitts being a marked example of such a combination. Recommendations on the usual lines are made, and the provision of a central leper institute for all these small islands is discussed, but the danger of the removal of the patients far from their

homes leading to harmful hiding of cases is considered to be strong argument in favour of local arrangements. The remaining articles are reprints from other publications. *L. Rogers*

MONTAÑÉS (P) *Leprosy in Spain.—Internal J1 Leprosy* Manila. 1935 Apr-June. Vol. 3 No 2. pp 197-200 With 2 figs. (1 map) Also in Spanish in *Medicina Países Calidos* Madrid 1935 Sept Vol. 8 No 9 pp 445-448. With 2 figs. (1 map)

In 1934 the author collected data of 928 cases of leprosy among the twenty four million people of Spain or nearly 0.04 per mille but he estimated the cases at not less than 2,000 of whom 486 or barely 25 per cent are hospitalized. The principal foci are in the Levante Andalusia Gallego and the Canary Islands. A recent regulation permits isolation of bacteriologically negative cases in their homes and dread of the disease leads to notification and isolation of many cases while open ones can be confined in leprosaria in Alicante and near Barcelona where there is accommodation for 400 cases which could easily be doubled. Chaulmoogra esters and hydnocarpates are used in treatment, together with local applications. Pyramidon is said to give surprising results in the control of reactions. In the last twenty five years only 6.7 per cent. of some 893 Fontilles cases have been released as socially cured without relapse most of those admitted having been in a very advanced stage. Better results are hoped for from treatment at venereal clinics under the recent decree especially if early cases are sought for by epidemiological surveys for the efficacy of the treatment is beyond doubt. *L. R*

OTEIRA Y SETIÉN (Alberto) & TIAN Y DEL RÍO (Francisco R.) *El grave problema de la lepra en Cuba. [The Problem of Leprosy in Cuba.]—Vida Nueva* 1935 June 15 Vol. 35 No 6 pp 301-370 With 12 figs. 1 diagram & 1 chart. [56 refs.]

This is a long article half of it digressing into questions irrelevant to the title. The numbers of deaths from leprosy are given in two tables showing those occurring in Havana itself and those in the interior. From 1902-1916 deaths at the Rincón leprosarium are included the greatest number was in 1911 when 31 deaths occurred in the capital and 53 outside or 9.5 per 100 000 inhabitants in 1916 the figures were only 18 and 33 or 5.2 per 100 000 the lowest since 1910. Subsequent to 1916 deaths in the leprosarium were excluded and deaths in the city have never exceeded three and in the interior 47 in the last two years 1931 and 1932, there was only one each year in the town and 30 outside a rate of 0.18 per 100 000.

In June 1932 an enquiry was started in the Dermatological Division of the Mercedes Hospital and 23 cases were detected 18 men and 5 women 20 were of the nodular form 3 of the nervous 19 were Cubans 4 were foreigners. The preponderance of the nodular type is shown also in the Rincón leprosarium records, 278 out of 387.

The authors interrupt the thread of their article by a digression into the history of leprosy prophylaxis from Babylonian times and accounts of what is and has been done in other countries all over the world. They proceed to apply the knowledge to their own country and to detail the need for compulsory notification segregation under



special conditions treatment propaganda and educational measures epidemiological control, the question of marriage of lepers and the care of their children, and, finally legislative measures, the clauses of a projected enactment being detailed. These are on the usual lines and do not call for comment.

H H S

DIMIX (Orestes) Notas sobre a epidemiologia da lepra familiar em Minas Geraes. [Epidemiology of Family Leprosy in Minas Geraes.]—*Brasil Medico* 1935. June 15. Vol. 49 No. 24 pp. 531-534

A list of 525 lepers registered in Colonia Santa Isabel in 1932 forms the subject of this study. Of these 207 or 39.4 per cent. attributed the infection to leprosy relatives with whom they lived. 84 or 16 per cent. habitually visited lepers living in the neighbourhood. 19 or 3.6 shared rooms or came into close contact with cases. 17 (3.2) vouchsafed the information that they lived near dwellings inhabited by lepers. 4 said that they occupied houses in which lepers had previously lived. 192 or 36.5 per cent. could give no reliable information as to the source. [These together total 523.] Attempt is made to determine the relative frequencies of infection from residence with kinsfolk, e.g. from mother or father to son or daughter uncles and aunts to nephews and nieces, brother to sister etc. but the individual numbers of these are grouped are too small to be of much statistical value.

H H S

PEREIRA (Paulo Cerqueira R.) Contribuição ao estudo da reacção de Bargehr—Allergia e imunidade activa contra a lepra. [Bargehr's Reaction and Leprosy]—*Brasil-Médico* 1935. June 29 Vol. 49 No. 26 pp. 576-587 With 6 figs. [18 refs]

Bargehr's Lepromine is prepared from localized lepromata by cutting them into small pieces, heating them with a little water in a waterbath for 20 minutes to obtain a paste and to this is added phenol to 0.5 per cent. It is used in the same way as tuberculin in the von Pirquet test. As a result of his investigations the author has reached the following conclusions—

1. The lepromine reaction is negative in children up to 2-3 years of age, as they are susceptible to infection. 2. Repeated inoculations transform the negative into a positive reaction and this is proportional to the number of injections. 3. Persons harbouring the bacilli and developing the disease react positively. 4. A positive reaction is probably due to antibodies resulting from contact with Hansen's bacillus. 5. A positive reaction with absence of symptoms in a person in constant contact with lepers denotes allergy and probable immunity.

In brief the findings are analogous with those of von Pirquet in the tuberculous and others exposed to infection.

H H S.

LEPROSY IN INDIA. 1935 Apr Vol. 7 No. 2 pp. 57-108. With 2 figs. & 1 plate. Issued quarterly by the Indian Council of the British Empire Leprosy Relief Association.

The prognosis in leprosy is dealt with by Dr. E. Mura in a valuable article which should be read in the original. He emphasises the natural resistance of healthy adults, the great susceptibility of children, and the effect of small infections in producing acquired immunity.

The value of the leprolin test and the rapidity of red corpuscle sedimentation in estimating the resisting power of patients is next dealt with. He advises that the disease should have remained quiescent for two years before it is considered to be arrested and the patient watched for several years until the reaction to Hansen leprolin becomes stronger than that to Stefansky leprolin. In resistant cases the necessary period of treatment and observation is much shorter. The loss of thickening of the affected skin reduction in the size and tenderness of nerves and in the extent of anaesthesia are favourable signs.

J RODRIGUEZ records results of leprosy treatment at different age periods at the children's treatment station in the Philippines with chaulmoogra preparations in bacteriologically positive cases. At the age of puberty between 13 and 17 years the results were less satisfactory than before or after for the relapses were 58.7 per cent. at that period against 49 and 48 per cent. respectively at earlier and later ages. He also considers that relapses at or before the age of puberty are more difficult to control than at later ages.

G. R. RAO reports on the leprolin test in early cases. He finds that purely neural cases without active symptoms show a fairly strong reaction to Hansen leprolin indicating resistance and these may then be considered symptom free or arrested cases but if nerve cases show a stronger reaction to Stefansky than to Hansen leprolin they may be considered to be potential cutaneous bacterially positive cases. K BHATTACHERJI deals with the same subject and states that a positive leprolin reaction consists in the formation of a small nodule at the site of injection after two to four weeks. The higher the resisting powers of the patient the stronger will be the Hansen reaction and *vice versa* so the test may be of value in regulating treatment.

The other contents of this number are of local interest such as a successful leper day in Bihar and local reports of clinics etc. L R

BUITELAAR (L.) *Leprosy among the Sa dan-Toradja's.* [Leprosy among the Sa dan-Toradja's.]—*Geneesk Tijdschr v Nederl Indië* 1935 July 22. Vol. 75 No 15 pp. 1211-1222. With 4 figs. on 2 plates.

In this article the author on his own statement does not claim to have brought forward any new facts or theories. It is simply the record of an investigation among a primitive people of the Island of Celebes. His object in making the investigation was to pave the way for setting up a leper hospital. The Toradja people who are here concerned, number 191 000 their food is rice with a sufficient vitamin content green vegetables and fish but very little meat. Clothing and housing are of simple type as also are the sleeping and the sanitary arrangements. The Toradja man is quite aware that infection occurs by personal contact although he also believes in water borne transmission. In some parts the married persons desert one another upon the onset of leprosy but not in others. Of 185 lepers of marriageable age it was found that 77 were married 21 unmarried 67 separated and 20 were widows. The author discovered 204 lepers in 19 districts with a total of 163,288 inhabitants but considers that the real total would be at least three times this number or all over about 3½ per mille. The age distribution of these lepers worked out at 6-15 years 2 per cent. 16-25 years 10 per cent. 26-35 years 24 per cent. and 36 years or over 64 per cent. A bacteriological examination of 115 cases of pure skin

leprosy showed that the positive percentages were for nasal mucus, exudative serum and thick blood drop 80.68 and 28 respectively and that by one or other method a positive result was obtained for 101 out of the 115. An unusually high positive result was also obtained for cases of nerve leprosy—23.12 and 5 per cent. in the examinations of nasal mucus, exudative serum and thick blood drop respectively. The question of infection by contact was investigated in 194 persons giving the figures 35.27 and 38 per cent. for contact with family members, strangers and no known person respectively. A still more specific enquiry furnished the unexpected result that infection was traceable in greater degree to the father than the mother of a family. In the course of his tour which was only of the nature of survey the author took the opportunity as a method of propaganda, to treat all leprosy with one injection of ethyl ester and a handful of chaulmoogra pills.

W. F. Harvey

HUIZENGA (Lee S.) History of Leprosy in China.—*Reports National Quarantine Service* Shanghai, China, 1934. Ser. 5. pp. 88-106. With 1 map [15 refs.]

Evidence is given in this note that leprosy was probably present in China 5000 years ago in the time of Confucius, while a good description of the disease is on record in a work of about 610 A.D.

L. R.

WILSON (R. M.) Sterilization and Marriage of Lepers.—*Internal J. Leprosy* Manila, 1935. Apr.-June. Vol. 3. No. 2. pp. 201-204

Owing to the separation of the sexes and prohibition of marriage in leper institutions many illegitimate children are born and become very liable to infection. Further many suitable cases refuse to stay in institutions if not allowed to marry but live a married life in crops and have many children half of whom contract leprosy from their parents thus perpetuating the disease. To meet this very real difficulty a self-supporting colony has been started by the author at the Korea Leper Colony under his charge by allowing couples to marry after the male partner has been sterilized by the very simple operation of vasectomy but they are allowed to adopt a child from the colony as the desire of Koreans to have a son is almost a religion. Help is given to enable them to build a house with land to cultivate, and at the end of a year's trial the experiment was working most successfully and the cost of maintenance of the couples was only one-fourth of the average.

L. R.

JIMENEZ RIVERO (Miguel) La intradermoreacción a la histamina en el diagnóstico precoz de las manchas leprosimas. [The Intradermal Histamine Test in the Early Diagnosis of Macular Leprosy].—*Rev. Med. de Caracas*, 1935. Feb. 28. Vol. 42. No. 4. pp. 55-60

The later stages of maculo-anæsthetic leprosy are usually diagnosed without difficulty. Far otherwise may it be in the early stages, with possibly atypical lesions. The author tried the histamine method of Rodríguez and Plantilla on early cases. Histamine is a vaso-dilator and its action depends on this. The effects of intradermal injections of

0.1 cc. are first the production of a local erythema appearing in 15-20 seconds then a papule, raised and oedematous and causing localized anaesthesia in 2-3 minutes and thirdly if the nerve-twigs are intact a reflex erythema at the periphery of the oedema which recedes after a few minutes.

In macular leprosy in a minute or so after injection a small papule with oedema appears 1-2 millimetres in diameter and increasing to its maximum of 1 cm. in five minutes but without itching and without any erythematous halo This is the important feature or more strictly its absence constitutes the importance of the test for in the healthy skin there develops a reddish halo 1-4 cm. in diameter in 30-60 seconds then a papule with itching like that following a mosquito bite lasting for  $\frac{1}{2}$ -1 hour

If the reaction is positive, i.e. erythema, papule oedema up to 1 cm only no itching and no red halo the inference can be drawn that the bacilli have invaded the nerve endings causing their degeneration and that the macular patch is undoubtedly leprosy.

The author gives brief notes of 13 cases so tested at the Asylum of Cabo Blanco H H S

HOFFMANN (W H) Los gránulos intracelulares del virus de la lepra. [Intracellular Granules in Leprosy]—Reprinted from *Rev Med y Cirug Habana* 1935 Vol. 39 No 11 pp 709-718.

A child of 11 years suffering from leprosy came under the observation of the author In stained smears of the secretion of superficial lesions of the hand he noticed small acid fast granules in the cytoplasm of leucocytes although he did not meet with typical forms of the lepra bacillus. These granules were less acid fast than the bacillus and the author regards them as young forms or an early stage of the typical organism which have not the acid fast property fully developed. They were all of the same size and form and not merely (so he maintains) phagocytosed fragments of disintegrating bacilli, but examples of intracellular proliferation of young forms of the organisms—an intracellular phase in the evolutionary cycle of *Mycobacterium leprae*. They are he states diagnostic of leprosy and are of great value in cases in which the grown organism is not found. He is of the opinion that the frequent failures at cultivation of Hansen's bacillus are ascribable to the fact that investigators have started with the adult fully grown or degenerating forms instead of with these young granular developing forms. He accounts for the long latent incubation period of leprosy by suggesting that the intraleucocytic proliferation influences antibody production.

H H S

MOSTERT (H. v R.) Leprosy Some Aspects of Modern Research.—*South African Med J* 1935 July 13 Vol. 9 No 13. pp 459-463. [21 refs.]

This is mainly an historical and general consideration of the leprosy problem at the present day but contains some South African experience. Thus, he records that the probable source of infection was traced in 372 cases of which 64 per cent. were house infective and all the remaining 36 per cent. gave a history of previous close association with a leper. The age factor is illustrated by the fact that 230 (54 per cent) of 428 children of lepers contracted the disease and 78 per cent. of all

leprosy showed that the positive percentages were, for nasal mucosa, exudative serum and thick blood drop 80 68 and 28 respectively and that by one or other method a positive result was obtained for 171 out of the 115. An unusually high positive result was also obtained for cases of nerve leprosy—23 12 and 5 per cent. in the examinations of nasal mucosa, exudative serum and thick blood drop respectively. The question of infection by contact was investigated in 194 persons among the figures 35 27 and 38 per cent. for contact with family members, strangers and no known person respectively. A still more specific enquiry furnished the unexpected result that infection was traced in greater degree to the father than the mother of a family. In the course of his tour which was only of the nature of survey the author took the opportunity as a method of propaganda, to treat all lepers with one injection of ethyl ester and a handful of chaulmoogra pills.

W. F. ELLIS

HUZZINGA (Lee S.). *History of Leprosy in China*.—*Reports of the Quarantine Service* Shanghai, China. 1934. Ser. 5. pp. 8-108. With 1 map. [15 refs.]

Evidence is given in this note that leprosy was probably present in China 5,000 years ago in the time of Confucius, while a good description of the disease is on record in a work of about 610 A.D.

L. L.

WILSON (R. M.). *Sterilization and Marriage of Lepers*.—*Journal of Leprosy* Manila. 1935. Apr-June. Vol. 3. No. 2. pp. 201-264.

Owing to the separation of the sexes and prohibition of marriage leper institutions many illegitimate children are born and become vulnerable to infection. Further many suitable cases refuse to enter institutions if not allowed to marry but live a married life in secret and have many children, half of whom contract leprosy from the parents thus perpetuating the disease. To meet this very serious difficulty a self-supporting colony has been started by the author—the Korea Leper Colony under his charge by allowing couples to marry after the male partner has been sterilized by the very simple operation of vasectomy but they are allowed to adopt a child from the colony as the desire of Koreans to have a son is almost a religion. Efforts are given to enable them to build a house with land to cultivate, and at the end of a year a trial the experiment was working most successfully and the cost of maintenance of the couples was only one-third of the average.

L. L.

JIMENEZ RIVERO (Niguel). *La intradermoreacción a la histamina en el diagnóstico precoz de las manchas leprosas*. [The Intradermal Histamine Test in the Early Diagnosis of Macular Leprosy].—*Med. de Carreras*. 1935. Feb. 23. Vol. 42. No. 4. pp. 55-68.

The later stages of maculo-anæsthetic leprosy are usually diagnosed without difficulty. Far otherwise may it be in the early stages with possibly atypical lesions. The author tried the histamine method of Rodríguez and Plantilla on early cases. Histamine is a vasodilator and its action depends on this. The effects of intradermal injection of

not more than one dollar per month each. A nurse should follow up the cases to their homes and advise preventive measures against infection. Voluntary settlements for advanced infectious cases are also of value, but when early treatment is generally available the very existence of advanced cases will in future be looked upon as a disgrace to the medical profession.

L. R.

LOEWENSTEIN (E.) Die Bekämpfung der Lepra auf Grund der neuesten Forschung [The Campaign against Leprosy]—Wien *Klin. Woch.* 1935 Apr 26 Vol. 48. No 17 pp 519-523

This general account of the struggle against leprosy contains nothing new. The author estimates the world's lepers at 4 000 000. He once more emphasizes the diagnostic importance of finding lepra bacilli in the blood.

L. R.

SUSSI (Miguel) ROBERTO PASO (Juan) & PUENTE (José J.) Organización de la lucha antileprosa en la República Argentina. [The Leprosy Campaign in the Argentine Republic.]—*Semana Méd.* 1935 May 9 Vol. 42. No 19 (2156) pp 1335-1342. With 1 map & 4 figs.

The number of lepers recorded at the National Department of Hygiene is increasing. In 1906 there were 724 in 1934 2,959 of these 621 are in Santa Fe, 614 in Capital Federal, 339 in Corrientes 317 in Buenos Aires and 297 in Córdoba. In short 88 per cent. of the cases are in littoral provinces 11 in the central provinces and only about 1 per cent. in the mountainous districts. It must be borne in mind that this figure of 2,959 represents those actually known to the Health Department there are others seen by medical men but not notified, others are under no medical care others have been wrongly diagnosed, and the above total is therefore only indicative of the true prevalence which is very probably double or treble this.

The usual lines are laid down for dealing with the problem, according as the cases are in an early or advanced stage—the erection of dispensaries establishment of leper colonies. Detailed general plans of such a colony are among the illustrations others depicting a perspective view of the whole, and plans of the administration and treatment blocks. The general plan would be instructive but unfortunately is printed too faintly for reproduction [incidentally it has been printed upside down]. That of the perspective view is good, but without the other cannot be interpreted.

H H S

LEFROU (G.) & DES ESSARTS (J. Quétrange) Le problème de la lèpre tuberculoïde premier et second mémoires. [Tuberculoïd Leprosy]—*Bull. Soc. Path. Exot.* 1935. Apr 10 Vol. 28. No 4 pp. 301-316 [14 refs.]

This paper describes some cases of tuberculoïd leprosy and discusses the condition. After referring to earlier literature the author states that cases can only be recognized by microscopical examinations showing the special giant celled structure with few or no lepra bacilli.

L. R.

WADE (H. W.) Tuberculoid Changes in Leprosy IV Classification of Tuberculoid Leprosy.—*Internat. Jl. Leprosy* Manila. 1935. Apr-June. Vol. 3. No. 2. pp. 121-136. With 1 fig. (3 refs.)

The difficulty in classifying the tuberculoid form of leprosy is discussed, and it is pointed out that it was not dealt with in that recommended by the Memorial Conference in Manila, as the author only met with cases in a subsequent world tour in Japan, South Africa and India. He goes on to consider Japanese objections to the Manila classification, where tuberculoid cases are classed as a type of the macular form, and in South Africa as maculo-anaesthetic. The cases are benign and favourable with negative bacteriological findings, and histologically show non-lepromatous lesions with an extraordinary degree of reaction to the very few bacilli present. It is therefore considered that they should be classed as neural in a special sub-type to be indicated by the symbol Nt.

L. R.

HARROWER (Gordon). Anhum Disease and the Anesthetic Type of Leprosy.—*Trans. Roy. Soc. Trop. Med. & Hyg.* 1935. June 29. Vol. 29. No. 1. pp. 73-76. With 3 figs.

The author records cases of anhum somewhat resembling nerve leprosy.

L. R.

LARA (C. B.) & DE VERA (B.) Early Leprosy in Infants born of Leprous Parents With Report of Cases.—*Jl. Philippines Islands Med. Assoc.* 1935. May. Vol. 15. No. 5. pp. 253-260. With 4 plates.

Five cases of very early lesions in the children of lepers are described. In ten consecutive such cases seen at Cullion in seven years a leprotic papule was observed in seven at ages between 15 months to 5½ years, and in the other three a reddish slightly raised macule was first noted, all being positive bacteriologically. In five of the ten cases two to six lesions were found simultaneously but not grouped together. The papules were from the size of a pin's head to 2 to 3 millimetres in diameter slightly flattened and fairly sharply defined. These early lesions tended to subside spontaneously but resolved somewhat more rapidly under antileprotic treatment. Photos of some of the cases are published.

L. R.

RIBEIRO (Léonidio). La lèpre est capable d'altérer les dessins papillaires des empreintes digitales. (Changes in Finger Prints due to Leprosy).—*Internat. Jl. Leprosy* Manila. 1935. Apr-June. Vol. 3. No. 2. pp. 185-196. With 8 figs. on 2 plates.

Illustrations are reproduced to demonstrate that leprosy lesions are able to produce complete alterations in the finger-prints of patients whose prints were available before their illness. Microscopical examinations showed that the changes were not due to atrophy but to active lepromatous infiltration with the presence of lepra bacilli.

L. R.

ITAKURA (Teiju) Zahnärztliche Untersuchungen bei Leprakranken  
 II. Bericht Klinische Untersuchungen ueber Pyorrhoea  
 alveolaris bei leprakranken Formosachinesen (Fokien-Stamm)  
 [Pyorrhoea in Leprosy]—*Taiwan Igakki Zasshi* [Jl Med Assoc  
 Formosa] 1935 June No 6 (363) [In Japanese. pp 827-  
 834 German summary p 835 23 refs.]

This brief note records that pyorrhoea was met with in 52 per cent.  
 of leprosy cases and was more common in nodular than in nerve cases  
 and in women than in men. It was also more frequent in lepers than in  
 non-lepers. L. R

LAMPE (P. H. J.) & DE MOOR (C. E.) Ratten-lepra. [Rat Leprosy]—  
*Gonessk. Tijdschr v Nederl Indië* 1935 Apr 16. Vol. 75  
 No 8. pp. 634-654 With 7 figs. on 2 plates. English summary

The authors report their observations on rat leprosy in the Dutch  
 East Indies. The diagnosis must be based on bacteriological examina-  
 tions of the lymph nodes which they have done in 5 000 trapped rats  
 with from 5 to 25 per cent. positive results in different species of rats  
 the highest being in *R. concolor* and *R. norvegicus*. In 185 out of 500  
 naturally infected rats only the glands were involved 10 per cent. of  
 them showing many large colonies of bacilli. Superficial skin lesions  
 were noted in 14 animals, so they regard the disease as a latent, but  
 progressive one. The geographical distribution shows the disease to  
 be world-wide if carefully sought for and they suggest that what was  
 originally a common saprophyte has secondarily adapted itself to the  
 animal kingdom. L. R

BADGER (L. F.) & SEBRELL (W. H.) Leprosy The Effect of a Vitamin  
 B<sub>1</sub> Deficient Diet on the Incubation Period of Rat Leprosy.—*Public  
 Health Rep* 1935 June 28. Vol. 50 No 28. pp 855-863

Four experiments have been conducted in which white rats on a  
 vitamin B<sub>1</sub> deficient diet and rats on a control diet have been inoculated,  
 subcutaneously with rat leprosy

The incubation period of rat leprosy in the rats on the vitamin B<sub>1</sub>  
 deficient diet was appreciably shorter than in the rats on the control  
 diet.

In two experiments white rats on a vitamin B<sub>1</sub> deficient diet were  
 inoculated, subcutaneously with human leprosy material. Local  
 lesions were produced which have continued to increase in size.

L. R

DEMANEX (Mario-Lucie) Recherches sur la lèpre murine et le bacille  
 Duval 514 [Rat Leprosy and Duval's Bacillus 514.]—*Ann Soc.  
 Belge de Méd Trop* 1935 Mar 31 Vol. 15 No 1 pp 31-  
 37

This paper first deals with the feeding of fish with the organs of rat  
 leprosy with negative results as regards inducing infection of the fish,  
 although acid-fast bacilli were found in the intestines one month after.  
 Next leprosy rats were infested with lice, and after the death of the rat  
 healthy ones were placed in the jar but although lice were found on  
 them they did not become infected with rat leprosy. Other experi-  
 ments confirmed previous work showing that the injection of acetone



extracts of tubercle bacilli rendered rabbits temporarily susceptible to rat leprosy. Lastly the acid fast bacillus of Durrall 814 was found not to become infective to rabbits injected with acetone extracts of tubercle bacilli. L. R.

PAUDRONNE (R. O.) Résistance des bacilles de Steffansky aux rayons ultra violets. [Resistance of Steffansky's Bacillus to Ultra-Violet Rays.]—*C. R. Soc. Biol.* 1935 Vol. 119 No. 27 pp. 1835-1836

The action of ultra violet rays in destroying the vitality of Steffansky's rat leprosy bacillus has been tested, and irradiation by a vapor mercury lamp at a distance of 20 cm. for not less than two minutes was found to render them harmless on injection into rats. L. R.

ONTAWARA (T.) KAWAMURA (M.) ICHIHARA (Tsunoo). Studien der Lepra. II. Mitteilung. Wie reagiert der Lepraerke auf die intrakutane Injektion von Rattenlepra-bazillen? [ONTAWARA & KAWAMURA]—*Zent. f. Bakt. I. Abt. Orig.* 1935. July 21 Vol. 134 No. 5/6, pp. 312-315. III. Mitteilung. Das Verhalten der Geschlechtsdrüsen den Rattenlepra-bazillen gegenüber. [Bacilli of Rat Leprosy] [ONTAWARA & ICHIHARA].—*ibid.* pp. 316-318.

These workers have studied the occurrence of rat leprosy bacilli in the genital glands and they found in rats with skin leprosy lesions these glands to be infected in 40 per cent. of males and 45 per cent. of female animals and when the lymph glands were involved by the disease the male sexual glands were bacteriologically positive in 75 per cent. and the female glands in 26 per cent. These data show less frequent involvement in rat than in human leprosy. L. R.

WALKER (Ernest Linwood) & SWENNEY (Marion S.) Cultivation of Facultative Acid-fast Bacteria from Filtrates of Rat Leprosy and of Human Leprosy.—*J. Infect. Dis.* 1935 Mar-Apr Vol. 58 No. 2 pp. 97-100 (11 refs.)

After a brief account of earlier literature on the cultivation of acid-fast bacilli from filtrates of human and rat leprosy material the authors record their own experiments. Using emulsions of human leprosy material passed through a Berkefeld V candle, they obtained one positive culture of acid-fast bacilli out of two and with similar rat leprosy material passed through Satz, Berkefeld N and R and Chamberland I<sub>2</sub> and I<sub>3</sub> filters at a pressure of about 20 cm. of mercury positive results were got in 17 out of 52 tests. They do not, however, consider that these results support the claims of Markham and others of the existence of an "ultravirus" stage of the leprosy organism, for they had previously demonstrated that a few acid-fast bacilli may pass through such filters even when control tests show that *C. parvulus* is retained by them. They consider these results support the view that Hansen's bacillus may be a transient stage of the several types of pleomorphic and facultative acid-fast bacteria that have been repeatedly cultivated from human leprosy. L. R.

WATANABE (Yoshimasa) Experimental Studies on Animals concerning Leprosy Report II. Inoculation Tests with Human Leprosy (Part I) — *Kitasato Arch Experim. Med* 1935 Apr Vol. 12. No 2. pp 139-153

Experimental inoculations of rats with human leprosy tissue are recorded. Subcutaneous inoculations were followed by cellular and connective tissue formation, with some giant cells and acid fast bacteria, but no lepra cells but the nodules healed and the bacilli disappeared in 71 to 400 days. Intravenous inoculations produced no nodules or other changes. Eye inoculations produced only temporary inflammation and nodule formation without any leprosy changes. The degree of reaction is in proportion to the amount of material injected. L. R

HISAMUCHI (Y) Early Tissue Reactions in the Lungs of Rabbits after Intravenous Injections of Acid-fast Bacilli. Part 5 Experiments with Dr Ota's So-called Acid-fast Bacilli of Human Leprosy. — *J Oriental Med* 1935 May Vol. 22. No 5 [In Japanese English summary pp. 69-70]

The early tissue reactions of the lung to intravenous injections of human lepra bacilli is reported on Ota's so-called acid-fast bacilli of leprosy being used. After phagocytosis of the bacilli monocytes formed a tubercle with considerable thickening of the alveolar septa. After seven days the bacilli could not be obtained and after a month the tubercle was no longer recognizable. L. R

MANALANG (C.) The Pathogenesis, Etiology Transmission and Epidemiology of Leprosy — Reprinted from *Rev Filipina de Med y Farmacia* 1935 July Vol. 26. No 7 pp. 285-288.

In this note the author once more states his hypothesis that leprosy is caused by an invisible virus which later develops into acid-fast bacilli

L. R

VAUDREMER (A.) & BRUN (C) La culture du bacille de Hansen [Cultivation of Hansen's Bacillus.] — *Bull Acad Méd* 1935 June 25 99th Year 3rd Ser Vol. 113 No 24 pp 905-914

Seven years work on the cultivation of the lepra bacillus is recorded. Media employed in cultivating the tubercle bacillus were used, with the addition of filtrates through Chamberland L3 bougies of cultures of *Aspergillus fumigatus*. Rather dissected out sterile lepromas or the blood of leper patients taken during a febrile attack were employed. Lepromas taken during such a febrile reaction gave positive cultures in four cases but three taken during quiescence of the disease were negative. A piece of the spleen from a post-mortem on a leper 30 hours after death was also used. After 15 to 30 days a Gram-positive pseudomonococcus appeared in the cultures but it produced no signs of meningitis on intraspinal injection in rabbits so it is regarded as a stage in the development of Hansen's bacillus, for it was succeeded by a stage of fine granular cyanophilic bacilli and later by innumerable acid-fast bacilli which in one case appeared as early as the third day

extracts of tubercle bacilli rendered rabbits temporarily susceptible to rat leprosy. Lastly the acid fast bacillus of Duval 514 was found not to become infective to rabbits injected with acetone extracts of tubercle bacilli. L. R.

PRUDHOMME (R. O.) Résistance des bacilles de Stéfanisky aux rayons ultra violets. [Resistance of Stefansky's Bacillus to Ultra-Violet Rays.]—C R Soc Biol 1935 Vol 119 No. 27 pp 1323-1330.

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WALKER (Ernest Linwood) & SWENNEY (Marion S.) Cultivation of Facultative Acid-fast Bacteria from Filtrates of Rat Leprosy and of Human Leprosy.—Jl Infect Dis. 1935. Mar-Apr Vol 51 No 2 pp 97-100 [11 refs.]

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BIER (Otto G.) & ARNOLD (Käte) Ueber die Serologie der Lepra. I Die Spezifität und Sensibilität der Rubino-Reaktion Untersuchungen ueber den Mechanismus der Reaktion. II Komple-mentbindung bei Lepra mit dem Tuberkulose-Antigen von Witebsky Klingenstein und Kuhn. III Die serologische Differential diagnose zwischen Syphilis und Lepra. [Serum Reactions in Leprosy]—*Arch f Schiff's- u. Trop Hyg* 1935 June. Vol. 39 No 6 pp 231-238 236-238 238-241 [14 refs.]

The authors arrive at the following conclusions from their serological studies. I The Rubino reaction in 327 leprosy cases gave positive results in 29.3 per cent. of pure nerve cases in 41.7 of the maculo-anaesthetic type in 58.5 of mixed cases in 66.6 of nodular and in 13.8 per cent. of incipient cases. In 945 control cases only 0.1 per cent. were positive. In mixed cases the proportion of reactions increases with degree of involvement of the skin and varies from 20-42 per cent. in  $C_1$  to 50-67 per cent. in  $C_2$  cases.

II. Complement fixation in leprosy with the tubercle antigen of Witebsky Klingenstein and Kuhn furnishes reactions that are of considerable diagnostic value.

III The serological differentiation between leprosy and syphilis is dealt with in this section and the authors conclude that leprosy sera can give complement deviation with tubercle and streptothrix antigens. Complement deviation with Witebsky and Gomes antigens give with leprosy effective antigen reactions of the same kind as in tubercle.

L R

SOULE (M H) The Wassermann Reaction and the Kahn Test in Leprosy—*Internat J Leprosy* Manila 1935 Apr-June. Vol. 3 No 2. pp 181-194 [22 refs.]

The sera of 615 patients with more or less advanced cutaneous leprosy and 54 other cases with severe lepra reaction were tested by both the Kolmer Wassermann and the Kahn procedures for syphilis. The group had been carefully selected, and comprised only individuals whose clinical examinations and case histories failed to reveal evidence of syphilis or yaws.

Of the 615 sera from cases without lepra reaction the Wassermann test gave 109 strongly positive and 5 positive, a total of 18.5 per cent. as compared with 121 strongly positive and 70 positive a total of 31 per cent. reactors with the method of Kahn.

Of the 54 sera of patients undergoing severe lepra reaction 18 were strongly positive and 1 positive with the Wassermann test and 18 strongly positive with the Kahn 35.2 per cent. and 33.4 per cent. respectively.

This study adduces considerable evidence that leprosy *per se* is responsible for the positive reactions.

L R

STEIN (A. A.) Lepra Reaction and Meteorotropism.—*Internat J Leprosy* Manila. 1935 Apr-June. Vol. 3 No 2. pp 137-152. With 6 figs. [25 refs.]

1 The occurrence of exacerbation of leprosy processes depends upon changes in the atmospheric conditions.

2. There is no relation between exacerbation and the annual or monthly temperatures, the barometric pressure, rainfall or winds.

3. Exacerbations occur in a region with the passage of variable layers of different systems (cyclones, anticyclones, etc.)

4. The greatest number of exacerbations (73 per cent. of my cases) occurred during the passage of cyclones and occluded cyclones.

5. The greatest number of exacerbations were observed during the passage of the warm front of cyclones (44 per cent.) and next the cold front (29 per cent.)

6. In cold seasons exacerbations prevail when the warm front acts in and to the contrary in the warm season when the cold front passes.

7. Multiple cases of exacerbation are more numerous and appear more frequently in winter.

8. In stable weather only a small number of cases of exacerbation was observed (7 per cent.) they appeared only as isolated cases.

9. The exacerbations of leprosy processes appear not only on the day the variable layer passes, but also on the previous day." L. R.

LAGROSA (M) & IGNACIO (J) Observations on Some Effects of Intradermal Injection of Certain Esters of Different Degrees of Saturation.—*Jl Philippine Islands Med Assoc* 1935. Apr. Vol. 15 No. 4 pp 220-232.

Intradermal injections were made in thirty selected cases with symmetrical lesions using moderately unsaturated *Hydnocarpus* riphaeus esters, highly unsaturated cod-liver oil esters, slightly unsaturated olive oil esters and practically unsaturated ethyl stearate. Observations were continued for a year with clinical and bacteriological examination at from one to two months intervals. The results showed no definite relationship between the degree of unsaturation and the results, for with the *Hydnocarpus* and cod-liver oil preparations all showed clinical improvement with the olive-oil esters 72-8 per cent. improved and with ethyl stearate 80 per cent. while only 40 to 45 per cent. of control uninjected areas clinically improved. Bacteriologically the *Hydnocarpus* esters showed most improvement, with ethyl stearate a close second, cod liver oil a fair third, and very little advantage from the olive oil preparation as compared with the controls. Further evidence is thus furnished of the superiority of the *Hydnocarpus* preparations.

L. R.

LAGROSA (M), TRONC (J. O) & DUBOIS (D) Further Observations on the Course of the Anaesthesia following Antileprotic Intradermal Injections.—*Jl Philippine Islands Med Assoc* 1935. Jan. Vol. 15 No. 6 pp 312-318.

The authors confirm their previous experience of the beneficial effects of intradermal injections of iodized *Hydnocarpus* riphaeus esters on the anaesthesia of leprosy. There was relatively greater proportionate improvement in treated than in control areas in twenty-five patients with symmetrical lesions, who were also given intramuscular injections of the drug after eight months treatment followed by suspension for two or three months. 88 per cent. of the treated improved against 52 per cent. of the control areas. Injections of ethyl oleate and normal saline showed 75 per cent. improved against 41 per cent.

of controls this is attributed to the mild trauma and irritation produced. A combination of subcutaneous intramuscular and intradermal injection is advised. L. R.

KEIL (Ernst) Zur Behandlung der Lepra mit Jod Antileprol. [Treatment of Leprosy by Iodized Antileprol.]—*Arch f Schiffs u Trop Hyg* 1935 May Vol. 39 No 5 pp. 188-199 With 6 figs. [14 refs]

The author deals with treatment by the iodized chaulmoogra esters first introduced by COLE in the Philippines but he advocates the addition to the esters of 10 per cent instead of  $\frac{1}{2}$  per cent. iodine and gives from  $\frac{1}{4}$  to 3 cc. once or twice weekly largely by the intradermal method. He warns that a rise of temperature or congestive dermal reactions are contraindications for continued treatment. Of 273 cases 110 were treated for over one year and 163 for over two years and 20 per cent. were cutaneous, 57 neural and 23 per cent. mixed cases. 21 per cent. were early and 75 per cent. more advanced. The results were that 13 per cent. became negative bacteriologically 44 showed clear improvement 41 were stationary and 2 per cent. became worse. L. R.

GRIMES (Ch.) CLUZET & MINEC Note préliminaire sur un essai de traitement de la lèpre à Madagascar par le violet de gentiane [Treatment of Leprosy with Gentian Violet.]—*Bull Soc Path Exot* 1935 June 12. Vol. 28. No 6 pp 415-416

The authors report a trial of intravenous injections of 3 mgm per kilo of gentian violet in 1 per cent. solution intravenously twice a week without any toxic symptoms. In 35 cases a series of 24 injections produced effects on the nerve symptoms in the form of healing of ulcers diminution of paralysis of the hand muscles and of erythematous and depigmented patches and of anaesthesia. It is too early to say if the effects will be lasting. L. R.

DELANOE (E.) Le bleu de méthylène compris dans le traitement mixte de la lèpre. [Methylene-Blue in Leprosy]—*Bull Soc. Path Exot* 1935 May 8 Vol. 28. No 5 pp 348-353

Two cases are recorded treated by injections of methylene blue. The staining of the leprous lesions is regarded as a valuable diagnostic aid in the case of hyperplastic lesions only but the vitality of the lepra bacilli does not seem to have been impaired. M. MARCHOUX pointed out that the six injections used would not suffice to test the value of the dye. L. R.

FERNANDEZ (José M. M.) & SCHUYMAN (Salomón) El empleo de las anilinas en el tratamiento de la reacción leprosa. [Aniline Dyes in the Treatment of the Leprous Reaction.]—*Rev Leprológica de São Paulo* 1935 June. Vol. 2. No 2. pp. 79-85

MUIR and CHATTERJI have recommended the use of mercurochrome in cases with leprous reaction and the authors have tested this and fluorescin and eosin for the same condition.

Mercurochrome contains between 20 and 25 per cent. metallic mercury and also a certain proportion of fluorescin. It has been employed

as an antiseptic for a considerable time and in leprosy MORA and CHATTERJI attribute a threefold action to it (1) on concomitant sepsis, (2) on the allergic state, the leprosy reaction, and (3) provoking secess and resolution of lepromata. The authors used a 1 per cent solution in fresh distilled water giving 3 cc. intravenously and 3-4 days later 5-8 cc. and thereafter 10 cc. weekly according to the degree of tolerance and the results obtained. Signs of intolerance are stomatitis, gastrointestinal disturbance rise of temperature and sometimes shivering immediately following the first injection, but as a rule the drug is well tolerated. Of 18 patients so treated, 6 were greatly benefited, 4 partially in 3 the result was doubtful, and in 3 its use failed altogether.

Fluorescein was used in doses of 10 cc. intravenously every 4 days, the strength of solution being 2 per cent freshly prepared, filtered and sterilized. Eleven patients so treated showed perfect tolerance, but in 3 only who presented linitis or acute ocular symptoms of the leprosy reaction did it succeed and in them the improvement was immediate.

The authors used eosin in a 2 per cent strength in distilled water, 10 cc. intravenously every 4 days. Seven patients were treated but though none showed any signs of intolerance none received any benefit from it. H. H. S.

TISSEROT (J) Essai de traitement de tuberculose de la lèpre par la crisalbine [Treatment of Tuberculous Leprosy with Crisalbine].—*Bull. Soc. Path. Exot.* 1935 May 8. Vol. 28. No. 5. pp. 346-348. With 2 figs.

The author reports that although others have been unsuccessful in treating leprosy with gold preparations he has found crisalbine in a total amount of 5 gm. in two series of weekly 10 cgm. doses had a good effect in a tuberculous case in which hyrganol had failed. L. R.

DUBOIS (A) WESTERLINCK (H.) & DEGOTTE (J). Essai thérapeutique dans la lèpre le manganyle. [Manganyle in the Treatment of Leprosy].—*Ann. Soc. Belge de Méd. Trop.* 1935. Mar. 21. Vol. 15. No. 1. pp. 19-23.

The author reports a trial of the manganese preparation Manganyle in 25 cgm. doses intravenously without toxic symptoms. One patient died under circumstances not determined. Three maculo-nervous and two nodular cases did not show any active results of the treatment, but larger doses will be tried. L. R.

ROUSSEL (J. N.) Leprosy—a Report of Twenty-seven Cases treated with Anthrax Vaccine.—*Jl. Trop. Med. & Hyg.* 1935. June 1. Vol. 38. No. 11. pp. 153-156. Also in *Southern Med. Jl.* 1935. Aug. Vol. 28. No. 8. pp. 730-735.

Seventeen maculo-anæsthetic and 9 nodular leprosy cases have been treated in New Orleans by a vaccine made in Philadelphia said to contain living attenuated spore-bearing anthrax bacilli, of which over 700 injections were given without ill effects. No improvement was noted in the nodular cases, but the nerve cases are said to have benefited in the way of fading of the lesions in two-thirds of them, commencing two or three months after the injections were stopped. L. R.

SORLEY (J T) The Use of Brilliant Green Intravenously in the Treatment of Leprosy.—*West African Med JI* 1934 Oct. Vol. 8 No 2 pp 13-14

Brilliant green was given in much smaller and less toxic doses than used by G. A. RYKIE, namely 3 cc. of a 1 per cent. solution twice weekly for three months in 24 cases. No bacterial or sedimentation improvement was obtained but there seemed to be considerable clinical improvement. L. R

DE LA PLAZA (G) VEGAS (M) & GOMEZ (B) La neurotoxina de Cascabel (*Crotalus terrificus*) en las algias del brote nervioso en la lepra. [The Treatment of Crises of Nervous Leprosy with *Crotalus* Toxin].—*Rev Polidinica Caracas* 1935 Apr No 21 pp 1397-1402.

[The term crisis (algia) is employed here in the same sense as in tabes dorsalis for exacerbations of pain neuritic arthralgic etc., such as occur in leprosy] The neurotoxin of *Crotalus terrificus* was prepared in the National Laboratory and put up in 2 cc. ampoules each containing 0.1 mgm. in glycerin, and the remedy was employed in 30 cases. In 14 the result is described as excellent and in another 14 there was improvement [presumably alleviation of pain] in two only did it fail and in many the relief followed promptly on its administration. [We cannot find in the account any statement as to the mode of its use whether injected subcutaneously or along the affected nerve, or at the nerve root although a brief note is given of each of the 30 cases.] H H S

PRUDHOMME (R O) Fixation *in vivo* du bleu de méthylène par les bacilles lépreux. [Fixation of Methylene Blue by Lepa Bacilli *in vivo*].—*C R Soc Biol* 1935 Vol. 119 No 27 pp. 1326-1328.

The author reports finding that the potential oxido-reduction of lepromes is not materially different from that of normal tissues and that the substances which fix methylene blue to lepra bacilli belong to a series of substances which can be extracted by hot alcohol L R

PALDROCK (A.) Noch eine durch spezifische Behandlung geheilte Lepröse. [Leprosy cured by specific Treatment].—*Arch f Schiff's- u Trop Hyg* 1935 June. Vol. 39 No 6 pp 241-243 With 3 figs.

This author once more advocates the use of carbon dioxide snow locally and the injection intravenously of gold preparations in leprosy L. R

OTA (Masao) SATO (Saburo) & MASUZAWA (Fatsuro) A Chaulmoogra Preparation for Intravenous Use, and its Therapeutic Effect.—*Internat. JI Leprosy* Manila. 1935 Apr-June. Vol. 3 No 2 pp 153-164 [28 refs.]

The authors report their work on a preparation of chaulmoogra for intravenous use. They have made fine emulsions of the ethyl esters about 1 micron in diameter in a stable colloidal state containing from



10 to 50 per cent. of esters, and have used a 40 per cent. emulsion, as a standard although for production in quantity a 10 per cent. emulsion has been adopted and named *esperol*. A dose of 0.5 cc. per kilo of the 40 per cent. solution caused no unpleasant symptoms in rabbits, and single doses of 2.5 to 3 cc. up to 5 cc. have been injected intravenously into patients but they find it is much easier to dilute the emulsion five to ten times with distilled water normal saline or 4.5 per cent. glucose solution. Up to a total of 50 injections amounting to 143 cc. of the standard 40 per cent. emulsion have been given to one patient. Further experience is required to determine the value of this method, but they are convinced that it is not inferior to others yet used. L. R.

FRASER (N. D.) *A Village Clinic for Leprosy Treatment.—Internat. J. Leprosy*, Manila, 1935. Apr.-June Vol. 3. No. 2. pp. 204-206.

At the Swatow Mission Hospital in the Chinese province of Kwangtung over 1 000 cases of leprosy have been met with in six years and at least 10 000 or 5 per mille, are believed to be present in the district, of whom 100 are in a colony and 100 more attend a clinic. It was therefore decided to organize a village clinic with voluntary medical attendance and by the end of the year about 100 patients were attending regularly for treatment some coming ten to twenty miles for it. Iodized esters and alepol were used. The plan met with such success that other village clinics are to be started shortly. L. R.

CRUZ (M. C.) *Parenteral Administration of Fresh and Boiled Leprosy Emulsions in Lepers.—Jl Philippine Islands Med. Assoc.* 1935. June Vol. 15. No. 6. pp. 319-323.

In order to test if lepra reactions are caused by breaking down of numerous lepra bacilli, lepromata some freshly ground, others boiled, were injected intravenously, intramuscularly and subcutaneously in lepers, but only very slight general reactions without anything like typical lepra reactions resulted, nor were any allergic reactions noted. L. R.

CRUZ (M. C.) *Trial of High Fat Diet and Fixation-Abscess in Leprosy Reaction.—Jl Philippine Islands Med. Assoc.* 1935. Apr. Vol. 15. No. 4. pp. 214-220.

The methods of treatment of lepra reaction are considered and the administration of sodium bicarbonate and calcium chloride are stated to be the best at present available. A high fat diet has been suggested with a view to increasing the blood lipoids, as they are found to be low in those who are worse after severe reactions. Fixation abscesses were also tried because occasionally remarkable improvement has followed severe suppurative reactions with hyperleucocytosis. Cod-liver oil, butter and eggs were given for the first purpose, and injections of a total of 13.5 to 40 cc. of a turpentine-oil mixture in from 4 to 12 doses for the second, with resulting increases of the total leucocyte count of from 400 to 13,500 over the initial count, but no material increase in the total blood lipoids followed the special diets. The results showed no advantage in lepra reactions over the control cases, so further study of such reactions is required. L. R.

DUBOIS (A.) WESTERLINCK (H.) & DEGOTTE (J.) Essais thérapeutiques dans la lèpre le sulfate de cuivre. [Sulphate of Copper in Leprosy]—*Ann Soc Belg de Méd Trop* 1935 Mar 31 Vol. 15 No 1 pp 25-29

The treatment of 47 cases of leprosy by intravenous injections of copper sulphate in 0.25 to 0.5 per cent solutions and total doses of 3 to 5 gm. in the course of 4 to 7 months is reported, but negative results were obtained in cutaneous macular with few bacilli and in maculo-nerve cases with rare bacilli.

L. R.

SUMMENT (Peter) Klinische Betrachtungen ueber die Lepra und deren Behandlung [Observations on the Treatment of Leprosy]—*Dermat. Woch* 1935 Aug 17 Vol. 101 No 33 pp 1002-1006.

In this note the author records his general experience of leprosy in the Baltic area chiefly among the fishermen of the coast. He advocates the use of a tar sulphur powder for local application to ulcers

L. R.

ARANTES (Luiz) Da ginecomastia da lepra.—*Brasil-Médico* 1935 June 8 Vol. 49 No. 23 pp 511-520 With 7 figs

COCHRANE (Robert G.) Observations in the West Indies [Correspondence]—*Internat J Leprosy* Manila. 1935 Apr-June. Vol. 3 No 2. pp 228-229

NITIS (Savas) Prominence of the Right Sterno-Clavicular Junction as a Sign of Early Infection in Leprosy—*Jl Egyptian Med Assoc* 1935 June Vol. 18. No 6 pp 403-412 With 6 figs

POOMAN (A.) Eine zweckmäßige Uebersichtsmethode der Lepra-behandlung—*Arch f Schiff- u Trop Hyg* 1935 Jan Vol. 39 No 1 pp 25-28

PUBLIC HEALTH REPORTS. 1935 May 29 Vol. 50 No. 13 pp 442-444—Observations on the Epidemiology of Leprosy in Hawaii

RODRIGUEZ (J.) & PLANTILLA (F. C.) Observations on the Progress of Incipient or Early Lesions of Leprosy—*Monthly Bull Bureau of Health* Manila. 1935 Mar Vol. 15 No 3 pp 97-108. With 1 fig

SCHLOSSBERGER (H.) Die Behandlung der Lepra und der Tuberkulose mit Chaninmoenol.—Reprinted from *Zeits f d gesamte Tuberkuloseforsch* Vol. 42. No 9/10 pp 545-576. [7 pages of refs.]

SOLANA (Federico) & GUTIERREZ SOLANA Sobre el cultivo in vitro del bacilo de Hansen—*Medicina Paises Cálidos* Madrid. 1935 Apr May & June. Vol. 8. Nos. 4 5 & 6 pp 177-183 233-246 271-294 With 6 figs. [225 refs.]

THOMPSON (E. I.) & DE GROAT (A.) Macular Leprosy Report of a Case occurring without Anesthesia.—*Jl Amer Med Assoc* 1935 Aug 3 Vol. 105 No 5 pp 357-359 With 5 figs

## YELLOW FEVER.

- i. JAMES (S. P.) Renseignements concernant la fièvre jaune reçus pendant les 6 mois se terminant au 31 mars 1935. [Information concerning Yellow Fever received during the 6 Months ending 31st March, 1935.]—*Bull. Office Internat. d'Hyg. Publique* 1935. July Vol. 27 No. 7 pp. 1312-1316.
- ii. BOYÉ. Les cas de fièvre jaune dans les colonies françaises en 1934 [Cases of Yellow Fever in French Colonies during 1934]—*Ibid.* pp. 1312-1318. With 1 folding map.
- iii. — La "fièvre rouge" congolaise et le test de protection amaril en Afrique équatoriale française. ("Red Fever" and the Congo and the Yellow Fever Protection Test in French Equatorial Africa.)—*Ibid.* pp. 1318-1321.
- iv. PRUD'OME (E. D.) Recherches concernant la fièvre jaune au Soudan anglo-égyptien depuis octobre 1934 [Researches concerning Yellow Fever in the Anglo-Egyptian Sudan since October 1934]—*Ibid.* pp. 1322-1323.
- v. DE VOGEL (W. T.) Un bataillon soudanais en garnison dans un foyer de fièvre jaune [A Sudanese Battalion garrisoned in a Yellow Fever Centre.]—*Ibid.* pp. 1324-1331. With 1 map.
- vi. SCHILLING (Clara) Sur la question des régions à fièvre jaune silencieuses [The Problem of "Silent" Yellow Fever Regions.]—*Ibid.* pp. 1332-1336.
- vii. JORGE (Ricardo) A propos de la fièvre jaune endémosporadique [Concerning Endemo-Sporadic Yellow Fever]—*Ibid.* pp. 1337-1341.
- viii. TRELLER (Max) & WHITMAN (Loring) Le danger de la vaccination par le virus amaril neurotrope seul. [The Danger of Vaccination by Neurotropic Yellow Fever Virus Alone.]—*Ibid.* pp. 1342-1347.
- ix. BULLETIN DE L'OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE 1935 July Vol. 27 No. 7 pp. 1348-1349. Rapport de la commission de la fièvre jaune. [Report of the Yellow Fever Commission.]

i. During this period cases of yellow fever have been recorded from Gambia Gold Coast Ivory Coast Niger Territory Nigeria and Sierra Leone in Africa from Matto Grosso and Goyaz in Brazil and from Restrepo in Colombia. The most important outbreak is that in the State of Goyaz with more than 100 cases (*vide* p. 586).

The results of further protection tests confirm its value as an indication of the occurrence of yellow fever in the past, and the majority of workers are now of the opinion that yellow fever is the only disease which gives a positive reaction although Boyé (*supra* p. 873) maintains the possibility of it being non-specific. The use of the viscerotome for obtaining specimens of liver for pathological examination has not been made compulsory in Africa, but instruments have been sent to most of the British colonies. The general epidemiology of the disease is well discussed with special reference to recent rural outbreaks in Brazil. The fact that hedgehogs are susceptible to the disease, and the occurrence of immune bodies against yellow fever in wild monkeys in Brazil supports the view that vertebrate hosts other than man occasionally may serve as reservoirs of infection.

In England, combined virus and immune serum is used for vaccination against yellow fever. As a general rule heterologous immune

serum is used in doses of 0.4 to 0.5 cc. per kilo body weight and the only inconvenience of such serum is that occasionally the inoculation is followed by severe urticaria and arthritis. The method has also been used in other parts of the world and it is noted that practically all the European residents in Gambia have been vaccinated a very satisfactory result in view of the great practical difficulties of dealing with endemic yellow fever in this Colony.

ii. During 1934 23 cases of yellow fever with 19 deaths have been recorded from the Senegal Ivory Coast and Niger Territory. The French Sudan and Guinea have had no cases this year. The distribution of these cases is given in a map which also includes records of cases during the years 1931 1932 and 1933. STANTON records that in British colonies during 1934 there was a total of 10 European and 9 native cases including 5 suspected cases in Nigeria Gold Coast and Gambia.

iii. The author records the experience of a medical officer GRALL, in the Oubangui district of the Congo who a few months later travelled through regions where BURKE had found that many of the natives gave positive protection tests against yellow fever. According to GRALL, many of these cases had suffered from an obscure disease known as Red Fever of the Congo (*Fèvre rouge congolaise*) and it is suggested that this infection may have been responsible for these positive results. The author calls attention to this disease as he considers that the possibility of obtaining a positive protection test in the absence of yellow fever has not been finally excluded. [See below p 881]

iv. The livers of seven doubtful cases in the Sudan were examined histologically by FINDLAY and two of them were considered suspect. One of these cases had a history of jaundice 7 days fever coma and death but his serum gave a negative protection test. The examination by means of yellow fever protection tests of 43 sera from cases of jaundice resulted in 9 positives. 8 of these came from the south of the Sudan and the other from Wad Medani. The latter succumbed to an infection clinically resembling yellow fever but sections of the liver were negative.

v. An interesting account of the medical history of the Sudanese battalion recruited in Darfur and Kordofan which was employed as a garrison from 1863 to 1867 at Vera Cruz during the Mexican war. The author has obtained his information from three military treatises on this expedition — *Mes souvenirs* by General DU BARAIL. *Cinq ans au Mexique* 1862-1867 by ADRIEN DE TUCÉ and *L'expédition du Mexique* (1861-1869) *Récit politique et militaire* by G. NIOX.

The observations in these treatises abundantly confirm the view to which Prince Omar Toussou first called attention [see this *Bulletin* Vol. 31 p. 834] that these Sudanese were immune against yellow fever and consequently must have been exposed to infection before their arrival in Mexico. These historical facts correspond with the results of recent protection tests and show that yellow fever must have existed in the Sudan for long periods. The reason why it has never spread to the East Coast of Africa is attributed by the author to the sparsity of the population between the infected Sudanese provinces and the coast.

vi. The author discusses the problem of the existence of a considerable percentage of the population giving positive protection tests against yellow fever in regions where clinical cases of the disease have never been observed. He refers to KLEINE's examination of 101 natives of East Africa [see this *Bulletin* Vol. 27 p. 558] none of whom

gave a positive Schick reaction, although there was no evidence of previous exposure to diphtheria. Similarly a commission for the study of tuberculosis in mine labourers in South Africa found that approximately 72 per cent. of the natives gave a positive tuberculin reaction, although tuberculosis occupies a very small place among the diseases affecting the districts from which they were recruited.

Various hypotheses have been advanced to explain these facts, one being the existence of latent infections, such as those observed in many laboratory cases of yellow fever where characteristic symptoms may be completely absent. The author insists on the necessity of a detailed examination of any doubtful febrile cases in endemic areas, and the use of the viscerotome for the examination of the liver in patients who have succumbed to any febrile disease within 10 days.

A second explanation is the possibility of non-specific reactions analogous to Forssmann's heterogenetic antigens and antibodies or the para-agglutinations such as that between *Proteus* X 19 and serum containing typhus antibodies.

Another problem is whether a positive reaction against a virus that has been maintained by mouse passage, or in monkeys, necessarily signifies that the subject would be immune against virus inoculated by an infected mosquito. Similarly where there is a high degree of latent infection is it possible for the virus to acquire a high degree of virulence? a point of considerable importance in view of the danger of the transport of infected mosquitoes by aeroplanes. With reference to protection the author considers the simultaneous injection of virus and mouse serum as the method of choice. Animal reservoirs are considered to be of very secondary importance in the spread of the disease in view of the very sharply defined geographical limits of the disease.

vii. The author presents various observations on the epidemiology of yellow fever with special reference to conditions in Brazil where recent investigations (*loc. cit.* p. 585) have shown that there are two kinds of endemicity: one urban, affecting mainly the coastal towns and the other "hinterlandic" resulting in the appearance of scattered centres of infection in sparsely populated areas. Whereas in the Gulf of Mexico the suppression of the urban type has resulted in the complete disappearance of yellow fever in South America a number of rural centres of infection have been left behind.

After mentioning the efficiency of mosquito control in Brazil and the value of the viscerotome, the "mouse test" is discussed with special reference to its specificity. Attention is again drawn to the results of the Schick test for diphtheria among native populations where the disease is extremely rare or absent. In Nigeria, for example, out of 1 738 natives, 81 per cent. neutralized the toxin and in Morocco out of approximately 2,000 subjects only four gave a positive reaction. Similarly in the United States the disease is much commoner among the white population than among negroes, and among those the incidence diminishes as one goes south. In the Bahamas, out of 300 black children only 4 were carriers of Loeffler's bacillus, whilst 80 per cent. gave a negative Schick test. These racial peculiarities may possibly have some parallel in the case of yellow fever where the natives, especially in America, seem to show a relative immunity against the disease.

viii. A valuable discussion of the method of vaccination by means of the tropic yellow fever virus alone, as advocated by LAKET. The author's experiments confirm those of FIDELLAR (*loc. cit.* p. 285), that inactive virus produces no effect, and that any

resulting immunity depends on the infection of living virus. Consequently this method involves the danger of the presence of a neurotropic virus in the circulation. The large number of persons vaccinated by LAIGRET without obvious ill effects does not necessarily indicate that *rhesus* monkeys are more liable to develop encephalitis than human subjects. It is pointed out that LAIGRET's subjects were probably nearly all adults whilst the *rhesus* monkeys used in laboratories are generally young animals and experiments have shown that the haemato-cephalic barrier is much more permeable in young animals than in adults. The authors consider that at present the simultaneous injection of neurotropic virus and immune serum is the best method to employ as animal experiments show that it is much safer than the use of virus alone.

ix. The mouse protection test is considered of great value, but the question of its absolute specificity has not been proved conclusively. The importance of the viscerotomy test is emphasized and its use is advocated as a means of obtaining liver specimens in all countries where yellow fever might be suspected. With reference to vaccination it is pointed out that no cases of yellow fever have occurred among any laboratory workers who have been vaccinated by either of the two methods in use but it is necessary to follow the history of all vaccinated subjects in endemic areas. It is also emphasized that the use of vaccination does not authorize any relaxation in the continued application of general methods of control such as anti-mosquito measures, canalization of water etc.

E Hindle

DESROS (E. H.) Sur la fièvre jaune en Afrique occidentale. [Yellow Fever in French West Africa.]—*Rev Méd. et Hyg Trop* 1935 May-June. Vol. 27 No 3 pp 127-149 [16 refs.]

A general account of the present position of yellow fever in French West Africa, based on statistical enquiries and also clinical observations by the author and his colleagues.

Tables are given showing the number of cases in French colonies each year from 1909 to 1933 inclusive. The author then gives particulars of other outbreaks previous to 1909 which were suggestive of yellow fever followed by personal observations on atypical cases of the disease both in natives and Europeans.

It is concluded that the disease shows oscillations in its distribution importance and severity and among possible causes are suggested climatic variations movements of masses of the population and works involving the use of much labour the possible disappearance of immunity in the native an insufficient knowledge of what animals may harbour the virus and an incomplete knowledge of insect-carriers

E H

ANNALES DE MÉDECINE ET DE PHARMACIE COLONIALES 1935 Apr-May-June. Vol. 33 No 2 pp. 446-448.—Deux observations de fièvre jaune chez des indigènes de la région de Toumodi (Côte d'Ivoire) [Two Cases of Yellow Fever in Natives from the Neighbourhood of Toumodi (Ivory Coast)]

A record of two fatal cases of yellow fever in African negroes. The patients both showed typical clinical symptoms and also characteristic pathological and histological changes.

E H

ANNALES DE MÉDECINE ET DE PHARMACIE COLONIALES. 1935. Apr-May-June. Vol. 33. No. 2. pp. 436-446.—Résultats des recherches concernant le test de protection contre la fièvre jaune dans les colonies françaises d'Afrique. [The Results of Researches with Reference to the Protection Test against Yellow Fever in the French African Colonies.]

A general account of the results obtained by various investigators in the study of the endemicity of yellow fever in French African colonies by means of the mouse protection test. The results have all been published previously but the article in question furnishes a convenient summary  
E. H.

SOPER (Fred L.) Rural and Jungle Yellow Fever—a New Public Health Problem in Colombia. (Lecture given before the Faculty of Medicine of Bogotá, April 5th, 1935.)—42 pp. With 13 figs. on 6 plates [31 refs.] 1935. Bogotá Editorial Minerva, S.A.

A valuable summary of the subject, based mainly on the author's observations made under the auspices of the International Health Division of the Rockefeller Foundation and of the Departamento Nacional de Higiene of Colombia.

Most of the points discussed by the author have been dealt with by MORGAN (*ante* p. 585) in his account of the Co-operative Yellow Fever Service in Brazil. After a description of recent laboratory and epidemiological progress in our knowledge of the infection special attention is devoted to rural and jungle outbreaks. It is shown that suspected cases of yellow fever have been described from Muzo at various intervals since 1907 although the proof of its endemicity by protection tests was demonstrated only in 1891 and 1932, and proof of actual cases by autopsy only in March, June and October, 1934. Other outbreaks have also been identified at Caparrapi in 1933 and Restrepo in 1934. These cases occurred in the absence of *Aedes aegypti* and some other species must be the carrier. The most common mosquito is *Haemagogus equinus* the "blue" mosquito, which is a vicious biter in the field generally attacking the feet and ankles, even when men are actively at work. This jungle yellow fever seems to be especially dangerous where the human population is least, but is in most intimate contact with jungle life and one is compelled to assume the existence of animal reservoirs of the infection. Monkeys abound in these neighbourhoods and out of five specimens collected at Muzo, four gave positive protection tests and the other inconclusive results.

There is little doubt as to the identity of the jungle yellow fever and the urban type since the clinical course and pathological changes are the same in both. Also cross-protection tests of known human sera with the viruses from urban and jungle yellow fever are positive. In the laboratory yellow fever virus adapted to *Aedes aegypti* is readily transmitted by several other mosquitoes, and epidemics with and without *Aedes aegypti* have been observed in Bolivia as part of the same outbreak. Moreover the most reasonable explanation of the Bocoromangu and Socorro epidemics is that the source of the epidemics was in nearby areas of jungle endemicity.

The difficulty of combating these jungle outbreaks is very considerable, and up to the present control measures applicable to such conditions are unknown. The protection of urban populations, on the other hand, is only a problem of administration and a list is given of the

recommendations of the Ninth Panamerican Sanitary Conference regarding yellow fever. Finally the author outlines a program of studies in Colombia and urges the necessity of a yellow fever section of the National Laboratory.

The article should be read in its entirety by all those interested in the subject. E H

LAIGERT (J.) La vaccination contre la fièvre jaune. [Vaccination against Yellow Fever].—*Tunisia Méd* 1935 June. Vol. 29 No. 6. pp 225-234

A general account of the subject with special reference to the method of vaccination advocated by the author and the results of its application in French West Africa. E H

KOPCLOWSKA (L.) Neuro-infection autostérilisée non mortelle avec présence d'inclusions intranucléaires, dans la fièvre jaune expérimentale du cobaye conférée par inoculation sous-dure-mérienne. [Non-fatal Infection of the Nervous System with the Presence of Intraneuclear Inclusions in Guinea-pigs Infected with Yellow Fever by Sub-dural Inoculation.].—*C R Soc Biol* 1935 Vol. 119 No 22. pp. 714-716

The author has examined the brains of three guinea-pigs which were inoculated sub-durally with yellow fever virus and recovered without showing any definite clinical symptoms. Typical yellow fever inclusion bodies were found in all three animals, although many of these bodies were in course of disappearance. The inoculation of material from these guinea-pigs into normal guinea-pigs in no case resulted in the production of infection showing that the virus had died out in spite of producing the typical intranuclear bodies. E H

WHITMAN (Loring) The Response to Yellow Fever Virus in the Non-susceptible Rabbit.—*Jl Immunology* 1935 Aug Vol. 29 No 2. pp 99-110

The authors tested the production of yellow fever antibodies in the rabbit, an animal which seems to be non-susceptible to the infection.

Experiments with rabbits using neurotropic virus confirmed the view that there is no multiplication of virus in this animal after either intracerebral or intraperitoneal inoculation since it fails to develop in the brain and after 48 hours cannot be detected in the circulation.

The inoculation of virus in every case was followed by the development of antibodies capable of passively protecting susceptible animals against infection. The inoculation of a single dose of virus and subsequent protection tests in mice showed that the titre of the serum depended to some extent on the amount of virus injected, the rabbits receiving larger doses giving higher titres than any of the others. Multiple injections were found to have little advantage over either single injections of an adequate amount or two widely spaced injections. The most striking increase in titre was obtained by giving a second injection of virus into a previously immunized animal, after an interval of six or more weeks from the first injection even small doses producing a serum titre ten to twenty times higher than that previously obtained. This increase is transient but indicates the possibility of obtaining hyper-immune serum, and reducing the volume required for the present system of serum-virus vaccination. E H



ANNALES DE MÉDECINE ET DE PHARMACIE COLONIALES. 1935. Apr. May-June. Vol. 33. No. 2 pp. 436-448.—Résultats des recherches concernant le test de protection contre la fièvre jaune dans les colonies françaises d'Afrique. [The Results of Researches with Reference to the Protection Test against Yellow Fever in the French African Colonies.]

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The article should be read in its entirety by all those interested in the subject. E H

LAIGRET (J) La vaccination contre la fièvre jaune. [Vaccination against Yellow Fever]—*Tunisia Méd.* 1935. June. Vol. 29 No 6. pp 225-234

A general account of the subject with special reference to the method of vaccination advocated by the author and the results of its application in French West Africa. E H

KOPCIOWSKA (L.) Neuro-infection autostérilisée non mortelle avec présence d'inclusions intranucléaires dans la fièvre jaune expérimentale du cobaye conférée par inoculation sous-dure-mérienne. [Non-fatal Infection of the Nervous System with the Presence of Intranuclear Inclusions in Guinea-pigs Infected with Yellow Fever by Sub-dural Inoculation.]—*C. R. Soc Biol* 1935 Vol. 119 No 22. pp 714-716.

The author has examined the brains of three guinea-pigs which were inoculated sub-durally with yellow fever virus and recovered without showing any definite clinical symptoms. Typical yellow fever inclusion bodies were found in all three animals, although many of these bodies were in course of disappearance. The inoculation of material from these guinea-pigs into normal guinea-pigs in no case resulted in the production of infection showing that the virus had died out in spite of producing the typical intranuclear bodies. E H

WHITMAN (Loring) The Response to Yellow Fever Virus in the Non-susceptible Rabbit.—*Jl Immunology* 1935 Aug Vol. 29 No 2. pp 99-110

The authors tested the production of yellow fever antibodies in the rabbit an animal which seems to be nonsusceptible to the infection.

Experiments with rabbits using neurotropic virus confirmed the view that there is no multiplication of virus in this animal after either intracerebral or intraperitoneal inoculation since it fails to develop in the brain, and after 48 hours cannot be detected in the circulation.

The inoculation of virus in every case was followed by the development of antibodies capable of passively protecting susceptible animals against infection. The inoculation of a single dose of virus and subsequent protection tests in mice showed that the titre of the serum depended to some extent on the amount of virus injected the rabbits receiving larger doses giving higher titres than any of the others. Multiple injections were found to have little advantage over either single injections of an adequate amount or two widely spaced injections. The most striking increase in titre was obtained by giving a second injection of virus into a previously immunized animal, after an interval of six or more weeks from the first injection even small doses producing a serum titre ten to twenty times higher than that previously obtained. This increase is transient, but indicates the possibility of obtaining hyper immune serum and reducing the volume required for the present system of serum virus vaccination. E H

ANNALES DE MÉDECINE ET DE PHARMACIE COLONIALES. 1935. Apr. May-June. Vol. 33. No. 2. pp. 436-448.—Résultats des recherches concernant le test de protection contre la fièvre jaune dans les colonies françaises d'Afrique. [The Results of Research with Reference to the Protection Test against Yellow Fever in the French African Colonies.]

A general account of the results obtained by various investigators in the study of the endemicity of yellow fever in French African colonies by means of the mouse protection test. The results have all been published previously but the article in question furnishes a convenient summary. E. E.

SOPER (Fred L.) Rural and Jungle Yellow Fever—a New Public Health Problem in Colombia. (Lecture given before the Faculty of Medicine of Bogotá, April 5th, 1935.)—42 pp. With 13 figs. on 8 plates [31 refs.] 1935 Bogotá Editorial Minerva, S.A.

A valuable summary of the subject, based mainly on the author's observations made under the auspices of the International Health Division of the Rockefeller Foundation and of the Departamento Nacional de Higiene of Colombia.

Most of the points discussed by the author have been dealt with by MORGAN (*ante* p. 585) in his account of the Co-operative Yellow Fever Service in Brazil. After a description of recent laboratory and epidemiological progress in our knowledge of the infection special attention is devoted to rural and jungle outbreaks. It is shown that suspected cases of yellow fever have been described from Muzo at various intervals since 1907 although the proof of its endemicity by protection tests was demonstrated only in 1931 and 1932, and proof of actual cases by autopsy only in March, June and October, 1934. Other outbreaks have also been identified at Caparrapi in 1933 and Restrepo in 1934. These cases occurred in the absence of *Aedes aegypti* and some other species must be the carrier. The most common mosquito is *Haemagogus cynanus* the "blue" mosquito, which is a vicious biter in the field, generally attacking the feet and ankles, even when men are actively at work. This jungle yellow fever seems to be especially dangerous where the human population is least, but it is most intimate contact with jungle life and one is compelled to enter the existence of animal reservoirs of the infection. Monkeys abound in these neighbourhoods and out of five specimens collected at Muzo, four gave positive protection tests and the other inconclusive results.

There is little doubt as to the identity of the jungle yellow fever and the urban type since the clinical course and pathological changes are the same in both. Also cross-protection tests of known immune sera with the viruses from urban and jungle yellow fever are positive. In the laboratory yellow fever virus adapted to *Aedes aegypti* is readily transmitted by several other mosquitoes, and epidemics with and without *Aedes aegypti* have been observed in Bolivia as part of the same outbreak. Moreover the most reasonable explanation of the Bucaramanga and Socorro epidemics is that the source of the epidemics was in nearby areas of jungle endemicity.

The difficulty of combating these jungle outbreaks is very considerable and up to the present control measures applicable to such conditions are unknown. The protection of urban populations, on the other hand, is only a problem of administration and a list is given of the

virus [see this *Bulletin* Vol. 31 p 79] Only three accidents have been recorded two cases of meningitis and one of myelitis but all the patients recovered.

With the object of reducing the number of inoculations the authors have tried the method of coating the dried virus with a layer of egg yolk, or of olive oil, or with a double envelope of both agents. The object of this envelopment, or coating, which has been used by RAMON in the case of toxins, is to retard the diffusion of the material from the site of inoculation.

Twenty two subjects have been inoculated with a single dose of either 320 640 800 or 4 000 mouse units of the dried virus prepared in the usual way from infected mouse-brains but suspended in olive oil neutralized and washed in alcohol. No local reactions were observed and the rise in temperature on the 6th or 7th day frequently seen after the ordinary vaccination was always absent. Protective bodies appeared in the blood 10 days after the inoculation.

Another 21 subjects were vaccinated each with single doses ranging from 320 to 6,000 mouse units similarly prepared, but suspended in egg yolk (10 per cent. yolk in water). There were no local reactions or rises in temperature except in one case, where there was a slight fever on the 14th and 15th days. A series of 48 subjects were vaccinated each with 2,000 to 4 000 mouse units, similarly prepared but coated with two layers, one of egg yolk and a second of olive oil. These inoculations produced no local reaction no febrile attacks nor any signs of anaphylaxis.

The authors advocate the use of single inoculations of the dried virus coated with egg yolk as the simplest method of vaccination and consider that a dose of 320 mouse units is quite sufficient. E H

GRALL (Georges) Note sur le bakandjia ou fièvre rouge congolaise [A Note on "Bakandjia" or Red Fever of the Congo].—*Ann de Méd et de Pharm Colon* 1935 Apr-May-June. Vol. 33 No 2. pp 448-451.

The description of the clinical symptoms observed in an epidemic of an eruptive fever during 1929 at Oubangui-Chari in the Congo.

The onset is characterized by general malaise asthenia stiffness in the back and limbs and slight headache. After 24 to 48 hours there is an eruption of small red spots at first generalized on the face then spreading to the body and limbs accompanied in most cases by moderate fever with slight bronchitis and diarrhoea. The eruption lasts 3 days, then disappears rapidly together with the accompanying symptoms, and the patient recovers completely in a few days without any sequelae. It attacks infants rather than adults and is benign no fatal cases having been observed. The epidemic came from the north and travelled south from village to village along the main routes.

The disease is apparently well known to the natives of Banda and also to Europeans living in the Oubangui district. It is considered to resemble the disease described by CLAPIER in 1921 as a fever recalling dengue and also that described by LEFROU at Brazzaville in 1928 and called by him *Fièvre rouge congolaise*.

The author states that all the natives in this district who gave a positive yellow fever protection test had suffered from the above

Reference to the fly *Hippelates* was made in the first report. Further evidence is now adduced in support of the view that this insect plays an important part in the transmission of yaws in Jamaica. They feed with avidity upon open skin lesions in great numbers and *S. pertenuis* can be found later in the gut of the fly actively motile up to 3-8 hours, while non motile ones have been found in the oesophageal diverticulum or stomach in abundance after 48 hours. As many as 304 have been found in a single fly. Experiment shows that the spirochaetes were killed very rapidly by drying and that they lose their motility at once in contact with water or mud. Infectious material from yaws lesions on ringed slides kept at various temperatures was examined. At 37°C. marked decrease in motility of the spirochaetes in 1 hour complete loss in 6 hours. At room temperature motility remained up to 8 hours. At ice box temperature motility was preserved for 24-60 hours.

The conclusions come to in regard to yaws and syphilis upon a study of early cases of the two diseases as seen side by side in Jamaica are as follows.—Syphilis in the Jamaican negro resembles the disease in the negro in the United States. The cases of syphilis in rural Jamaica resemble the disease as seen in the Jamaican negro town dwellers. Yaws in adults resembles yaws in children. Yaws in the town dweller differs in no way from yaws in the rural population. A comparative study of the disease picture in rabbits produced by 4 strains of *S. pertenuis* and 7 strains of *Sp. pallida* has shown significant differences which are regarded as characteristic of the two diseases.

The following note is of interest in regard to immunity. In 15 cases of yaws attempts to produce a lesion by homologous inoculation with virus failed in one even before the generalized eruption had appeared. With heterologous virus inoculation however a lesion can be produced in a large proportion of cases.

The age of onset of yaws was determined in 6,353 cases. The peak of the curve is at about 7 years. 91 per cent. of all cases acquire yaws before the age of 15 years. The percentage of yaws males acquiring the disease after twenty is 1.7 as compared with 2.8 for females. The incidence of yaws varies in different districts from 40 to 60 per cent. Of 6,353 cases of yaws 1,694 or 26 per cent. showed lesions. Of these 10 per cent. were infectious and 16 per cent. non-infectious lesions.

About 56 per cent. of cases with lesions have had yaws less than five years. 80 per cent. of the infectious cases and 40 per cent. non-infectious. Among 518 cases there were 220 or 43 per cent. who had only ulcerative plantar yaws as their infectious lesion. Primary lesions occurred on the leg or foot—arm, hand, face—trunk in the proportion 91:15:6.

There appears to be no racial immunity. The following figures give the total number of each race and the percentages diagnosed as yaws cases.—Black 10,335-20.2. Brown 1,434-17.5. Chinese 713-10.1. East Indians 86-8.8. White 9-0. All the facts seem to point to close of contagion and trauma as the two great factors in infection.

Some observations on neurological and cardio-vascular lesions were made. Cases exhibiting any type of paralysis were noted by the field survey inspectors. Thirteen cases out of a population of 12,500 were examined. Of these 7 showed lesions which are not uncommon in syphilis. None gave a history of syphilis but all had had yaws—age 18, spastic paraplegia 47, tabes 25, hemiplegia 45, paraplegia 25, spastic paraplegia 33, hemiplegia 63, hemiplegia. The cardio-vascular cases were diagnosed at the clinic and consisted of 2 young

adult males with signs of aortitis and insufficiency [The findings in these cases however go but very little way towards proving them to be framboesial in origin.] H S Stannus

JAMAICA. Report of the Jamaica Yaws Commission for 1934 [SAUNDERS (George M.) Clinical Director]—30 pp With 7 graphs 5 figs., 6 charts & 2 maps.

In this report for 1934 a brief account of the work done in the two previous years is given, followed by a description of the program carried through during the past year by the two treatment units, the Central Laboratory and the Special Unit. The results are presented in tabulated form and are unsuitable for summarization. The results of treatment with neocarsphenamine and bismuth salicylate are discussed. Both clinical findings and serological tests indicate that bismuth is the more useful drug when results are estimated without reference to existing climatic conditions.

A study of the relationship between rainfall and relapsing yaws lesions indicated that more lesions occur during the periods of high rainfall. Allowing for the effect of rainfall, the results obtained with neocarsphenamine would probably be slightly better than with bismuth. In areas subjected to control work for one year the number of persons with infectious yaws lesions at the end of the year was 14 per cent. of those at the beginning the number of new infections in the year was 8 per cent. of the number for the previous year. Evidence is adduced to show that most infections are contracted by contact with other cases.

Further work on the "eye goat"—*Hippelates pallipes*—as a possible vector of *Sp. pertenax* is chronicled. Transmission probably by regurgitation of an infected vomit drop would occur only if flies fed on infectious lesions and then on non-infected ulcers or surface abrasions on the same day with an interval of seven hours or less elapsing between the insects passing from the patient to the non-infected person. There was no evidence of any cyclical development of the spirochaetes in the flies. A fuller account of the entomological studies follows. H S S

KUMM (Henry W.) Annual Report—Entomological Studies made for the Jamaica Yaws Commission during 1934.—*Report Jamaica Yaws Commission for 1934* pp. 19-30 With 5 figs. & 7 graphs

Dr Kumm brings forward evidence which very strongly suggests that the minute fly *Hippelates pallipes* is not only a potential but an actual carrier of the causative organism of yaws.

Dr Kumm has observed *Hippelates pallipes* in enormous numbers on ulcers and has collected them at a rate equivalent to 5 000 flies per hour on one ulcer. The ulcers visited by flies are due to many causes of which yaws is the most frequent. It is observed that the flies will crawl under a scab and that they ingest large numbers of *Spirochaeta pertenax* moreover they feed intermittently passing from man to man or man to animal. The *Sp. pertenax* survives about seven hours in the anterior part of the gut of the fly and is probably transmitted by regurgitation.

The author's studies which are very full have shown that a number of Oscinidae closely related to *Hippelates pallipes* occur in Jamaica

They may be easily trapped but they are not attracted to man. It appears then that the one species alone is responsible for the transmission of yaws—this is supported by the rarity of the fly in Kingston, a place from which yaws is absent, though there are areas in Jamaica in which the fly is abundant in the absence of yaws.

A considerable section of the report deals with the bionomics of the flies—the time of day at which they feed, the meteorological conditions associated with their abundance and similar matters. The insect has been bred in the laboratory but the early stages have not been found in nature.

The report is an interesting piece of work based on a large body of fact.

P. A. BAKER.

KUMM (Henry W.) The Digestive Mechanism of One of the West Indian Eye Gnats, *Hippelates pallipes* Loew.—*Amer. Trop. Med. & Parasit.* 1935 Oct. 5. Vol. 29 No. 3 pp. 283-292. With 3 figs. & 2 plates.

The author describes the anatomy and functions of the alimentary canal of *Hippelates pallipes* an Oscinid fly concerned with the transmission of yaws in Jamaica.

The insect feeds on the surface of ulcers taking relatively great quantities of serum, and it has been observed that if it takes up *Sp. pertenuis* these organisms can live to about eight hours in the oesophageal diverticulum and for shorter periods in the mid-gut. During the first few hours after feeding it may frequently be observed that the fly regurgitates fluid on to the tip of the proboscis—sometimes the drop of liquid is swallowed again and it is suggested that the fly is passing it from the oesophageal diverticulum into the mid-gut in order to digest it. At other times the drop of fluid is deposited by the fly and live *Sp. pertenuis* have been observed in it so that presumably they might gain entrance to a second person by this mechanism. It is found that flies will deposit several spirochaetes per hour for the first few hours after feeding.

The mouth parts of this insect were described many years ago by GRAHAM SMITH who figured projecting spines on the pseudotracheae of the labellae. It appears that the spines are capable of cutting soft tissues and giving entry to micro-organisms. In the present paper the author extends our knowledge of the anatomy of the alimentary canal so far as it can be seen by dissection.

P. A. BAKER.

KUMM (Henry W.) TURNER (Thomas B.) & PRAT (Alfred A.) The Duration of Motility of the Spirochaetes of Yaws in a Small West Indian Fly—*Hippelates pallipes* Loew.—*Amer. J. Trop. Med.* 1935 Mar. Vol. 15. No. 2 pp. 209-225. With 3 figs.

Anyone who has watched flies feeding on yaws sores will have speculated upon the possible part they may play in the transmission of the disease and some authors have laid stress upon the point. Thus SCHILLING (1770) cited by HENNING suggested that yaws was probably carried by a small fly the "Yaws fly" in Surinam. NICOLAI & SE LUCKA (1912) believed a fly which he called *Oscinus pallipes* to be the vector of the infection upon injured skin surfaces. WILSON and MANN (1930) thought that *Hippelates pallipes* acted in the same way in Haiti. Transmission experiments are however few. CASTELLANI

carried out some work with *Musca domestica*. More recently THOMSON and LAMBORN have published results obtained in Nyasaland.

The present paper deals with the fly *Hippelates pallipes* the female of which is found to feed in enormous numbers on yaws lesions in Jamaica, estimated at 2 700 flies caught per man per hour.

Two hundred and sixty nine flies were fed on yaws lesions containing spirochaetes in large numbers. In 78.1 per cent *Sp. pertenuis* was found in the stomach or esophageal diverticulum or in both. In the 210 infected flies 3 617 *Sp. pertenuis* were counted. The majority of the organisms were found in the diverticulum during the first eight hours where they remain motile. Later they are found chiefly in the stomach where motility is rapidly lost. Very few spirochaetes remain in the proboscis and those that do lose their motility quickly.

H S S

TURNER (Thomas B.) SAUNDERS (George M.) JOHNSTON (H. M.) Jr  
Yaws in Jamaica. I. An Epidemiological Study of Two Rural Communities [TURNER & SAUNDERS]—*Amer Jl Hyg* 1935 May Vol. 21 No 3 pp 483-521 With 2 charts & 2 figs.  
II. A Plan of Control based upon Treatment [TURNER, SAUNDERS & JOHNSTON Jr]—*Ibid* pp 522-539 With 1 fig.

In these two articles the authors deal with some observations collected in Jamaica during investigations made under the auspices of the International Health Division of the Rockefeller Foundation and the Government of Jamaica.

Two reports of the Jamaica Yaws Commission have already been published and received notice in this *Bulletin*. The present articles cover part of the same ground but deal in greater detail with the two sides of the subject mentioned in their titles. They are of great importance and should be read by all interested in anti yaws work as it is the first time the problem has been tackled on anything like a proper basis.

It is not possible to condense the information contained in these papers but some idea of the subject matter may be drawn from the authors' own summaries—

1—1. An epidemiological study of yaws was made in the communities of Bath and Seaforth in Jamaica, B W I. Pertinent data were secured on 94.8 per cent. of 2 708 inhabitants of the Bath area and on 100 per cent. of 1,967 inhabitants in the Seaforth area.

2. In the Bath area, 58.3 per cent. of the known population gave evidence of having had yaws while in the Seaforth area the incidence of yaws among the total population was 47.3 per cent. In another 6.8 per cent. and 5.9 per cent., respectively blood Wassermann tests were positive in the absence of a history of yaws or syphilis. Only 0.5 per cent. of the population of each area presented evidences of having had syphilis.

3. Among successive age groups of the general population of each area there was a rise in the incidence of yaws up to the age of 16 years after which a decline was noted. Among children aged 10 to 14 years the incidence was 75.2 per cent. for the Bath area and 59.3 per cent. for the Seaforth area. Yaws was many times more prevalent among children under the age of 5 years in the Bath area than in the Seaforth area.



"4 Among more than 1,800 persons who had had yaws, in over 90 per cent. the disease was acquired before the age of 15 years.

"5 The attack rate for the general population during each of two successive years was many times higher for persons under 20 years than for persons over this age. The attack rate among previously unaffected or non-immune persons was also much higher among children than among adults. In each area the highest rate was observed for the age group 5 to 14 years, although in general the rate for all age groups was higher in the Bath area than in the Seaford area. The hypothetical level of infection for various age groups calculated from the observed attack rate among non-immunes was in close agreement with the actual level of infection found on survey.

"6 In each area the incidence of yaws was higher among males than among females for nearly all age groups except children under 5 years of age. The difference was particularly marked among persons 5 to 20 years of age.

"7 There were no consistent differences in the prevalence of yaws among children of different racial groups, although in the Bath area the incidence was lower among children of mixed white and negro blood than among pure negroes or East Indians.

"8 In each area yaws was somewhat less prevalent among children belonging to the upper social-economic class than among those belonging to the lower class.

"9 Yaws was less prevalent among children residing in the central village of each area than among those living in strictly rural areas. There is evidence which suggests that this was not due to differences in the standard of living of the two groups.

"10 Over 90 per cent. of the cases of infectious yaws, in each area, were observed in persons under 20 years of age.

"11 In approximately 75 per cent. of persons with yaws the initial lesion occurred on the lower legs or feet.

"12 The bearing which these observations may have upon the problems of treatment and of transmission is discussed.

11.—Methods are described which aim at the control of yaws by the reduction through treatment, of the sources of infection in a community. The plan consists of three principal phases: first, a survey of all the inhabitants of a district to find those with infectious yaws lesions; secondly, treatment of these persons with appropriate drugs; and thirdly, subsequent supervision of the district by residents for the purpose of discovering new infectious cases which, in turn, are subjected to treatment.

These measures are based upon the following observations. The clinical manifestations of yaws are such that persons with infectious lesions can be ferreted out from the general population with a high degree of efficiency by non-professional assistants (sanitary inspectors). In endemic yaws areas, over 90 per cent. of the patients presenting infectious lesions are under 20 years of age, and the total number of infectious cases is usually less than 10 per cent. of the general population.

This plan of control has been applied in Jamaica to an increasing extent during the past 2 years. In one area, during the first year after treatment the attack rate of yaws among susceptible persons was approximately one-fifth the rate for the 2 years preceding the institution of these measures. In other areas the results were equally promising.

In a small series of cases the results of treatment with neo-arsphenamine were found to be considerably superior to those with bismuth salicylate or halarzol." H S S

PEÑA CHAVARRÍA (A.) & ROTTER (W) *Framboesia in Costa Rica.*—*Puerto Rico Jl. of Public Health & Trop Med* 1934 Sept. Vol. 10 No 1 pp 129-132. With 8 figs. on 6 plates. [Spanish version pp. 125-128.]

A short note upon the occurrence of yaws in Costa Rica.

The disease has probably existed since the early days of colonization by Spain in Panama and Colombia and thence spread to Costa Rica. The disease probably exists in the interior of the country but appears only recently to have been introduced into the Atlantic section. Reference is made to the writings of FALLAS and von BÜLOW (1925) and of NÚÑEZ (1925)

A couple of cases are described and figured and a note on the histology of a lesion is given all are typical. H S S

BUTLER (C. S) *Epidemiology of Yaws.*—*Arch Dermal & Syph* 1935 Sept. Vol. 32 No 3 pp 446-450

A short article in which an attempt is made to disprove four points made by HASSELMAN in 1931 in regard to yaws— (1) limitation to the tropics, (2) spotty distribution, (3) lowered resistance of *T. pertenue* as compared with that of *T. pallidum* (4) the effect of altitude in making the lesions of yaws centre in the mucocutaneous junctions.

The author believes that yaws occurs outside the tropics and in support of this belief cites the disease described as yaws in N Carolina and Massachusetts by some authors of the middle of the 18th century and the treponematosis described by HUDSON in Syria and the disease described by GRIN in Yugoslavia. [Others reading the descriptions given by the several authors quoted have put another interpretation upon these observations.]

In regard to the spotty distribution of yaws and its limitation to non urban native communities the author says It is absurd to contend that yaws stops at the outskirts of city communities where there is a world of eligible hosts inviting it to enter and refers to a single observation in Guam to support his idea. [This in face of an enormous amount of evidence adduced by others.]

[Points (3) and (4) are hardly worth discussion as observations are too few to be of much value one way or the other] H S S

BUTLER (C. S) *On the Initial Lesion in Treponematosis Framboesiana.*—Reprinted from *Amer Jl. Clin Path* 1935 May Vol. 5 No 3 pp 231-237

In this paper read before the Brooklyn Surgical Society the author reiterates some of his opinions concerning yaws which may be summed up best perhaps in his own words— I contend that yaws so-called is syphilis acquired usually by innocent contact. There is nothing essentially new and in great part the article is a criticism of experimental work on this disease.

H S S

PELTIER (N.) & RROU (M.). Présentation d'un malade. Syphilis ulcéro-végétante ou pian? [Multiple Lesions Frambesiales or Syphilitic?]—*Bull. Soc. Path. Exot.* 1935. Feb. 13. Vol. 29. No. 2. pp. 53-57.

The patient shown was a 29-year-old colonial infantryman with service in Morocco 1925-26 Indochina 1928-29 Morocco 1932-34, and a history of a spirochaete negative chancre on the penis in 1928. The chancre healed in three days after cauterization, the W.R. was negative, no treatment was given and he remained symptomless until the present illness developed in September 1934 the first lesion being a large vegetative one between the big and second toe. This was followed by a similar dark crusted lesion of the dorsal surface of the toe and then by an eruption on the trunk accompanied by marked itching, some debility, a change in voice timbre and falling of the hair of the scalp and eyebrows.

When examined he presented large "papulo-végétante" plaques in two interdigital spaces of the left foot. On the body were seen some 30 "mumullaires" elements varying in size from a 50 centime piece to a 2 franc piece brownish red in colour not infiltrated. Others were noted on the scalp and forehead. Other lesions—"papules érosives et infiltrées, some covered with a brown crust were discovered about the anus the right labial commissure and in the left antecubital fossa. These lesions were definitely ulcerative. Treponemata were found in numbers in all the lesions. There was also redness and ulceration of the throat which cleared up without treatment. The authors hood with this rather unusual evolution suggest that the case may be one of yaws and not syphilis. [It seems to the reviewer that no good case has been made out for so regarding it.] H. S. S.

CARMAN (J. A.) The Relationship of Yaws and Syphilis. Are they Two Diseases or One?—*East African Med. J.* 1935. Aug. Vol. 12. No. 5. pp. 135-149. [32 refs.]

An address given in Nairobi in which many of the well-known arguments for and against the identity of yaws and syphilis were discussed without perhaps adducing any new facts or new arguments. The author pronounces in favour of there being two separate diseases.

H. S. S.

SOLLINI (A.) Pian e sifilide unicismo o dualismo. [Yaws and Syphilis. One or Two Diseases?].—*Arch. Ital. Sci. Med. Colon.* 1935. Aug. 1. Vol. 16. No. 8. pp. 616-625. English summary (2 lines).

The author brings together the opinions of those who have written on the subject of the unity or duality of yaws and syphilis during the last 4-5 years and states them fairly. He then gives his own opinion, siding with the dualists. He maintains that many medical men join the service [he is speaking mostly of the Belgian Congo] when young and after ample training at home in the diagnosis of syphilis but with merely a theoretical knowledge of yaws they naturally class doubtful lesions as syphilides or take the word of an "infaillible" sanitary officer. In practice an elderly and conscientious colonial medical practitioner can distinguish at once and without any doubt a yaws

from a syphilitic lesion (practica la quale permette ad un vecchio e coscienzioso medico coloniale di distinguere subito senza incertezza un giano da un sifiloma)  
H H S

HUDSON (Ellis H.) Juxta Articular Nodules in Euphrates Arabs.—*Trans. Roy Soc Trop Med & Hyg* 1935 Mar 8. Vol 28. No 5 pp 511-522. With 4 figs. on 2 plates. [42 refs.]

An interesting article reporting eight cases of J.A.N. among Arabs of the Middle Euphrates region and the pathological findings in one of these cases.

Of 236 unselected Bedouin males admitted consecutively to the clinic during 8 months, five or 2.1 per cent manifested these lesions, recognized by the local name *rikh*. Of 8 cases described six were male Bedouins, one a female Bedouin one a townsman. All yielded positive W.R. and all gave a previous history of *bejel* the endemic native syphilis from which 90 per cent. of the nomads and 40 per cent of the townspeople suffer.

The author believes the lesions in his cases to differ in no way either clinically or pathologically from those described in cases of yaws and more rarely in cases of syphilis.  
H S S

WOLF (Max) Zur Kenntnis der juxta-artikulären Knoten [A Case of J.A.N.]—*Wien Klin. Woch* 1934 Nov 23 Vol. 47 No. 47 pp 1420-1422. With 2 figs. [15 refs.]

A report on a case of J.A.N. in a 34-year-old male syphilitic in Vienna.

The patient had lived in the province of Corrientes South America during 1926-27 returning to Europe in May 1927. In August the same year he developed a spirochaete positive chancre and later the W.R. was positive. Courses of treatment with arsenic and bismuth were given during 1927 and 1928.

The J.A.N. lesions appeared in 1928 i.e. while under treatment, on the index finger of the right hand and in the left hand in 1931. There were altogether nine nodules symmetrically situated on each hand and fingers and there was a syphilitic burnitis over the olecranon. The nodules were partly attached to the deep surface of the skin but moveable over the deeper tissues. They gave to the skin stretched over them a yellowish colour. There was no interference with joint movements. The largest was the size of a cherry in some there was a suggestion of softening but in none did the skin break down. In 1931 the patient sought relief. 5 injections of salvarsan and 8 of bismuth were followed by retrogression of the nodes.

The author suggests that the special localization was due to the man constantly driving a motor car. The histological picture he thinks suggests a syphilitic lesion but spirochaetes were not demonstrated.

H S S

HACKETT (C. J.) Interstitial Keratitis, Boomerang Legs and Yaws in a European Boy from the New Hebrides.—*Med. J. Australia* 1935. Aug 17 22nd Year Vol. 2. No 7 pp. 213-216. [21 refs.]

A boy aged 14 was brought for treatment in Australia suffering from blepharospasm, swelling of the lid and ciliary congestion of right eye in (seen)  
Dr

1833 The cornea was hazy the iris swollen and vascularized and a small hypopyon was present. This was followed after a few weeks by affection of the left eye. The condition was considered to be one of interstitial keratitis. Further clinical examination revealed "boomerang tibia." It was believed of 5 years' duration and a little subcutaneous nodule on one wrist followed by the appearance of a nodule on the other wrist.

Both tibiae showed swelling anteriorly (with the maximum point just above the middle of each bone) which gave the impression of forward bowing. There was slight lateral swelling. The anterior tibial crest was rounded. There was an increase in the antero-posterior diameter in the middle third. This was confirmed by radiological examination and the report stated that the condition was "suggestive of specific periostitis." Under treatment with N.A.B. etc., the eye condition subsided and the nodules disappeared. The blood W.R. was positive the C.S.F. was normal.

The author suggests that it is only reasonable to suppose that the interstitial keratitis and the sabre tibiae were due to the same cause—either congenital syphilis or yaws, and believes that the latter is the more likely.

The boy had lived in the New Hebrides, where yaws is common and syphilis said to be absent from birth to the age of 2½ years and again from the age of 5-7½ years. The rest of his life including the last 6 years was passed in Australia. But beyond having had some sores about the ankles as a child sores which occur in all the children, and an abscess of uncertain nature in the right thigh in 1928 before the appearance of the tibial condition there was no history of yaws.

Against the condition being due to congenital syphilis was the fact that the father and two brothers gave negative W.R. and the history of the mother's 6 previous pregnancies. It is also pointed out that interstitial keratitis has been previously by other writers ascribed to yaws. H. S. S.

MONTESTRUC (E.) Un cas de gonion à la Martinique. [A Case of Gonion in Martinique.]—*Bull. Soc. Path. Exot.* 1934. Oct. 19. Vol. 27. No. 8. pp. 770-771.

A case of gonion in a 23-year-old Martinique male seen at Fort-de-France.

Beginning 2 months before on examination there were symmetrical paranasal bony hard tumours the size of small hazel nuts. No other signs nor symptoms no bony deformities elsewhere no history of yaws or syphilis (Verne's perithynol 0) no history of nasal discharge.

This is the first case to be reported from the French Antilles though BRANCH reported a case from St. Vincent, an adjoining island. In both yaws and syphilis are endemic. The author believes it is a disease independent of yaws. H. S. S.

WALKER (J.) & MATHIEU (V.) Contribution à la question du pté et des rhumatismes ptychiques en particulier dans le Rwanda-Urundi. [Yaws and Rheumatism in Rwanda-Urundi.]—*Ann. Soc. Belg. de Méd. Trop.* 1935. Mar. 31. Vol. 15. No. 1. pp. 119-125.

An attempt to correlate the rheumatism so common among the natives of Rwanda-Urundi, as elsewhere in Africa, with latent yaws.

The authors believe that syphilis and therefore congenital syphilis is rare among this native population basing their belief upon the fact that among 7 000 persons examined in 1933 in only 22 was there a penile lesion of possibly syphilitic nature, and that of these in only 16 was the *Sp. pallida* demonstrated. [Reasoning open to fallacy]

They therefore assume that positive serum reactions are due to yaws in the vast proportion of cases and that syphilis may be neglected

In attempting to find the percentage of the population with latent yaws, Wassermann and Mehncke reactions were carried out upon 174 adult persons who had no history of yaws who had no sign of yaws and who had no other disease likely to influence the reactions.

In 119 or 68.4 per cent. both reactions were negative and these cases were considered to be clearly *indemnes de pian*. Twenty other cases or 11.5 per cent. in which the reactions were doubtful were considered non *framboesial*

The remaining 35 or 21 per cent. were believed to be cases which should be looked upon as cases of latent yaws. In regard to rheumatism or *douleurs rhumatoïdes* 446 adults were selected, complaining of this symptom but exhibiting no signs of yaws, and their serum reactions carried out. In 47.1 per cent. the reactions were completely negative in 34.1 per cent. positive and in others partly positive so that it was considered that half the cases of rheumatism were of *framboesial* origin. [A suggestion that may be true but is not proved as the authors seem to agree later]

To account for the high figure of 21 per cent. latent infections *i.e.* persons with no history sign or symptom of yaws the authors believe they have good grounds for suggesting that the number of infections in childhood which are benign and undergo spontaneous cure leaving no trace behind them except the positive serum reaction, is much greater than is generally believed.

H S S

HASSELMANN (C. M.) *Fatality from Exacerbation of Latent Tuberculosis due to Thio-Bismol in a Case of Yaws.*—*Arch. Dermat. & Syph.* 1935 May Vol. 31 No 5 pp 688-691 With 1 fig. [17 refs.]

A case of yaws in which death followed upon the injection of bismuth. A child aged 9 years suffering from florid yaws but otherwise apparently in good health was given 3 intramuscular injections 3 days intervening between the treatments. The first injection consisted of bismuth hydroxide dispersed in oil, the second of a 10 per cent. suspension of bismuth salicylate in oil these two together being equivalent to 0.248 gm. bismuth. The third injection consisted of 0.2 gm. thio-bismol containing 0.075 gm. bismuth. Two days later fever and scanty urine were noted and death occurred on the 6th day after the last injection. Post mortem examination revealed a fatty congested liver tubular nephrosis and fibrocaseous pulmonary tuberculous.

The author points to the danger which is likely to follow upon the fashion to overemphasize the efficacy and harmlessness of the various bismuth preparations in the treatment of yaws and syphilis. He holds that there is no direct need for combining arphenamine with bismuth and believes with LESSER, HUDELO and RABUT STOKES and others that the action of bismuth is one of inhibition and not destruction of the treponeme. It is high time and quite necessary to draw attention to the mostly transient and rather inconstant effects on the

malady on the one hand and the increasing number of toxic side-effects on the other." Bismuth is far inferior to arsphenamine but if it is used then only preparations are to be preferred to water soluble compounds. Attention is drawn to the particular liability of bismuth to swell and cause exacerbation of tuberculous lesions. H S S

COUTINHO (Arthur) Um novo medicamento no tratamento da leish. [A New Drug for Treatment of Yaws.]—*Ann. Parasit. Med. e Cirurg.* 1934 Dec. Vol. 28. No. 8. pp 553-559. With 2 figs.

Vanadium like bismuth and arsenic has been used in the treatment of syphilis but its toxicity was greater than that of the two latter. Recently Professor PEREIRA has introduced a newer compound called Tarvan sodium vanadium tartrate in the treatment of syphilis, which combines a marked spirochaetocidal action with diminished toxicity.

This preparation has now been tried out in Brazil by the author on two cases of florid yaws. Six intramuscular injections in one case, three in the other at 3-4 days intervals the dose being 2 cc. of a 7.5 per cent solution caused complete disappearance of the yaws eruption and cessation of bone pains and headache, the only unpleasant symptom being nausea following the earlier doses.

The author states that the cost is low and is persuaded that it is a most efficacious remedy. Spirochaetes disappeared from lesions in 48 hours after the first injection. [The "blanchissement" obtained in these two cases would appear to be insufficient grounds upon which to base an opinion of much value. No mention is made of Wassermann reaction.] H S S

WILSON (Paul W.) Incidence of Yaws and Syphilis in Five Rural Villages, Republic of Panama.—*U.S. Agr. Med. Bull.* 1934 Oct. Vol. 32. No. 4. pp. 391-401

A report upon the study of the incidence of yaws and syphilis in villages near Panama City.

A large part of the paper is taken up with serological reactions presented in the form of tables which cannot be summarised, the rest deals with individual cases which need not be reproduced.

J.A.N. were found in 10 per cent. of the yaws cases and it is called to mind that in Haiti the figure was only 0-42. H S S

LARREA. Contribution à l'étude des croyances des indigènes de la haute Soudan au sujet du palu.—*Ann. de Méd. et de Pharm. Colon.* 1934 Oct.-Nov. Dec. Vol. 32. No. 4. pp 374-379

MEYERSON (W.) Nodostes juxtaarticularis ohne Syphilis.—*Arch. Dermat. u. Syph.* 1935 Aug. 14. Vol. 171. No. 8. pp. 810-811

MYERSON (E.) Mycosidry des Framboëles.—*Arch. f. Schiffs- u. Trop. Hyg.* 1935 Mar. Vol. 39. No. 3. pp. 128-129

## TROPICAL OPHTHALMOLOGY

## A REVIEW OF RECENT ARTICLES XXIV \*

*Conjunctiva*.—Saradindu SANJAL<sup>1</sup> has isolated Gram positive cocci in plasma cells obtained from cases of the epidemic conjunctivitis and keratitis met with in Calcutta during recent years. These cocci are also found in the epithelial cells and may be seen lying free in the sub-epithelial connective tissues.

*Trachoma*.—Slight ptosis which gives the patient a sleepy appearance is a constant early sign in the first stage of trachoma. BUSACCA<sup>2</sup> attributes this to the increased weight of the lid caused by the oedema associated with the inflammation in the upper fornix and disagrees with FALTA's theory that it may be due to an involvement of the tarsal muscle in the inflammation.

WRIGHT<sup>3</sup> has contributed an important paper regarding the disease in which he states that working in conjunction with Dr C G PUNDIT and the staff of the King Institute a virus has been isolated on the allantoic membrane of the chick from cases of undoubted trachoma. The virus is filtrable and the filtrates reproduce similar lesions on the allantoic membrane. Hitherto however attempts to reproduce the disease in the human subject by implantation of the virus have been unsuccessful. The author deplors the obstacle to research presented by the difficulty clinicians experience in deciding what constitutes true trachoma. He believes that it is a specific disease entity and that the development of cicatricial tissue is one of its outstanding features. This is, however an extremely variable feature and cannot alone be used by experimentalists as a criterion of trachoma. The extraordinarily heavy incidence of the disease amongst the Sikh and other regiments stationed in the Punjab and North West Provinces described in the report of the Public Health Commissioner with the Government of India is referred to with some scepticism and the value of Wilson's sign is contested. The whole problem of the disease is compared to that of dysentery which at one time was regarded as a single disease entity and is now differentiated into a number of varieties. A much needed warning is given against the too strenuous treatment by caustics of conjunctival disorders which would be likely to recover if subjected to a mild and harmless drug treatment with lavage. MEIGHAN<sup>4</sup> has described the measures taken in Glasgow where the disease is a notifiable one. At the end of 1934 there were 120 cases on the register but 13 of these were doubtful. During the year there were 17 notifications and 7 of these had definite trachoma. There is a central dispensary where a surgeon diagnoses and treats the cases whilst a nurse visits the homes and keeps contacts under observation and carries out treatment.

\* For the twenty third of this series see Vol. 32 pp 471-478

<sup>1</sup> SANJAL (Saradindu) A Preliminary Report on the Bacteriology of Kerato Conjunctivitis with Adenitis seen in Calcutta.—*Calcutta Med. J.* 1935 May Vol. 29 No. 11 pp 621-622. With 1 plate.

<sup>2</sup> BUSACCA (Archimede) A propos d'une remarque de M. Falta sur mon article "Ptosis transitorie e ptosis permanenti nel tracoma."—*Rev. Internat. du Trachoma* 1935 July Vol. 12. No. 3 pp 166-168.

<sup>3</sup> WRIGHT (R. R.) The Trachoma Problem.—*Brit. J. Ophthalm.* 1935 June Vol. 19 No. 6. pp. 306-318

<sup>4</sup> MEIGHAN (S. Spence) Trachoma in Glasgow.—*Brit. J. Ophthalm.* 1935 June Vol. 19 No. 6. p. 328.



Fifty-nine per cent. of the patients were under fifteen years old. ROGUES<sup>6</sup> advocates the application of formal in the treatment of the disease. The drug is applied to the everted lid after thorough cocainization and drying of the membrane. A moistened swab is kept in contact with the conjunctiva for a minute and this is followed by an abundant irrigation with distilled water. A five per cent. solution appears to have given the best result. MACCALLAN<sup>7</sup> has discussed some aspects of trachoma. He defines the disease as "a specific contagious disease of the conjunctiva characterized by the new formation of lymphoid tissue which spreads to the cornea, as followed by cicatricial changes in the affected tissues. It is chronic in nature." The aetiology is uncertain and the presence or absence of inclusion bodies is not of diagnostic significance. He believes that the experimental conjunctivitis produced in monkeys by the inoculation of trachomatous tissue is true trachoma despite the fact that the cornea remains free from invasion. No reference is made to Noguchi's *Bact. granulosa*. The epidemics of acute conjunctivitis which occur in trachomatous countries and are responsible for the high incidence of blindness there add to the aetiological difficulties. These ophthalmias complicating trachoma are responsible for the heavy incidence of blindness in some countries. In the great majority of countries where trachoma is endemic, however the disease begins insidiously and pursues a chronic course. Infection in childhood is mostly familial, but may result from a mass infection in a boarding school. The issue of simple eyedrops by the Government for use as a prophylactic in badly affected countries might be of service. It is stated that in some parts of Northern India trachoma is practically universal, but progresses to a quiescent stage which produces little disability [This seems to be an exaggerated estimate if the author's definition of the disease is accepted.] HERBERT<sup>8</sup> has commented on BUSACCA's description of the microscopical features of Herbert's Pits (*ante* p. 472). He suggests that the epithelial crypts found at the limbus in some eyes induce a lymph stasis in their neighbourhood which favours the accumulation of wandering cells. In trachomatous infection erosion of the corneal lamellae occurs and pitting results. In his Indian experience there was but little indication of any epithelial proliferation in the pits possibly this was due to lack of treatment and absence of any epithelial stimulant. The experience in Lithuania of AVIZONIS<sup>9</sup> is distinctly unfavourable to the theory that trachoma and pterygia are mutually antagonistic. He has, indeed, found that trachoma may if anything, render a person more susceptible to the growth.

CULLOM<sup>10</sup> has described some of his trachoma experiences. These show that trachoma is a transmissible disease carried by infectious secretion from one eye to another. He thinks, too that this secretion

<sup>6</sup> ROGUES (Henry) Nouveau traitement clinique du trachome.—*Gaz. Méd. Soc. Méd. de Bordeaux* 1935. Mar 31 Vol. 60. No. 13. pp. 196-200

<sup>7</sup> MACCALLAN (A. F.) Trachoma—Recent Advances and the Principles of Prophylaxis.—*Brit. J. Ophthalm.* 1935 May Vol. 19 No. 5. pp. 253-260

<sup>8</sup> HERBERT (H.) Corneal Pitting.—*Brit. J. Ophthalm.* 1935. May Vol. 19 No. 5 pp. 261-264

<sup>9</sup> AVIZONIS (P.) Le pterygion et le trachome.—*Rev. Internat. de Trachome* 1935. Apr Vol. 12 No. 2. pp. 97-98.

<sup>10</sup> CULLOM (M. M.) Trachoma Infection and Treatment.—*Southern Med. J.* 1935 July Vol. 28 No. 7 pp. 643-648

may cause a very violent reaction. If the infection is feeble and ordinary cleanliness is observed, chances of contagion are slight. The disease is a filth disease due to the indiscriminate common use of towels and wash basins. He is rather sceptical of the statement that pannus occurs independently of the rough surface of the lid and thinks the obvious explanation is that it is a traumatic injury to the cornea which causes abrasion and ulceration of the epithelial layer. He stresses the importance of attending to any malnutrition which may be present.

As the result of laboratory work at Giza, STEWART<sup>10</sup> has put forward the hypothesis that the granular virus of trachoma is introduced into the conjunctiva in the bodies of bacteria of several species. These bacteria, acting as intermediate hosts are phagocytosed to form the Prowazek Halberstaedter bodies. The granules of the virus are liberated by the bursting of the inclusions and are then dispersed through the conjunctiva. Prowazek Halberstaedter bodies are not found in pure uncomplicated trachoma, but only in trachoma complicated by bacterial infection especially the Koch-Weeks bacillus and the gonococcus.

VOX SZILY<sup>11</sup> found that he was able to induce a follicle formation in the uvea and other ocular and orbital tissues by inoculating material obtained from a case of sympathetic ophthalmitis. This led him to experiment with trachomatous matter in a similar fashion. The matter was ground in a mortar with saline and the emulsion injected into the vitreous of a rabbit after having punctured the anterior chamber. Many of the experiments were negative but in some he was successful in inducing a typical follicle formation. He suggests that some ultra-microscopic organisms may exist which have the property of bringing about follicle formation. SÉDAN<sup>12</sup> has reported three cases which he believes to have been trachomatous and in which a relapse of the conjunctival inflammation occurred during an attack of hay fever, bronchitis and influenza in the respective patients. PADOVANI<sup>13</sup> expresses himself satisfied with the use of taurocholate of soda in the treatment of pannus and quotes two of his cases as evidence. The fact that the drug is capable of inducing lysis of certain bacteria *in vitro* suggested its employment. He used a solution of 10 per cent. to paint the anesthetized conjunctiva but he recommends a weaker solution of 3 per cent. as an instillation if corneal ulceration is present.

JOURDRAN<sup>14</sup> has reported from Tonkin seven cases of trachoma which he claims to have cured completely within a remarkably short period by the use of high frequency fulguration. The operation is only slightly painful it induces a rather marked oedema which gradually disappears.

<sup>10</sup> STEWART (F. H.) Recent Advances in Trachoma.—*Brit Med J* 1935 June 22. pp 1261-1262. [15 refs.]

<sup>11</sup> VOX SZILY (A.) Uebertragungsversuche mit Trachomaterial. Ein Weiterer Beitrag zur Kenntnis follikelbildender Erreger.—*Klin Monat f Augen heilkunde* 1935. Jan. Vol. 94 pp 1-11. With 21 figs.

<sup>12</sup> SÉDAN (Jerd) Trois cas de trachome saisonnier.—*Rev Internat du Trachome* 1935 Apr Vol. 12. No 2. pp. 81-84.

<sup>13</sup> PADOVANI (S.) De l'action favorable du taurocholate de soude dans le trachome. (A propos de l'hypothèse du rôle étiologique des inclusions).—*Rev Internat. du Trachome* 1935 Apr Vol. 12. No 2. pp 84-87

<sup>14</sup> JOURDRAN Contribution à la thérapeutique du trachome par l'étincelle froide de haute fréquence (courants de tension, fulguration monopolaire).—*Far Eastern Assoc. Trop Med. Trans Ninth Congress Nanking China* 1934 Vol. 2. pp. 523-527

**Cornea**—WRIGHT<sup>12</sup> has reported two cases of corneal grafting which show that large corneal grafts are just as likely to be successful as small ones and that an eye blind from glaucoma constitutes a good donor eye. Anterior synechiae can be dealt with successfully and the chamber reformed by performing a preliminary operation. One of the patients had trachoma with pannus and a corneal ulcer and the other had suffered from a syphilitic interstitial keratitis. The larger graft was 8 mm. in diameter.

**Cataract**.—HOWER & MINGELER<sup>13</sup> believe that in the tropics infra-red rays play an important part in the aetiology of senile cataract. Other factors, too are of course present. Heredity endocrine disorders auto-intoxication and senility are instances. They base their conclusions on the fact that they have found a high incidence of "furnace workers cataract" in Java amongst people who have never been exposed to a furnace glare. The proportion of Europeans affected by glassblowers cataract was greater than that of the natives of Java.

**Glaucoma**—ELLIOT<sup>14</sup> has reviewed some of his experiences in connexion with his operation for glaucoma. He warns the surgeon against dragging uveal tissue into the trephine hole—this can be avoided if the trephined disc and the bulging iris are seized with one grip of the forceps and cut together with one snip of the scissors. He advocates a small peripheral iridectomy and uses a continuous suture to unite the edges of the conjunctival flap passing the thread over iodine before and after each penetration of the conjunctival edges. Impaction of uveal tissue which blocks the trephine hole and stops filtration may prove difficult to deal with. Recently he has been successful in treating such a case by passing a Ziegler's knife subconjunctivally and dividing the tissue with a sweep of the knife. Detachment of the choroid may occasionally occur after trephining. It is unnecessary to keep patients with this complication in the recumbent position. The main point in post-operative treatment is to ensure that the pupil remains wide. Massage after trephining is of great value. Should it prove necessary to remove the lens for cataract after trephining has been performed, care should be taken to avoid involving the trephine aperture in the incision and to make the conjunctival flap in an area free from filtration.

**Mycosis**—LANGKROON<sup>15</sup> has reported a case of ocular mycosis. One eye only was affected. In the upper quadrant of the cornea and involving the neighbouring conjunctiva lay a pea sized nodule surrounded by an area of infiltration. The surface showed three small yellowish pustules, the largest of which lay on the corneal aspect and was breaking down. A yellowish ulcer the size of a lentil was seen on the upper tarsal conjunctiva, whilst small rounded greyish-yellow raised spots covered the upper cul-de-sac. The changes were limited to the upper lid. The glands were swollen, but freely movable and not painful. Febrile reaction was absent. A fungus of the *Beauveria* type was isolated from the lesion—the author has named it *B. brumpti*.

<sup>12</sup> WRIGHT (R. E.) Corneal Grafting. Reporative and Optical.—*Brit. J. Ophthalmol.* 1935 June. Vol. 19 No. 6 pp. 341-347 With 1 fig.

<sup>13</sup> HOWER (A. W. Malock) & MINGELER (R.) Cataracts Tropics.—*Far Eastern Assoc. Trop. Med. Trans. Ninth Congress. Nanking China, 1934* Vol. 2 pp. 509-513

<sup>14</sup> ELLIOT (R. H.) Some Points in Connection with Sclerocorneal Trephining.—*Brit. Med. J.* 1935 Aug. 24. pp. 334-335

<sup>15</sup> LANGKROON (Maurice) Mycosis oculaire primitive due au "*Beauveria brumpti*—*Soc. Acad. Med.* 1934 Jan. 23 86th Year. 3rd Ser. Vol. III. No. 3 pp. 133-137

*Onchocerciasis*.—JOYEUX SÉDAN & ESMENARD<sup>19</sup> have reported a case of ocular onchocerciasis in a European who had been on the Ivory Coast in French Western Africa for a little over a year. The patient had a subcutaneous nodule over his left shoulder blade from which it was possible to obtain a dead *O. volutus*. There were numerous small granulomata under the conjunctiva, but no microfilariae were found in these.

CORNEW<sup>20</sup> has described a sign which is present in the early stage of a paralysis of the facial nerve. If the normal person is asked to look upwards whilst keeping the eyes closed the action of the *levator palpebrae superioris* is masked by the contraction of the *orbicularis* but if there be any weakness of the latter muscle the eye opens on looking upwards owing to the feeble action of the *orbicularis*. (This may prove a valuable sign in the early stages of leprosy.)

*Retinitis pigmentosa*.—Many forms of treatment have from time to time been employed in attempts to alleviate this condition. MACDONALD & MCKENZIE<sup>21</sup> have been unable whole-heartedly to confirm ROYLE's successful results by the performance of a sympathectomy. Their experience was limited to four cases—one of these regressed one remained unaltered, and the other two showed a slight improvement. The authors suggest that to have a fair chance the operation should be performed in the very early stages of the disease.

*Quinine amblyopia*.—WOLFF<sup>22</sup> investigating the causes of *quinine amblyopia* points out that quinine interferes with the oxidation of the tissues. This oxygen lack causes a spasm of the retinal artery and leads to the changes associated with quinine poisoning. He thinks that two stages may be distinguished in the action of the drug. In the first the quinine in its capacity as a general protoplasmic poison acts directly on the retinal elements and the second stage depends on the spasm of the retinal vessels and is probably acute in onset.

The Twenty-first Annual Report of the Ophthalmic Section of the Government of Egypt for the year 1933 records the continuous progress made in the fight against diseases of the eye in that country. The statistics deal with the diseases seen in the enormous number of 825,304 new patients—an increase of 15 per cent. compared with the previous year. 6.4 per cent. of the total were found to be blind in one or in both eyes and 80 per cent. of this blindness was caused by acute ophthalmia. Nearly half the acute ophthalmias were due to the gonococcus. 10,066 primary school-children were examined and it is stated that the appalling proportion of 88 per cent. was affected by trachoma in some form. 59,670 cases of trachiasis were seen amongst the new out-patients and 8,533 cases of chronic dacryocystitis. Trachoma accounted for 761,289 admissions. Cases of primary chronic glaucoma (8,223) considerably outnumber those of senile cataract (4,655) this incidence differs from that found in most tropical countries and the cause of it is worthy of investigation.

H Kirkpatrick.

<sup>19</sup> JOYEUX (Ch.) SÉDAN (J.) & ESMENARD (J.) Un cas d'onchocercose contractée à la Côte d'Ivoire, avec complications oculaires.—*Bull. Soc. Path. Exot.* 1933. June 12. Vol. 28. No. 6 pp. 435-438.

<sup>20</sup> CORNEW (Henry) An Early Ocular Sign in Facial Paralysis.—*Brit. J. Ophthalm.* 1935 May Vol. 19 No 5 p. 267.

<sup>21</sup> MACDONALD (Alexander E.) & MCKENZIE (Kenneth G.) Sympathectomy for Retinitis Pigmentosa.—*Arch. Ophthalm.* 1935 Mar Vol. 14 No 3 pp. 362-373 With 6 figs.

<sup>22</sup> WOLFF (Eugene) The Causation of Quinine Blindness.—*Lancet* 1933 June 28 pp. 1497-1498 (14 refs.)

cases beyond five years after return home. Indeed after 18 months parasites were rarely found. Of those detected 787 were *P. vivax*, 14 *P. falciparum* and 5 *P. malariae*. The introduction of the Tanret test for quinine in the urine of out-patient pensioners showed that 70 per cent. were not taking it. During the year 1922 there were 46 per cent. positive Tanrets and 54 negative so that "without being dogmatic" one may attribute recovery to home life in England and the development of immunity (? the dying out of the parasites).

In the first 5 post-war years only one enteric carrier of *Bac. paratyphosum A* was found and in the first 8 years only one of *Bac. typhosum* showing that the body early rids itself of infection.

A. G. B.

BENAVIDES (Joaquin). Comments and Procedure on Thick Blood Film Technique.—*Jl. Lab. & Clin. Med.* 1934 Dec. Vol. 20. No. 3 pp. 289-295 With 2 figs.

This is a useful article describing the thick film method of blood examination for field survey work. The staining and dehaemoglobinization are carried out in blocks of 25 slides as recommended by BARBER. The article is full of practical detail and includes a very useful and simple method of preparing the Giemsa stain from Anser II corn.

C. M. Weyers.

PARDINA (Jose M.) Parasitosis intestinal infantil. [Intestinal Parasitism in Children].—*Prensa Med. Argentina.* 1935. May 22. Vol. 22. No. 22. pp 1050-1062. [79 refs.]

This was a paper read at the Fifth Medical Congress, held at Rosario and dealing with the results of laboratory examinations of the feces of children at the Hospital, Córdoba. Altogether specimens from 505 children were examined, and the large number of 960 were found positive 71.2 per cent. 262 or 72.7 per cent. of those positive were passing protozoal parasites, one or more, 98 or 27.0 helminthic ova and 184 or 51 per cent. both. Of protozoa the commonest was *Giardia lamblia* 116 or 32.2 per cent. *E. histolytica* (vegetative or cystic forms) 74 or 20.5 per cent. One hundred and sixty-one had one parasite only 102 had more. Of the helminthic infestations *Enterobius* was the commonest 31 or 8.6 per cent., *Hymenolepis nana* next, 24 or 6.8 per cent. then in order *T. saginata* 13 or 3.6, *Necator* 12 or 3.3, *Ascaris* and *Trichuris* each 9 or 2.5 per cent. The majority of the patients showed no obvious symptoms as a result of the parasitism.

H. H. S.

SUMIN (N. A.) 19 Fälle von Coccidiose bei Menschen. [Nineteen Cases of Human Coccidiosis].—*Rev. Microbiol. Epidemiol. & Parasit.* 1934 Vol. 13. No. 2. [In Russian pp. 165-167 German summary p. 167]

The author records 19 cases of human coccidiosis (*Isospora hominis*) from Abkhazia, in Transcaucasia, found in 1931-1932. In every instance the identity of the oöcysts discovered in the stools was confirmed morphologically by cultivation (sporulation) and by animal experiments (which were negative). In the majority of cases (13) subjective complaints and intestinal disorder were present. In several out-patients the oöcysts could be recovered in the course of four months.

C. A. Haas.

REDAELLI (P) & CIFERRI (R.) Affinité entre les agents de l'histoplasmosse humaine du farcin équin et d'une mycose spontanée des muridés. [Systemic Relations between Human Histoplasmosis, Epizootic Lymphangitis and Cryptococcus of Mice.]—*Boll. Sezione Ital. Soc. Internaz. di Microbiologia* Milan. 1934 Oct Vol. 6 No 10 pp 376-379

Discussing the systematic position of *Histoplasma capsulatum* the authors conclude that the causative organism of epizootic lymphangitis of horses (*Cryptococcus farciminosus*) and *Cryptococcus muris* of mice are closely related to it and actually belong to the same genus their names becoming *Histoplasma farciminosum* and *Histoplasma muris* respectively. The family Histoplasmaeace is one of the three subdivisions of the super family Adelosaccharomycetaceae of Guilliermond which includes all the asporogenous fungi.

C M Wenyon

CHABRILLAT Note sur la fièvre de trois jours. [Three Day Fever]—*Bull. Soc. Path. Exot.* 1934 Oct. 10 Vol. 27 No. 8. pp 762-766

A French man-of-war was in harbour and dry dock in Madagascar on a cruise to Bombay Calcutta and Aden while in harbour but also during the cruise many cases of a 3 day fever occurred with severe headache and backache no rash the cases resembling sand fly fever rather than dengue.

The cases occurred as follows —

14th March to 8th May 1931	73 cases.
23rd December to 4th February 1932	15
17th March to 26th May 1932	40
Total	128

Eighty five per cent of the personnel were infected

The interesting point is that in Madagascar there were few or no sand flies and very numerous *Aedes aegypti*. The few sand-flies disappeared within 24 hours of leaving harbour but the *Aedes* remained and cases continued to occur

D Harvey

MATHEW (R. Y.) Interim Notes on an Outbreak of Coastal Fever at Tully North Queensland.—*Health* Canberra. 1934 Aug Vol. 12. No 8. pp 54-57

Coastal fever has occurred in certain areas in North Queensland ever since the first settlers arrived there other names given to the disease are scrub fever epidemic glandular fever Mossman fever. The duration of the fever varies from 3 days to 3 weeks accompanied by a general enlargement of the superficial lymph glands a macular rash is frequently observed.

In 1934 some 30 cases of coastal fever occurred among workers in the cane sugar plantations at Tully in N Queensland and were investigated by the writer of this paper. Seven people out of eight in one barrack room went down with the fever and some stated that they had had similar attacks in previous years.

Clinical notes—The disease is characterized by a sudden onset with rigor severe headache and backache and pain behind the eyes with

flushed face the fever lasted for 4 or 5 days but there was no characteristic saddle back temperature curve.

*Laboratory notes*—Blood culture, blood films, agglutination tests with *Bact. typhosum* and *paratyphosum* A B C and *Proteus* X19 and XK were all negative.

It is suggested that possibly the disease is either a form of leptospirosis or else a modified dengue.

D Harvey

SCHARLES (F. H.) & SEASTONE (C. V.) Haverhill Fever following Bite.—*New England Jl of Med.* 1934. Oct. 18. Vol. 211. No. 16. pp 711-714 With 1 fig & 1 chart. [13 refs.]

The description of a case of "Haverhill fever" in a medical student who was bitten by an albino rat. The bite was followed by a transitory lymphangitis, recurrent fever associated with morbilliform rash and arthritis. Repeated blood cultures, dark field examinations of the blood, and injections of blood into mice and guinea pigs were negative. Culture of the joint fluid yielded an organism which was identified as *Haverhillia multiformis* which is probably the same as *Streptobacillus multiformis* described by LEVADITI, NICOLAU and POINCLOUX (1925).<sup>\*</sup> The patient's serum agglutinated this organism in high titre.

E Huxle

RHOADS (C. P.) & MILLER (D. K.) The Association of Bartonella Bodies with Induced Anemia in the Dog.—*Jl. Experim. Med.* 1935 Jan. 1 Vol. 61 No. 1 pp. 139-148. With 1 fig. & 1 plate. [11 refs.]

On feeding splenectomized dogs on a diet which produces black tongue there developed an anaemia associated with the presence of *Bartonella canis* in the red blood corpuscles. The addition of lean beef to the diet resulted in the appearance of reticulocytes and disappearance of the parasite. Blood from an animal showing *B. canis* injected into splenectomized dogs, produced a large infection whereas no infection was produced by injection into normal dogs.

C M Weyen

MAGASIN DE PARASITOLOGIE DE L'INSTITUT ZOOLOGIQUE DE L'ACADEMIE DES SCIENCES DE L'URSS. 1934 Vol. 4. pp. 1-367 Numerous figures and tables.

This issue of the *Magasin de Parasitologie* of Leningrad consists of fifteen contributions from various authors, of which nine at least are of interest to the medical entomologist. With one exception, which is in German, the papers are in Russian, but, again with one exception, are provided with German summaries. The titles given below are taken from the German Table of Contents, which follows that in Russian.

I. GUZEWIČ (A. W.) Über die Stechmücken der Chibiner Berge. [On the Mosquitoes of the Chibin Hills.]—pp. 5-17 With 3 figs. and 4 tables.

Guzewič's paper deals with a collection of mosquitoes made during the years 1890-1892 in the vicinity of Chibinogorsk, in the Kola Peninsula. No Anopheles were encountered. The prevailing species was *Aedes pullatus* met with for the first time within the Arctic Circle.

more than 1,250 miles from Saratov on the Volga, its nearest hitherto-known locality. *A. pullatus* was found to breed in very small pools in the peat fully exposed to the sun.

- ii. PETRISCHTSCHewa (P. A.) Zur Biologie von *Anopheles bifurcatus* in Turkmenien. [The Biology of *Anopheles bifurcatus* in Turkmenistan.]—pp 19-30 With 8 figs. & 4 tables & charts

Although in Palestine breeding freely in rock-cisterns the openings into which are sometimes actually inside houses *Anopheles bifurcatus* in Turkmenistan (Transcaspia) is stated to enter dwellings and out-houses only exceptionally. Consequently in spite of its wide distribution in the country the species as a potential vector of malaria is of extremely limited and practically negligible importance.

- iii. MARTINI (E.) Der Sowjetunion Bedeutung für das Problem der *Anopheles maculipennis* Rassen. [The Importance of the Soviet Union to the Racial Problem in *Anopheles maculipennis*]—pp 31-42. With 3 figs.

Russia may ultimately shed fresh light on the racial question in *Anopheles maculipennis*. Accordingly Martini in the only German paper in the collection after stating the chief points, with especial reference to the races *atroparvus labranchiae typicus* (*maculipennis*) and *mesasiatica* with which readers of this *Bulletin* must be familiar draws attention to some present-day problems, and remarks that hitherto all our knowledge has been obtained in Western Europe. On the other hand — The Soviet Union, with its enormous extent from north to south, offers a vast field for study wherein perhaps quite different forms of eggs may occur. Russia, moreover with its many foci of malaria, should afford grounds for important conclusions as to whether highly malarious conditions occur only within the area of a particular race of *A. maculipennis* or not. Similar valuable information might be obtained as to the influence of salinity and temperature of water in breeding places and of climate and deviation by means of cattle.

- iv. BEKLEMISCHew (W) in co-operation with SCHIPIZINA (N) POLOWODOWA (W) & NABOKICH (P) Ueber die Genauigkeit der Abundanzbestimmung von *Anopheles maculipennis* Larven in Pflanzenbewachsenen Gewässern. [The Accuracy of the Determination of the Abundance of *Anopheles maculipennis* Larvae in Waters Rich in Vegetation.] pp 43-63. With 11 tables & 1 fig

Again with reference to *A. maculipennis* it is asserted by Beklemisshew that every quantitative method of capture must be studied from two points of view namely the percentage of the mosquito population actually present caught by the method employed, and the degree of accuracy possessed by the latter. The author who used an ordinary gauze net and worked near Magnetogorsk in the inundated region of the Ural River takes as coefficient of productivity the percentage of the total number of larvae at the moment of capture in the area under investigation, formed by those actually caught. By means of extrapolation it was found that the total number of larvae in a square metre of *Potamogeton pectinatus* with an admixture of other plants (*Ceratophyllum*, *Myriophyllum* and *Lemna trisulca*) was 424. The coefficient of productivity of the first stroke of the net was 56.75 per cent. Four similar investigations, in growths of Canadian water weed (*Elodea*) were carried out at different times and in different waters when



3 out of 38 20 out of 44 on the 10th day 1 out of 24 and on the 13th 1 out of 16. He considers that his evidence tends to show that *M. sorbens* may be the transmitting agent of acid-fast bacilli present in a leprosy sore through its vomit drop or excreta. Passage through one of these flies may be necessary to activate the organism and make it infective its capsule undergoing partial solution perhaps, for simple implantation of the bacillus does not produce infection. He thinks that the rôle of *Musoids* in the transmission of leprosy has been little explored. Other observations concerned *Tabanidae*. A. G. B.

BLACKLOCK (D. B.) *Screencloth for Houses in the Tropics*.—*Ind. Trop. Med. & Parasit.* 1935 July 17 Vol. 29, No. 2 pp. 261-263.

This paper makes practical proposals for the reduction of the cost of screencloth as wire gauze is technically called.

The author points out that the chief factor in maintaining the price of screencloth has been the irregular orders for this material specifying many different meshes, and gauges of wire. So long as manufacturers have to set up and adjust machines—a very costly item—to produce a large variety of sizes of mesh, and use wire of different gauges, the cost of the material is bound to remain high. Whereas if requirements of screencloth were standardized to one or two types, there would be a great fall in the cost of production.

He advises therefore the adoption of \*MacArthur's recommendations to employ for buildings screencloth of 14 meshes to the linear inch, woven of wire of no. 30 Imperial Standard Wire Gauge and for screening water tanks, etc. an 18-mesh screencloth of 30 L.S.W.G. The reason for advocating a finer mesh for the latter purpose is that freshly-emerged mosquitoes might be able to force their way through a coarser mesh before their chitinous exoskeleton has finally set. Blacklock suggests that for screening water-containers where, unlike houses, the exclusion of light is immaterial, a stouter wire—i.e., 28 L.S.W.G. would provide a more durable material.

One of the newer metal compositions, a British product known as Barronia metal, is strongly recommended by the author. To his knowledge, screencloth made of this material was fixed in the windows of an animal house in the exacting climate of Sierra Leone, where it remained quite unprotected from the weather for well over two years. At the end of this trial period the wire was examined and was found to show no signs of wastage or corrosion. Barronia wire does not require painting as the slight film which forms on the wire from weathering acts as a protective covering and increases the resistance to corrosion. Another strong point in favour of Barronia is that its cost is only some two-thirds that of Monel metal.

W. P. MacArthur

McMAHON (J. P.) *Preliminary Notes on the Control of Flies*.—*East African Med. J.* 1935 Aug. Vol. 12, No. 5, pp. 123-125. [Summary appears also in *Bulletin of Hygiene*.]

The paper discusses flies coming from sanitary traps, pit latrines, etc., in Nairobi also the possibility of using repellents.

The enquiry arose because of the abundance of *Musca* in parts of Nairobi, and it was easy to show that they came principally from the

area in which night-soil was deposited and burned in rather shallow trenches. The very familiar objections to this system of disposal are set forth. It was found also that a considerable number of flies were coming from pit latrines. Apparently these are deep but not dark or fly proof. The author states that naphthalene was occasionally successful as a repellent, but that he got more complete and consistent results with paradichlorobenzene in powder form. He put about 2 lb of this in a pit latrine when he started operations and after that reduced his application to 4 oz. once a week.

It is clear that the members of the group of house flies very closely related to *Musca domestica* differ from one another in points of anatomy and of behaviour. The majority of those bred from Nairobi are apparently a new species the description of which by PATTON is in the press. It is quite possible that this species cannot be controlled by methods which are so successful in West Africa but we suggest that the authorities in Nairobi might experiment with the Otway pit. The paper states that considerable numbers of *Lucilia sericata* were bred from some of these deposits of faeces that may be so but is the identification correct? Small green *Chrysomya* commonly breed in such places in tropical countries.

P A Buxton

SALEM (H H.) *Myiasis in Egypt*—*Jl Egyptian Med Assoc.* 1935 Apr Vol. 18. No 4 pp 238-254

Though largely a compilation of published statements on myiasis elsewhere than in Egypt this paper contains a modicum of original matter. Ocular myiasis, usually due to larvae of *Wohlfahrtia magnifica*, is the commonest condition within the limitations of the title, especially in Cairo and lower Egypt from Upper Egypt it has so far not been reported. Larvae of *Sarcophaga dux* var. *exuberans* have likewise been met with (in one instance) in the human eye and also in the ear. A particularly interesting case was that in which larvae of three different species of flies—*Eumerus vestitus* (which normally breeds in decaying onions) *Musca domestica* and *Prophila casei* (the cheese maggot fly)—issued from the ear of a child suffering from otorrhoea. Two cases of intestinal myiasis caused by *Sarcophaga hirtipes* and *S. dux* var. *exuberans* have been observed by the author who however has yet to meet with the much rarer condition known as urinary myiasis.

E E Auden

JOBLING (B) *The Effect of Light and Darkness on Oviposition in Mosquitoes*.—*Trans Roy Soc. Trop Med. & Hyg.* 1935 July 31 Vol. 29 No 2. pp 157-166 [9 refs.]

The paper describes experiments, the purpose of which is to define the conditions under which female *Culex* most readily lay eggs in particular the degree of illumination is selected for study.

In spite of the fact that egg-rafts of *Culex* are nearly always deposited at night, it is clear from observations in the field that the female prefers a water which is shaded to one freely exposed to what little light there may be. For instance, in cage experiments more egg-rafts were laid in a Petri dish standing on black paper than in one standing on white paper. A very little shading of the water surface caused it to be chosen by female *C. pipiens* of the autogenous race provided they had had a meal of blood those which had had no meal showed no discrimination the whole experiment being performed twice with consistent results.

Having shown that hay infusion was much more attractive than water to his insects, the author experimented with those two liquids, shading the water with a paper collar—the great majority of females still chose the hay infusion.

It would be of interest if the work could be extended, a controlled illumination of very low intensity being used, and measured at the water surface.  
P. A. Buxton.

BUXTON (P. A.) Changes in the Composition of Adult *Culex pipiens* during Hibernation.—*Parasitology* 1935. May Vol. 27 No. 2 pp. 263-265. With 1 fig.

In *Culex pipiens* as in *Anopheles maculipennis* both of which hibernate as adults, there is a characteristic autumnal accumulation of fat, which gradually disappears as winter progresses. As to the amount of fat stored up, and its rate of disappearance, knowledge is lacking. The author's observations were made on adult female *C. pipiens*, collected in a cellar in Kent—at intervals from September to April in the years 1930-4. After being killed and weighed, the insects were dried to a constant weight at 105°C. and treated with ether it being assumed for experimental purposes "that what is lost at 105°C. is water and what dissolves in ether is fat," though "neither assumption is strictly accurate. It appears that As hibernation proceeds, there is a gradual reduction in the female's total weight from over 3 to under 2 mg. and that Towards the end of hibernation, particularly in March and April, the figure for fat is very low falling to about one-seventh of what it was in September and October. The solids other than fat show remarkably little change in weight during the period of hibernation" though a great rise occurs in the proportion that they bear to the whole. With the progress of hibernation "the weight of fat decreases more rapidly than that of water" the proportion of which rises during hibernation." It may be assumed that "as the fat disappears, the space which it occupied is partly filled by increasing the amount of air in the diverticula, so that the insect's loss of weight is greater than the reduction in its size."

E. E. A.

KEELIN (D.) TATE (P.) & VIXENT (M.) The Perispiracular Glands of Mosquito Larvae.—*Parasitology* 1935 May Vol. 27 No. 2 pp. 257-262. With 2 figs. [13 refs.]

Glands producing an oily secretion, such as have been described by KEELIN and others in the larvae of many Diptera, are here described in detail in Culicine and Anopheline mosquitoes. In both groups they lie close to the spiracular opening, and are clearly responsible for the differential wetting of the spiracular region which permits oil but not water to enter the tracheal system.  
F. B. Wigglesworth.

TRAGER (William) The Culture of Mosquito Larvae Free from Living Microorganisms.—*Amer. J. Hyg.* 1935. July Vol. 22 No. 1 pp. 18-25.

— On the Nutritional Requirements of Mosquito Larvae (*Aedes aegypti*)—*Ibid.* Sept. No. 2 pp. 475-493. [25 refs.]

The larvae of *Aedes aegypti* require at least two growth-promoting substances.

One of these is present in large amounts in yeast and aqueous yeast extract in egg white and in wheat. It is heat and alkali-stable and is not adsorbed by fuller's earth: it seems to belong to the B group of vitamins. The other present in large amount only in partly purified liver extracts may perhaps be related to the anti-pernicious anaemia factor. Both factors are provided by living bacteria or yeasts.

V B Wigglesworth

YANG (Foo-Hai) Zur Kenntnis der Phlebotomen Arten in China und zur Aetiologie des Phlebotomen fiebers. (Mit einem Anhang ueber die Verbreitung des Insekts in China.) [Species of Phlebotomus in China, their Prevalence and Part played in the Aetiology of Sand-fly Fever]—*Far Eastern Assoc. Trop Med Trans Ninth Congress Nanking China 1934* Vol. 1 pp 495-502. With 6 figs. on 1 plate & 1 map [20 refs.]

There are three species of phlebotomus which have been associated with sand fly fever in China. The author discusses the differentiation of these by means of a special study of the male generative organs. He also gives a map showing the distribution of these species. He attempted by means of tissue culture experiments using some of the newer methods employed in the culture of *Rickettsia*, to isolate a germ but without any result.

D Harvey

OHMORI (Nanzaburo) Experimental Studies on the Influence of Low Temperatures upon the Tropical Bed-Bug (*Cimex hemisphericus* Fabricius) Second Report. On the Influence of a Temperature of 3°C.—*Taiwan Igakkaï Zasshi (Jl Med Assoc Formosa)* 1935 June. Vol 34 No 6 (363) [In Japanese pp 702-713 With 1 fig [21 refs.] English summary pp. 714-715]

The paper is an extension of one previously noticed (*ante* p. 670). The author has bred tropical bedbugs (*Cimex rotundatus*) at 27°C and then exposed them to 3°C bringing them back to 27°C. to observe the effect of low temperature. He finds that at 3°C the eggs are not affected by an exposure of 3 days: that nearly all are killed after 15 days and all after 20 days. Moreover eggs that have been recently laid will survive this temperature for a longer period than eggs which are 2-4 days old at the beginning of the experiment. A range of experiments with nymphs and adults, fed and unfed, is also recorded. At all stages the insect shows considerable powers of resistance to this low temperature and this is surely remarkable in view of its restriction to warm parts of the globe.

P A Buxton

FERRIS (Gordon Floyd) Contributions toward a Monograph of the Sucking Lice. Part VIII.—*Stanford Univ Publ Univ Ser Biol Sci* 1935 Vol. 2. No 8. pp 529-620 With 3 plates & 33 text figs.

This work is the final part of an important monograph which began to appear in 1920. The present part is mostly concerned with *Pediculus* and *Phthirus*.

Professor Ferris confines himself rather strictly to matters of anatomy and systematics. Under each genus he gives a full synonymy and definition of the anatomical characters of the genus. In the case of

*Pediculus*, this is followed by a synonymy of the species which have at some time been referred to it (many of which are not sucking lice at all), and by a selected bibliography. The author has examined a very large amount of material from human beings in all parts of the world, and discusses two vexed questions—the distinctness of head and body lice, and the existence of particular races of lice on certain races of men. After a very detailed examination of the external anatomy he concludes that no point of difference exists by which head and body lice may be separated with confidence, though he observes that certain strains exist in nature in which the typical characteristics that are supposed to define these two forms are clearly developed." The two forms are referred to as *capitis* and *corporis* but the author refuses to give them formal recognition even as subspecies. He points out, quite correctly, that the experimental evidence on hybridization and on adaptation to changed environment, though incomplete, points to the same conclusion.

Turning to the question of lice from different races and to the study of the so-called species which have been described, Professor Fern finds no points of difference except in *maculatus* Fahrenholz, which occurs on negro races—even this form, which is typically distinguishable by small size, compact shape and dark colour shows no sharp anatomical points of distinction and inter-breeds completely with head lice and body lice from other races of man.

The points here discussed have considerable interest outside pure taxonomy. Specimens and literature have been fully considered by a great authority on the anatomy of biting lice, and his conclusions do not differ greatly from those arrived at by Nuttall nearly twenty years ago. Now that the anatomists have failed to find constant reliable differences between head louse and body louse, we may perhaps assume, until the contrary is proved, that they are equally effective as vectors of micro-organisms. [May we also hope that examiners who continue to ask candidates to repeat an out-worn creed about the differences between these insects may be led to knowledge of the truth?]

P. A. R.

HERMS (W. B.) BAILEY (S. F.) & McIVOR (B.). The Black Widow Spider.—*Bull. Calif. Agric. Exp. Sta., Berkeley, California*. 1935. June. No. 591. 30 pp. With 14 figs. [24 pls. Summarized in *Rev. Applied Entom.* Ser. B. 1935. pt. Vol. 23. Pt. 9. p. 212.]

The increase in the number of reported cases of bites by the poisonous Theridid, *Latrodectus mactans* F., is thought to be due to more accurate diagnosis and to the gradual adaptation of the spider to living in shelters erected by man.

Notes are given on its distribution, morphology and bionomics, and the nature of its venom, its effect on laboratory animals and man, and the treatment of bites in the latter are discussed. Owing to its wide distribution, solitary habits and varied habitat, it is difficult to control. It almost invariably recovers from the effects of fly sprays but is killed when sprayed directly with creosote which also acts as a repellent. Only three natural enemies are known, viz., the Scelionid, *Dacnusa latrodecti* Dörfler which was taken in Haiti and is a true egg parasite (a single larva killing a single egg), and a Chalcid and a species of *Gelis* which were observed in California feeding on the eggs in the egg-sac and destroying complete broods."

FRAWLEY (J. M.) & GINSBURG (H. M.) The Diagnosis and Treatment of Black Spider Bite.—*Jl Amer Med Assoc* 1935 May 18. Vol. 104 No 20 pp 1790-1792.

In the last 7 years 52 cases of black spider bite (*Latrodectus mactans*) have been treated at Fresno California. The chief symptom is severe pain over the abdomen and rigidity of the abdominal muscles. No deaths have resulted. The patients are treated thus —

1 The patient is immediately put to bed and iodine is applied to the site of the bite.

2 A soap-and-water enema is administered and fluids are given freely by mouth.

3 Morphine sulphate is given hypodermically to control the pain and sodium amytal to insure rest.

4 Magnesium sulphate a 20 cc. ampule of 10 per cent. solution is given intravenously to be repeated as required to overcome the hyper-tension and the spasticity of the muscles.

Results with this form of treatment have been very satisfactory. Last summer we used it in eleven cases. It was never necessary to give more than one dose of magnesium sulphate. The patients were usually free from symptoms within twenty four hours. A G B

BRUNON (Roger) Notes sur l'hygiène publique en Afrique noire. Soleil et nudisme. Régimes alimentaires. Logement. Sport et culture. Hygiène morale.—*Ann. d'Hyg Pub Indust. et Sociale* 1935 July Vol. 13 No 7 pp 386-395

CASERNUOVO (Giovanni) Malattie dominanti in Abissinia e loro prevenzione — *Gloria Ital di Afar Est e Trop* 1935 June 30 Vol. 8 No 6 pp 139-142, 145-148, 151-154

CRAGO (Charles F) Theobald Smith and the Insect Transmission of Disease — *Amer Jl Trop Med* 1935 July Vol. 15 No 4 pp 407-414

DREYFUS (M.) Observation de myiase des voies lacrymales à sarcophage.—*Rev Méd. et Hyg Trop* 1935 May-June. Vol. 27 No. 3 pp 114-115

GOTZWITZ (A. W.) & PODOLJAN (W. J.) Die Pyrethrum Rauchlichter als Bekämpfungsmittel der Stechmücken und der Phlebotomen — *Rev Mikrobiol Epidemiol et Parasit* 1935 Vol. 14 No 1 [In Russian pp 87-88. With 1 fig. German summary p 98.]

LINDSAY (John W.) Medical Services in the Chaco War — *Trans Roy Soc Trop Med. & Hyg* 1935 Apr Vol. 28 No 6 pp 539-558 With 2 maps.

A very interesting address, not suitable for summary

MANNON BAKER (Philip) A Commentary on the Diary kept by Patrick Manson in China and now conserved at Manson House.—*Trans Roy Soc Trop Med & Hyg* 1935 June 29 Vol. 29 No 1 pp 79-90 With 1 plate

MARILLAS (Charles) Myosites supportées observées en Cochinchine — *Bull Soc Méd.-Chirurg Indochine* 1935 Feb-Mar Vol. 13 No 2 pp 83-86 [11 refs.]

MATOLANI (D. A.) Pseudo-emetitia bradinea in Tripolitania.—*Polidimico Sex. Prat.* 1935 Aug 19 Vol. 42. No 33 pp 1634-1641 [32 refs.]

PAINT (A. N.) Splenectomy for Tropical Splenomegaly — *Indian Med Gaz.* 1935 May Vol. 70 No 5 pp 243-247 With 1 fig

PERVIZ Observations de météorologie médicale recueillies pendant les années 1933 et 1934 à Tamarassat (Hoggar) — *Bull Acad Méd* 1935 June 4 99th Year 3rd Ser Vol. 113 No 21 pp 806-813

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH Annual Report by the Curator of the Laboratory for the Year 1934 (PHILIP (Robert)) — 25 pp

VON SCHUCHMANN (W.) Ueber das Vorkommen tierischer Entoparasiten beim Menschen in Deutschland.—*Reichs-Gesundheitsblatt* 1935 June 28 Vol. 10 No 28. pp 571-574 [17 refs.]

STANNUS (Hugh S.) The Care of European Children in the Tropics.—Reprinted from *Practitioner* 1935 Aug Vol. 135 pp 138-145

of lesion is dubious. He considers these fibrous gland lesions "as specific regenerative lesions, some of them may almost attain complete *restitutio ad integrum*." Either the lung has achieved this complete restitutio or the gland is not infected secondarily to the lung, but this does not appear to be discussed. Perhaps the author is not at home with English literature on the subject, for though 62 references are appended no mention is made of any British workers who have probably done as much as any on this interesting aspect of the disease.

H H S.

GHOSH (Birendra Nath) *A Treatise on Hygiene and Public Health with Special Reference to the Tropics. Eighth Edition.*

This book was reviewed in the *Bulletin of Hygiene* 1935 Vol. 10, p. 634

The mosquito-borne diseases malaria dengue and filariasis are none of them notifiable, and consequently the returns are incomplete the actual incidence and prevalence cannot therefore be stated with any approach to accuracy

Malaria has practically disappeared from the populous centres of Victoria and Kowloon but in the outskirts, in collections of water at the foothills and in valleys *A. maculatus* *A. minimus* and *A. jayporiensis* breed freely not however in the water of the open plains. For years the first of these three was believed to be the chief vector. Though it is a vector it is of far less importance than either of the others in spreading malaria, as it seems to be zoophilic rather than anthropophilic. Irrigation ditches in rice-fields harbour both *A. jayporiensis* and *A. minimus*

Admissions for malaria to Government Hospitals numbered 475 (465) of whom 8 died to Chinese Hospitals 925 of whom 208 died the case fatalities being 1.6 and 22.4 per cent. respectively. In 366 (408) of the Government Hospitals admissions the infecting parasite was differentiated. In 195 (226) it was *P. vivax* in 159 (177) *P. falciparum* and in 12 (5) *P. malariae* or in percentages 53.3 (55.4) 43.4 (43.4) and 3.3 (1.2) respectively. Among 512 classified in the Chinese Hospital returns 216 or 42.2 per cent were benign tertian 295 or 57.6 per cent. subtertian and only 1 or 0.2 per cent. was quartan. Examination of blood films at the Bacteriological Institute has revealed the fact that quartan infection is more common than has been believed. Of 1,990 examined 1,248 were negative and 742 showed parasites. Of these 429 or 57.8 per cent were *P. falciparum* 181 or 24.4 per cent. *P. vivax* and 41 or 5.5 per cent. *P. malariae*. Ninety-one were not identified. Deaths attributed to malaria numbered 414 (455) for the whole Colony

Among the Police in the New Territories there were 102 (55) admissions for this disease. Many of the Police Stations are screened and each man has a mosquito net but the men are liable to become infected when on night patrol.

A spleen survey of the school children was started in May and by the end of the year had not been completed even where malaria was reputed to be most prevalent the spleen rate was much lower than was expected, except in a narrow strip of the coastal region between Castle Peak and Tsun Wan where the hills slope down to the sea. Here 72.4 per cent (105 out of 145) of school children examined had palpable spleens. Even though generally low the percentage was higher among those living near the hills. Thus of 1,816 children near the hills 278 or 15.3 per cent. had enlarged spleens but of 1,191 living in the plains there were only 68 or 5.7 per cent

No special Sanitary Inspectors are engaged in antimosquito work the antimosquito brigade consists of two overseers and a squad of coolies for oiling duties in May and October undergrowth is cut in co-operation with the Botanical and Forestry Department respecting Crown Lands and with the Military Authorities for land under their control.

The Malaria Bureau continued to function throughout the year. The staff consisted of Dr R. B. JACKSON and an Assistant Malarialogist four inspectors one probationary inspector a clerk and four coolies. Its work included —



(a) General survey of the Colony and New Territories for the purpose of ascertaining what species of mosquitoes exist and the life history of each.

(b) Research regarding insect borne diseases to determine the insects hosts and the conditions influencing the spread of infection.

(c) Special investigation in malarious districts with a view to the eradication of disease.

(d) Local mosquito surveys for the abatement of mosquito nuisance.

(e) Co-operation with Government Departments, the Military and Air Forces, Public Companies and private individuals with regard to the investigation and eradication of malaria.

(f) The teaching of mosquitoology.

In connexion with the foregoing attention may be drawn to this Bulletin, Vol 32, p 731. Here we may stress the fact that investigations show that the chief vectors of malaria are *A. sinensis* and *A. pyrethra* which breed in hilly and undulating areas in small pools and collections of spring water. Terraced and irrigated rice-fields are dangerous at certain seasons. Jungle bush and undergrowth which are cut twice a year have been shown to hinder rather than promote the spread of malaria by providing shade to pools and collections of spring water.

At the New Territories Police Stations this year it was decided that quinoplasmoquine should be tried in place of quinine as a prophylactic. Tsun Wan being selected as it was reported to be the most malarious station in the Territories. Nineteen adults occupied the station and at the end of July when the experiment was begun the blood of 13 of them was negative for parasites and one was positive. The course adopted was one tablet containing plasmoquine  $\frac{1}{4}$  grain and quinine  $\frac{1}{4}$  grains thrice daily for 5 days, repeated after an interval of 10 days, and thereafter one tablet every evening till the end of the year. Eight were transferred before the period had expired and others came in their stead. It was found that "no untoward symptoms were experienced by those taking the drug. no case of malaria was admitted to hospital from this station during the half year of trial. While of the 8 who were transferred and who therefore ceased to take the drug, three subsequently went down with malaria which they might or might not have contracted at Tsun Wan.

Notifications of enteric fever numbered 207 (2002) they appeared to be sporadic and no inter-connexion could be traced. (In the tabulated hospital returns 79 cases were treated at the Government Hospitals 88 typhoid, 9 paratyphoid A and 2 paratyphoid B. at the Chinese Hospitals 144 all typhoid, a total of 223.) Of dysentery 171 cases were treated in the Government Hospitals and 616 at the Chinese Hospitals. 152 of the former and 614 of the latter were classified, and the proportions of amoebic and bacillary forms varied considerably. Of the former 64 were returned as amoebic and 88 as bacillary or 42.1 and 57.9 per cent respectively. Of the latter 431 as amoebic and 188 as bacillary or 74.3 and 25.7 per cent respectively.

Cerebrospinal fever patients numbered 191 (207) as in the case of enteric fever and diphtheria no connexion was traced between the cases and the disease did not spread to contacts. The fatality was 62 per cent. Diphtheria, 122 (205) notifications. no connecting source of infection could be discovered.

No case of *Plague* human or rodent, has been reported for four years. The rat population appears to be about the same and "so far

as we know there is no change in quantity or quality in the flea population' says the report. The flea index however is not stated and this is an important factor in plague epidemicity. The sanitary conditions in Hong Kong are better than they were a few years ago but in the Chinese towns there is little change nevertheless plague does not occur at least is not reported and is therefore not prevalent in South China. In spite of there being no cases, preventive measures were continued as before 174,272 (174,239) rats were collected and examined (only 17 038 were caught alive) but none was found positive.

Five hundred and sixty-six cases and 433 deaths were reported as smallpox but 392 of the notifications were from the mortuaries cases were therefore probably much more numerous. The Colony generally is well vaccinated so we may take it that the death rate is not likely to be higher than 25 per cent. in other words the number of cases was probably 1 700 to 2,000 thus more than two-thirds escape notification. Vaccination within 6 weeks is supposed to be compulsory but there is a prevailing notion that a Chinese child should not be vaccinated till it has passed its second Chinese New Year so one born just after the New Year might be at least 2 years old before it is vaccinated. During the year 545,850 were vaccinated as compared with 244 789 in 1932 (thus in the 1933 report but in that for 1932 the figure is given as 279 420).

Since 1910 there have been 309 smallpox patients treated at the Government Infectious Diseases Hospital with 15.5 per cent. deaths and at the Tung Wah I D H 1 463 with a death rate of 48.2 per cent — an instructive comparison for those who speak highly of Eastern (Chinese) methods of treating this disease.

There were a few sporadic cases of *dengue* but no outbreak. Though a notifiable disease, *leprosy* is rarely notified and there are no leper asylums in the Colony. Lepers who are not British subjects may not enter the Colony. Chinese subjects are sent to Canton and thence may go to Shek Lung where the Kwang Tung Government has an official asylum in charge of the Catholic Mission. Eighty three lepers were deported in 1933. Tuberculosis patients treated in the Government Hospitals numbered 358 of whom 254 or 69.8 per cent. were pulmonary, in the Chinese Hospitals 2,636 of whom 2 088 or 79.2 per cent. were pulmonary. Deaths from this disease numbered 2,225 (2 042) or 2.7 (2.5) per mille—no true index of the prevalence for when they become unable to earn their living patients return to their homes up-country and die there. It is not unlikely that there are ten times as many cases as reported deaths i.e. over 20 000. The average Chinese working man will not stay in hospital if he is able to work and would certainly not stay long enough for proper and thorough treatment hence the establishment of a sanatorium for the working classes would be uneconomical. A better proposition is dispensary outpatient treatment, and beds in a general hospital for special cases.

*Veneral Diseases*—At the Government Civil Hospital 24 beds are reserved for male patients and these are occupied all the year there are no beds reserved for female cases though badly needed. Clinics are held at this hospital twice a week for Chinese twice for Europeans once for Indians and once for women only at the Kowloon Hospital once a week for males and once for females. At the Tsui Sha Tsui centre in South Kowloon close to the docks clinics are held twice

weekly for Chinese Indians and Europeans and once for women only.

New cases numbered 4,331 (2,881) and attendances 17,143 (10,733); syphilis accounted for 2,047 (1,671) patients, gonorrhoea for 598 (417) the two together for 175 (204) and chancroid for 132 (208). At Tan Yuk Hospital a V.D. clinic for women was held weekly and 454 (667) new patients were treated and 1,394 (2,253) total attendances registered. Lastly venereal patients are seen at the special departments of the various hospitals and dispensaries.

*Helminthiasis*.—There is no routine campaign against helminthic disease except the work of the Veterinary staff at the abattoirs. The infestation rate of the people with hookworm is not high—very few cases come under the notice of the hospital authorities. *Filariasis* is more common than is generally believed. The Malarialogist, when dissecting mosquitoes, found a considerable number to have embryos in their tissues. Twenty-two cases of elephantiasis were treated in Government hospitals, 9 in Chinese hospitals and in the latter were 4 cases of chyluria.

Among avitaminoses *beriberi* is the chief—70 patients were treated in Government Hospitals and 3 died, 746, with 220 deaths, in the Chinese hospitals.

*University Clinical Units* at the Government Civil Hospital.—These are in charge of the Professors of Medicine, Surgery and Obstetrics at the University. The Medical Unit registered 429 (523) in-patients. Morning clinics were held twice a week for general medical cases and at these 759 were seen and treated—two afternoon clinics, also for general cases, were held weekly and at these 4,225 new cases were seen—a children's clinic is held once a week and 627 new patients were seen. Altogether new and old cases totalled 10,906 (9,036).

At the Surgical Clinic in-patients numbered 358 (482) and out-patients (including ear nose throat and orthopaedic patients) 3,869 (3,136)—at the ophthalmic section 2,574 (2,243) new cases were seen.

Total admissions to the Obstetrical and Gynaecological Unit numbered 883 (667)—there were 620 deliveries attended.

*Scientific*.—At the Victoria Mortuary 2,120 post-mortem examinations were performed and 2,995 at Kowloon. At the *Bacteriological Institute* routine work was heavy—18,918 specimens were examined, and little time remained for research. Work on strains of *Flavobacterium dysenteriae* is being continued. Examination of blood smears for malaria parasites has been mentioned—8,237 (6,442) sera were tested for syphilis, 923 (879) for agglutination of one or other of the enteric or *Brucella* groups of organisms, and 654 (1,730) swabs for the *C. diphtheriae* of which 107 (382) were positive. Spinal fluids numbering 274 were examined and 140 showed the meningococcus—in normal years there are usually less than a score sent up—“so the epidemic of 1932 still lingers.

One hundred and forty-seven calves were inoculated for producing vaccine lymph and 21.6 litres were prepared—70 per cent. of it was issued in February and March owing to the demand caused by the outbreak of smallpox at the end of 1932 and beginning of 1933. Attempts may be made to grow the virus *in vitro*.

Two hundred and twenty-six persons were given antirabies treatment—of these 99 completed the course, the others stopped when it

was reported that the animal concerned was found not rabid after being kept under observation.

Water samples examined bacteriologically numbered 1,323

At the *Government Laboratory* 3,296 (2,627) specimens and samples were dealt with [the latter figure is given in the 1932 report as 2,706] The work is divided into (1) Official or work for the Government from other Government Departments—toxicological, food and drugs water samples Public Department materials, etc. (2) Semi-official from the naval and military authorities pharmaceutical analyses food and drugs under the Sale of Food and Drugs Ordinance etc. (3) Unofficial or work for outside firms—foodstuffs water samples building materials, chemicals fertilizers etc. Under these three headings the numbers dealt with were 2,261 (1 692) 183 (267) and 849 (668) Special investigations included work in connexion with corrosion of gun parts for the military authorities the fumigation of flour to check the importation of weevil-infected flour

*Expenditure*—That of the Medical Department was \$1 414 081 (\$1,323,264) but this is only one-third to one fourth of the total amount spent on the Medical and Sanitary work of the different departments. Thus, \$1 114,897 was spent by the Sanitary Department, \$2,400 000 by the Public Works Department on waterworks drainage etc. \$182,510 was given as subsidies to charitable institutions and \$2 600 was spent by the Police—a total of \$5 114 088 (\$4,278 661) or 15·4 (12·5) per cent. of the total revenue. If the expenditure on waterworks is excluded the percentage is 11·8 (10·8)

(7 1 815 as stated in last year's report)) and out-patients 11,533 (9,530).

3. Labasa Hospital in-patients 502 (213) [405 according to last year's report].

4. Levuka Hospital in-patients 249 (241) out-patients 2,819 (2,526)

Other smaller hospitals are established at Penang, Tavuni, Savusavu, Rotuma, Nadroga, Nadi (in charge of a N.M.P. in-patients 287 out-patients 7,365) Wainibokasi (under the District Medical Officer of Rewa, in-patients 459 out patients 2,700) and Vudikawa (in-patients 249 out patients 3 473) Altogether there were 6,672 treated as in-patients in the Provincial Hospitals and 65,306 as out patients.

*Malaria* occurs in many passengers arriving from India, but Port Health Officers take stringent measures to prevent the introduction of *Anopheles* at the Colonial War Memorial Hospital two cases were treated.

One hundred and ninety-six (136) notifications of *enteric fever* were received only five of these were from the Suva area. There was an increase also in cases of *dysentery* 249 (305) 40 occurring in March alone. At the War Memorial Hospital 38 cases were treated, 33 of them bacillary and 4 amoebic.

*Diphtheria* notifications numbered 17 (8) Dr C. H. B. TOWNSEND of Suva reports that three carriers of *C. diphtheriae* were found when throat swabs were taken from girls attending the Grammar School Hostel. There was one clinical case in the Boys Grammar School.

Two cases of *infantile paralysis* were reported from Nadi, an Indian and a Fijian these were the first officially notified in the Fiji group. Four cases of *scarlet fever* were reported in August and one in each of the two following months. *Influenza* accounted for 750 (532) notifications.

Forty-seven cases of *epidemic dropsy* were investigated in the first quarter and two in the second quarter of the year there were three reported from the Asylum.

*Leprosy*—At the beginning of 1933 there were 476 patients in the Leper Asylum 31 were conditionally discharged, 18 were repatriated to India and 34 died. At the end of the year there were 427 inmates, there having been 34 fresh admissions. Of these last 22 were Indians, 10 Fijians, one Solomon Islander and one European. Analysis of 510 cases shows that 80 per cent. of the Indian patients suffered from the cutaneous form, of the Fijians only 47 per cent. altogether 225 were of the neural type and 285 of the cutaneous, that is 44.1 and 55.9 per cent. respectively. Of the total 366 were males, 144 were females. Of the 510 under treatment in 32 the disease was arrested (i.e., those patients had shown no signs of active disease for two years) in 156 it was quiescent (i.e., no signs of activity for six months), 178 had improved, that is in 366 or 71.8 per cent. there was amelioration. 92 remained stationary 18 were worse, and 34 died, that is 144 or 28.2 per cent. had not improved. Chaulmoogra oil is being obtained from trees planted at Makogai.

There has been no change in the usual methods of treatment except that for leprotic ulcers and sores various dyes have been tried. Iatry from Brilliant Green in a dilution of 1 in 2,500 good results have been reported.

Treatment of the disease by means of plain chaulmoogra oil combined with iodine was tried and was found to be less painful than with other preparations. The directions for preparing the mixture are given in detail in the report as follows —

One litre (or more as required) of Chaulmoogra oil is heated to 140°C. then 5 grams metallic iodine is added and the oil agitated by stirring. The addition of the iodine raises the temperature to 150°C. and the mixture is kept at this temperature for half an hour stirring occasionally. The oil is then filtered into bottles, and stored usually for two weeks before use, as is the case with iodised esters. The iodised pure oil has however been used immediately after preparation without any trouble.

At the time of injection the prepared oil is again heated to 160° for half an hour cooled and poured into sterile beakers which are placed in basins of hot water to keep the oil warm during injections thus aiding absorption.

The initial dose given was 2 c.cs. then 3 c.cs. 4 c.cs. and finally 5 c.cs. by weekly intramuscular injection in the outer left arm outer right arm, left buttock, and right buttock in rotation.

Notifications of *tuberculosis* increased 351 (286) of which 313 (259) were cases of pulmonary disease and 61 (39) deaths were recorded. In spite of this it is stated there are good reasons for assuming that its incidence is steadily declining. The question of establishing a sanatorium has been raised again and again but deferred. At present patients are treated on the verandahs of Government Hospitals.

*Yaws* cases numbered 2,249 (2 019) notified but although there is an increase of 236 the disease it is believed is being steadily brought under control.

Of helminthic infestations, *filariasis* is very prevalent in certain parts of the Colony and is difficult to prevent and resistant to treatment.

Other morbid conditions calling for special mention are tropical ulcer diabetes mellitus and scabies. The conditions of *tropical ulcer* does not appear to be the tropical sore or the tropical ulcer of other tropical countries but we have labelled it tropical ulcer for descriptive purposes, the aetiology being so far unknown. The ulcer is very intractable in most cases some going on for as long as three to four months even under treatment. The average duration is four to six weeks. No special organism bacterial protozoal (*Leishmania*) or fungal, could be demonstrated in many the Kahn reaction was negative and treatment by arsenic ineffectual. It does not tend to spread deeply and the deep fascia seems to form a protective barrier. It is confined to natives and East Indians a circumstance suggesting some dietetic factor.

For its investigation a scheme was drawn up to include (1) Kahn tests for yaws and examination for spirochaetes (2) Smears for Vincent's organisms and for *Leishmania* (3) Culture for *C. diphtheriae* and for fungi (4) Examination of sections of tissue from the edge of the ulcer and (5) Estimation of the calcium and phosphorus content of the serum. The blood calcium in four cases was low—8 mgm. per cent. in three 9 mgm. in the fourth—nevertheless intravenous administration of parathyroid extract beneficial in some cases of intractable

British Solomon Islands Protectorate (1933)

The British Solomon Islands Protectorate is situated between the parallels of 5° South and 12°30' South and the meridians of 155° and 170° of East longitude. It consists of Guadalcanal, Malaita, San Christoval, New Georgia, Isabel and other islands east of New Guinea with a total area of about 11 438 square miles.

*Vital Statistics.*—The population figures as stated are those of the 1931 census namely 478 Europeans, 173 Asiatics and 93,415 natives, a total of 94 066. There were two European births and two deaths, one each from pneumonia and malaria. There were the same number among Asiatics. Births and deaths of natives are not registered in all districts but a few figures may be given. In 1932 there were 854 births and 737 deaths in five districts. In 1933, 1,004 of the former and 653 of the latter occurred, but the figures are not comparable because in one of the districts the return is for 9 months only not a full year and one of the districts included in 1932 is omitted this year and another is included. As the populations of the different districts are not given no calculations can be based on the figures. There are, moreover, no figures available for calculating infant mortality.

*European officials* numbered 42 (41) with an average of 32 (30) resident. 2 (1) were invalided. no deaths occurred among them either this year or last.

*Native labourers* totalled 3,583 (3 927). 28 (17) died, a death rate of 7.8 (4.3) per mille. Eleven of the fatalities were due to beriberi (see later) and five to pneumonia.

The report contains no reference to Maternity or Child Welfare, or to Schools.

*General Hygiene and Sanitation.*—The water supply is rain collected from roofs, and proved sufficient during the year. Sewage is dealt with by pan latrines at Tulagi. At the Hospital, the Club and single officers' quarters water flushing is installed, with drainage into the sea. Government residences are provided with septic tanks. Refuse is incinerated non-combustible material being buried or dumped at sea into deep water.

*Hospitals and Dispensaries.*—There were no serious outbreaks of infective disease. influenza of a mild type broke out in the first and last quarters of the year and 8 deaths from pneumonia were recorded in the Gizo district in the second outbreak.

Three hospitals are maintained by Government. Tulagi, Auki and Shortlands Islands. the first is in charge of the Senior Medical Officer the two latter are for Natives only and each is in charge of a Native Medical Practitioner.

At the Tulagi Hospital, 40 Europeans, 12 Asiatics and 463 natives received in-patient treatment during the year. there were 17 deaths, 16 natives and one Asiatic. At the Auki Hospital 157 were treated as in-patients, one of whom died from pulmonary tuberculosis. 1,170 natives received out-patient treatment. At the Shortlands Islands Hospital 125 in-patients and 354 out-patients were treated. one death occurred among the former from lobar pneumonia.

In addition there are two Mission Hospitals receiving from Government a subsidy and a supply of dressings and drugs. At one of them, the Melanesian Mission Hospital Fuvabua, Malaita, 310 general patients

and 82 lepers were treated as in-patients 13 of the latter were fresh admissions. Out-patients numbered 1 476 Small native hospitals in charge of native dressers working under the direction of District Officers are maintained at the various Government stations.

The Travelling Medical Officer visits the different islands in the Hygeia. He made a leprosy survey in Malaita and also visited regularly the districts of N Gela Savo Guadalcanal Eastern Solomons Yaabel and Russell groups in the last he examined all the labourers during the beriberi outbreak. Altogether he treated 2,281 natives.

*Malaria* is endemic in the islands 44 cases [type not defined] were treated at the Tulagi Hospital. One patient died of cerebral malaria and there were three cases of blackwater fever all of which ended in recovery.

One native is employed in oiling and spraying water in drains, swamps pools streams etc. Diesel oil is used it is found satisfactory and is cheaper than residual oil thinned by kerosene which was formerly used. A sanitary gang was engaged throughout the year in constant cleaning of ditches and drains, in weeding and in clearing underbrush.

*Anterior poliomyelitis* was reported in 1932 and continued into the early part of 1933. The plantation labourers in the Russell group were affected there were no deaths.

Between April and August there was an outbreak of *beriberi* confined to labourers on estates of one Company only and in the Russell group. The outbreak followed a prolonged and abnormal rainfall which led to depression of the health of the labourers and prevented them obtaining their usual supplementary foods—fish small game and native vegetables. Addition of germinated dry peas and marmite to the usual diet together with ground coconut and, later fresh meat was followed by cessation of the outbreak. On one estate 36 out of 40 labourers were affected and 8 died. The ordinary regulation diet scale is deficient in vitamins and excessively monotonous.

*Leprosy*—Two surveys were made in Malaita and other islands to determine the incidence of this disease in the Protectorate. A report was submitted in December detailing the results of these surveys dealing generally with the leprosy situation. [Unfortunately neither the report nor even a summary of it is included in the Annual Report of the Medical Department.] The leper colony at Qaibaita was closed down in July. Eighty two were treated during the year as in-patients at the Melanesian Mission Hospital, as mentioned above.

Dr S. M. LAMBERT made a *tuberculosis* survey and gave tuberculin tests in Tulagi and Malaita and in the Santa Cruz Islands.

*Venereal diseases* are not a serious problem syphilis and gonorrhoea is rare three natives were treated for *syphilis* and *gonorrhoea*.

The *Yaws* campaign started in 1928 with two treatment units in 1933 there was only one unit with a staff of a European and two native assistants which functioned for 7 months in the islands of Guadalcanal and Malaita. Neosalvarsan is given exclusively in doses of 0.45 gm. for adults generally 10 doses are given to each patient. 6,210 patients were treated. *Yaws* is also treated at Government and Mission Hospitals.



is supplied free to certain missionaries who are instructed in the technique of administration.

*Helminthiasis*—Hookworm infestation (*Necator americanus*) is very prevalent but in a mild form, rarely giving rise to definite clinical symptoms. The Campaign Unit treated 4,558 patients with carbon tetrachloride and magnesium sulphate. Seventy five lectures on the subject were delivered.

The report of the work of the Yaws and Hookworm Campaign is given in an appendix. The actual work carried out has been referred to above under their respective heads but Dr HARRINGTON in his summary remarks that the health of the population as a whole has greatly improved. Prior to the campaign 25-30 per cent. of labour recruits presenting themselves had to be rejected, whereas now refusal is a rare occurrence. He adds however—

It will be many years before the campaign can be safely discontinued certainly not until there is a Native Medical Practitioner in every district. Otherwise I believe that conditions will revert in a very few years to the deplorable state they were in at the beginning of the campaign. It is deference to the generally accepted opinion in the Pacific, that the more population owes its immunity from syphilis to yaws, and that if yaws were eradicated the more serious disease would gain a foothold, no attempt has been made to cure the yaws. Our objective has been the relief of symptoms only and it is very doubtful if the two injections given are sufficient to cure any yaws infection except in the primary stage of the disease. New infections in children are being constantly seen at this hospital (Tulagi) and in the field, and I believe it is still true that practically no native in the Solomons escapes the infection. It follows that the treatment must be kept up if we are to retain the advantage won by the campaign treatment.

This fact should be emphasized in view of the need for retrenchment in expenditure for it might seem at first glance (and was even suggested in Advisory Council) that, as the yaws and hookworm had been so successfully treated in recent years, it would be possible now to discontinue this phase of medical work—a conclusion which appears to me totally wrong.

Expenditure on the Medical and Sanitary Department was £9,978 (£11 778) or 17.2 (18.0) per cent. of the total Protectorate revenue.

#### GILBERT and ELLICE Islands Colony (1933).

These islands, formerly a Protectorate were annexed to the Empire in November 1915. The Gilbert Group lies between 4°N and 9°S. latitude and 173° and 177°E. longitude and consists of 16 islands, with several small dependant islets. The Ellice Group between 5° and 10° S latitude and 176°E. and 179 58'W longitude, comprises 9 islands. Ocean Island (Paganpa) is the seat of Government and was proclaimed British in 1900. Fanning Island and to the north-west of it Washington Island were included in the Colony in 1916 and Christmas Island in 1919.

The Medical and Sanitary Report gives no vital statistics, but in the latest (1934) issue of the Dominions Office and Colonial Office List the population on 30th June 1933 is given as follows. Ocean Island 2,230 the Northern, Central, and Southern Gilberts districts together 26,651 the Ellice Islands district 4,074 and Fanning Island

559 a total of 33,504 of whom 277 were Europeans 411 Asiatics and 32,816 Natives.

During the year there was no serious illness among the white population and the general health of the natives was good. There were outbreaks of influenza, as usual, after a visit by a ship from the outside world and the infection was carried from island to island. The disease leaves in its wake several suffering from general debility and troublesome cough. Most patients recover but a certain proportion of those with pulmonary disease become acutely ill have attacks of haemoptysis and die of a galloping consumption.

*Hygiene and Sanitation* generally remained unchanged from the conditions as detailed in the last report (see this *Bulletin* 1934 Supp. p. 166\*). Wells are the source of water supply and fresh water is usually obtainable all over the islands but in times of drought it may become brackish. European official residences hospitals and traders premises have rain catchments and storage in cement cisterns. *Sewage and disposal* [or more correctly non-disposal] of *refuse* remain as described previously.

Mosquitoes are always abundant, and especially after rains for there are countless breeding places in empty coconut shells and husks. The trees are very close together and the villages lie on the outskirts of the forests sheltered from the wind and so become infested with hordes of mosquitoes fortunately not *Anopheles* but *Culex fatigans* *Aedes argenteus* and *Aed. pseudoscutellaris*. The last is found certainly in the Ellice group where there is a high rate of filariasis and elephantiasis that it occurs also in the Gilbert group is not so certain. The natives generally will not be bothered with cutting down the bush round their dwellings nor with collecting the rubbish to burn it. On two islands they have been induced to do this and the freer percolation of the winds has greatly improved matters.

Four selected students from King George V School at Tarawa and the Government School at Vaitupu were studying at the Central Medical School, Suva, Fiji, to qualify as Native Medical Practitioners.

Boys of the Gilbert and Ellice Islands after training at the main hospitals as medical dressers are stationed at the island hospitals—Tarawa Central and Funafuti—and are then sent to the outlying islands to take charge of the hospitals. Extra dressers are also sent to tour the villages and visit the people in their homes. By the end of 1933 these extra dressers had been posted to six of the larger islands. Further development of the scheme had to be deferred for financial reasons.

*Hospitals and Clinical Returns*—Tarawa Central Hospital is the chief hospital of the Gilbert Islands. To it come or are sent all serious cases which cannot be properly attended at the native hospitals. During the year 170 (132) were treated as in patients and 3 732 (2 757) as out patients. Yaws accounted for 645 (900). The main diseases were tuberculous adenitis, yaws influenza and, in children enteritis.

Funafuti is the chief hospital of the Ellice Islands. Again this year the report states that no figures of the work done are available.

At the various island hospitals 25 433 (36 512) out patients were treated, a reduction of 30 per cent. while in patients numbered 4 001 (2,937) a 36 per cent. increase.

Smallpox has never visited these islands nevertheless a vaccination campaign was inaugurated and 9 194 (4 058) persons were vaccinated. About 1 per thousand is believed to be suffering from *leprosy* at the end of the year 28 (32) were receiving treatment at the Central Leprosy Station Nauru, Tarawa. Patients seen and treated early are showing distinct improvement and it is hoped that some of the patients may soon be discharged conditionally [The mode of treatment adopted is not mentioned.]

Tuberculosis is the most serious disease in the Colony and is responsible for about 25 per cent. of the annual death rate. Among children tuberculous cervical adenitis is the commonest form, with adenoids and chronic enlargement of the tonsils. Meningitis and peritonitis occur in children and in adults. The prevalence of this infection is ascribed to (1) General lack of resistance to infection (2) Dietetic defects, unbalanced diet and deficiency of vitamins (3) General lowering of health from the widespread prevalence of yaws. [The proximal source of infection is not mentioned.]

*General diseases*—A few natives suffer from gonorrhoea as regards syphilis the report states "Because of the universal prevalence of yaws this disease is unknown" thus cutting the Gordian knot of the yaws and syphilis controversy

In the early part of the year the atolls of Nikunau and Beru were surveyed and treatment given for yaws. Practically every individual suffers from this at some time. Dressers are trained to give intravenous injections and are stationed at the outlying hospitals so that even if the patients do not attend long enough to be cured, they are at least rendered non infective

*Amblystomiasis* is not of great importance in the Gilbert Islands the infestation rate is about 9 per cent. *Trichuris* is more common, 21 per cent. In the Ellice Islands soil pollution is greater and the hookworm prevalence is over 50 per cent. and that of *Trichuris* 47 per cent.

Recommendations for the future include Continuation of the vaccination and yaws campaign, clearing of all bush undergrowth round the villages, measures for child welfare, and instruction of the natives in the rudiments of hygiene.

## WEST ATLANTIC

## BAHAMAS (1933)

The Bahamas are a chain of coral islands lying between 21°42' and 27°34'N latitude and 72°40' and 79°5'W longitude and are the most northerly of the British West Indian Colonies, with the coast of Florida to the north west and Haiti to the south-east. There are about a score of inhabited islands of which New Providence is the chief and contains the capital, Nassau. The total area of the archipelago is 4 404 square miles or about half that of Wales.

*Vital Statistics*—The population is estimated as 62 679 (61,812) the report does not state how many if any of these are Europeans births numbered 1 831 [elsewhere entered as 1 931] (2,251) or 29.2 (36.4) per mille deaths 1 145 [entered elsewhere as 1 451] (1,226) or 18.2 (19.8) per mille

*Maternity and Child Welfare*—The prenatal clinic continues its good work attendances numbered 293. Three clinics for the Infant Welfare Association are held each week. The report on this department gives 586 as the number of births registered and 30 as stillborn 70 deaths occurred under the age of 1 year : : an infant mortality rate of 119.4 (127.5) per thousand live births. The number of children on the register was 2,580 (2,347) home visits were paid to 2,991 children in 2,346 families. At the clinics of which 1 616 were held during the year at four centres attendances totalled 16 180 (19 447) children over 6 years were not seen at the clinics this year hence the reduction in numbers.

It is noted that at the Industrial School for Boys overcrowding is considerable and sanitary arrangements are far from satisfactory but this cannot be remedied until the financial situation improves.

*General Sanitation*—Nine hundred and sixty four (900) houses are now supplied with the City's chlorinated water and there are 40 (27) standpipes for the use of the public. Another 18 buildings bringing the total to 253 are connected up with the sewerage system and the waste water from baths kitchens etc. no longer empties into streets and backyards. The City water and ice are analysed monthly and dairy milk periodically

The Pond District a low lying and thickly populated section of Nassau City has been raised 6-18 inches by sand dredged from the harbour previously after heavy rains, this area would remain flooded for days.

*Hospitals and Clinical Returns*—The admissions to the General Hospital numbered 2,266 (2,052) and maternity cases 272 (205) At the out patient clinics which were held in the morning four days a week 19 454 patients were treated.

Only three cases of recognized malaria were treated. In the section of the report dealing with research, it is stated that a systematic examination of a random sample of the population, those applying for treatment at the hospital, was made by means of thick films but so far none have been found with malaria infection. Further investigations may reveal some for certain patients have been seen in hospital exhibiting a daily or tertian rise of temperature. Although examination of their blood proved negative administration of quinine led to fall of the temperature and rapid recovery

Ten (29) cases of *enteric fever* were notified prior to 1931 there were on an average, 60-80 a year. The decrease is attributable to the greater accessibility of the chlorinated City water supply through increase in standpipes—those who still use wells boil the water before use. Patients attending the out patient department are inoculated against enteric fever. 2,311 inoculations were given during the year. No case of *dengue* or *smallpox* was recorded. Both nodular and anaesthetic types of *leprosy* are found, the former predominating. The disease is believed not to be increasing in incidence. A hundred and one cases of *tuberculosis* were treated in the General Hospital, 88 of whom suffered from the pulmonary form. The number is greater than that of last year owing, in part at least to financial distress at home forcing patients to come to hospital who, at other times, would remain at home until they were almost *in extremis*. The prevalence is ascribed to bad housing and want of ventilation.

*Helminthic infestation* is prevalent notably by *Ascaris*, *Enterobius* and *Trichuris*. Although occasional cases of *elephantiasis* and *lymphuria* were met with, *filariasis* was not believed to be endemic. examinations however made of 154 patients blood, taken in the evening discovered 12 or 7.8 per cent. to be positive for the presence of embryos of *W. bancrofti*.

Forty-seven (24) cases of *pellagra* were admitted, 52 cases altogether being treated during the year. 9 died. The increased incidence is ascribed to two hurricanes in the latter part of 1933 and destruction of citrus fruits. More people are now growing vegetables and fruit in small plots of land, for their private consumption.

*Climatic bubo* is very prevalent [figures are not given] several patients previously regarded as syphilitic reacted positively to Frei's antigen.

In diarrhoea of a dysenteric or possibly pellagral nature, orange juice filtered and adjusted to a pH of about 7.4 administered intravenously in doses of 10 cc. daily or on alternate days, proved very beneficial.

The Laboratory, previously in an isolated part of the hospital grounds, has been transferred to better quarters close to the out patient department and general wards. Routine examinations are carried out for the hospital and for private practitioners. analyses of water, ice, milk and medico-legal tests are also performed there.

Expenditure on the Medical and Sanitary Department was £28,695 or 8.2 per cent. of the revenue of the Colony £345,885.

## BARBADOS (1933-34).

Barbados, the most easterly of the West India Islands is situated in latitude 13°4'N and longitude 59°37'W. Its length is 21 miles, its breadth 14 and it has an area about 166 square miles, a little larger than the Isle of Wight.

Dr J. F. C. HASLAM the Chief Medical Officer points out clearly and emphatically many of the anomalies which exist in the medical provision (there is not a true Medical Service) in Barbados and he appends a most informative report on The Hospital Services of

Barbados with proposals for reconstruction or betterment (see later). The following epitome is given mostly in his own words —

Government maintains a Mental Hospital (over 500 inmates and increasing) a Leper Hospital (81 inmates and decreasing) small hospitals in connection with the police barracks, the prison and the industrial schools.

Government finances but does not control an incorporated society which conducts the Barbados General Hospital.

Government finances but does not control, a Venereal Diseases Clinic Committee which conducts a central clinic at the Barbados General Hospital and supplies medicaments to eight parochial clinics conducted by as many parish authorities. The Chief Medical Officer's official relationship to these clinics appears to be nil.

Parochial poor law authorities maintain eleven parochial almshouses where many sick persons who are technically paupers are treated and the same authorities provide for the same clientele domiciliary and dispensary services through their Parochial Medical Officers.

A charitable society the Baby Welfare League represents organised maternity and infant welfare work. Its activities are directed by a committee of ladies and are not overlooked in any way by government or parochial department or officer.

There is no medical oversight of children at the public schools and responsibility for sanitary arrangements at these is ill defined and divided between the central education authority and eleven parochial health authorities. None of these authorities makes provision for or is required to seek expert advice *re* the health of the school children or the healthiness of school surroundings.

There is a very serious lack (it is almost complete absence) of provision for in-patient treatment of difficult or abnormal midwifery cases and a like absence of provision for antenatal consultation.

The Chief Medical Officer the Port Health Officer the Medical Superintendent and Assistant Medical Superintendent of the Mental Hospital and the Government Pathologist are whole-time medical officers employed by Government. The Assistant Port Health Officer a visiting physician of the Leper Hospital, a medical officer to the Prison six medical officers to the Police and twelve public vaccinators are private practitioners holding part time appointments but

neither the whole- or part time officers are units of a medical department or service. The Chief Medical Officer is expressly excluded from any supervision or direction of the work of any one of them and also from any planning or co-ordination of the medical work as a whole.

Parochial authorities do occasionally ask the advice of the Chief Medical Officer but it is usually of the nature of seeking his assistance to entice back into its stable a horse which has escaped and whose stable door has in the interim been duly closed.

*Vital Statistics* — The population at the end of 1933 was estimated at 180 055 (176 874). Births registered were 5 316 (5,391) or 29.5 (30.4) per mille. Deaths 3,593 (3,325) give a death rate of 19.9 (18.8). Infant deaths numbered 1,248 or 234.7 (198) per thousand live births.

The report states that 42.7 per cent. of all deaths in the Colony occur under 5 years of age elsewhere it is mentioned that 2,222

deaths occurred in children under 5 years which would give a percentage as high as 61.8. Some two-thirds of these deaths were accounted for by a small group of causes—syphilis 413 diarrhoea and enteritis 399 bronchitis and pneumonia 296, "diseases peculiar to early infancy" 272, and tetanus 38 a total of 1 408. It is obvious that as regards preventable mortality in Barbados the question largely concerns early childhood, and the establishment of a maternity and child welfare organization would accomplish much.

Rules relative to admission to the Roll of Midwives and Register of Nurses were completed during the year and passed by the Legislature in March 1934.

The Infant Welfare Clinic is conducted by the Baby Welfare League managed by a Committee of twelve ladies and staffed by seven voluntary lady inquiry officers a part time Medical Officer and two nurses. Prior to this year it had been held at a private house, but during 1933-34 at the private consulting rooms of the Medical Officer Dr ROBERTS. Arrangements are being made for erection of a new building for its permanent housing. During 1933 306 (278) new babies were brought to the clinic.

*General Sanitation*—The post of Sanitation Officer created in 1924 was still unfilled. His duties are defined as largely those of a Medical Officer of Health and consequently in his absence many things conducive to public health, for example, tracing the source of an infection, such as enteric fever inspection of school children, etc., are left undone.

No change has been made from the organization of last year. There are still eleven independent public health authorities, none of which has an adviser equivalent to a Medical Officer of Health, although the parish of St Michael has a population of 65 000. The eleven authorities employ 67 Sanitary Inspectors. This waste of personnel is seen when we consider that this number is employed in an area of 106 sq miles and for a population of 180 000. Centralized control would reduce the number of inspectors needed, allow of employment of men better qualified than many at present employed and result in increased efficiency at no greater and probably less, cost.

A course was held for instruction of Sanitary Inspectors to enable them to sit for the certificate examination of the Royal Sanitary Institute. Five visited Trinidad for the examination in October and all passed. These are the first Barbadians to become properly qualified for the post of sanitary inspector.

In schools overcrowding is still very general, though in places some relief has been effected—water containers with taps have replaced the open pails. There is no systematic inspection of schools at present.

*Port Health Work*—Two hundred and one vessels arrived from infected or suspected ports. Medical inspection of all passengers and crews on ships from infected ports was carried out and all 3rd class and deck passengers arriving by steamship and all passengers and crews of sailing vessels were inspected as a routine. Of 68,690 members of crews arriving at Bridgetown 36,114 were medically inspected.

*Hospitals Clinical Returns*—At Barbados General Hospital the medical staff, whether visiting or resident, and the nursing staff have no relation whatever to Government. "They are engaged, they resign, they may be dismissed or they may die without the putting of government pen to government paper except for in the last case.

an entry in the deaths register. The funds which pay them however come from the public purse."

At this hospital in patients numbered 3,996 and out patient attendances totalled 41,820. There are eleven Parochial Almshouses in which there were 3,295 in-patients. At the Mental Hospital there are 29 dormitories 3 day rooms and 256 single rooms inmates at the end of the financial year numbered 529.

There were no cases of *malaria* but many potential breeding grounds of *Anopheles* exist and actual breeding grounds of other mosquitoes and these moreover are close to residential districts.

Notifications of *enteric fever* numbered 136 (258). [In this year's report 258 is the figure given for 1931 and 211 for 1932 but in last year's report 258 was given for 1932.] There were 34 (40) deaths registered as due to this cause. Of *diphtheria* 8 (10) cases were notified and 1 (0) death.

The Leper Hospital had 87 inmates at the beginning of the year there were 7 new admissions 2 readmissions on account of relapse 3 were discharged and 12 died leaving 81 at the end of the year. Among 60 known discharged persons at the beginning of the year there were 2 relapses and 3 deaths. These discharged persons are prohibited from engaging in certain occupations.

Sixty two (50) notifications of *tuberculosis* were received. In 1931 the number was 95 the increase of this year's figure over that of last year is ascribed to improved notification rather than to greater prevalence. One hundred and one (118) deaths from this disease were recorded, 96 of the respiratory form.

*Veneral Diseases*—Syphilis is given as the primary cause of death of 514 (490) of whom 413 (385) or 80.3 (80.2) per cent. were below 5 years of age. It must be borne in mind, however that hardly any of these was confirmed by a reliable laboratory test. At the Clinics new cases numbered 2,197 syphilis accounted for 1,322, gonorrhoea for 866 attendances totalled 31,950. The new building anxiously awaited for 9 years is still not available.

An outbreak of *anterior poliomyelitis* started in April and lasted till September 48 cases were notified in April, 8 in May 3 in June and 1 each in July and September 61 in all. Twenty-seven were in St. Michael's Parish and 14 in that of St. Philip. Thirty-eight were blacks 7 whites and 12 mixed the race was not stated in 4. 49 were under 5 years of age. Within a year of the beginning of the outbreak 7 had died. In two instances only was direct infection traceable and in both of these infection from a common, but unrecognized, source was equally possible. The worst results were seen among the very poor who remained at home and received little or no treatment. Cases were excluded from the General Hospital on the ground that the disease was infective. Several later received after treatment in the out patient department and benefited.

*Febriile jaundice* occurred in November and December 1933 and January 1934. Sera from patients who suffered in the outbreak of the previous year were sent to England, but gave no indication of yellow fever (by protection tests) nor any reaction with English strains of *Sp. icterohaemorrhagiae*. Forty deaths occurred.

*Filariasis* and filarial elephantiasis no longer constitute important health problems in the Colony.



*Nephritis* appears to be of considerable importance. The number of cases is not stated but 211 deaths took place from this cause, 109 were males 102 females. One hundred and one, 52 males and 49 females occurred in St. Michael's parish. Ten of the fatal cases were children in their first year. In succeeding decades from 30 years there were 19 28 44 43 38 and 10 (over 80 years).

The following is a summary of some of the statements in Dr HASLAM's report on the Hospital Services, given as an appendix, and of the recommendations based thereon —

The sole statutory responsibility for the care of the sick poor is that resting on the eleven parochial authorities, but legally they must refuse aid to any who are not real paupers consequently there is no help for many who are very poor.

Nurses are insufficient, accommodation for them is unsuitable, yet there is no provision for more. Maternity cases are admitted to the Government Hospital only when examination reveals that there is likely to be difficulty and, if admitted, they are dealt with in the ordinary female wards, as also are those brought to hospital on account of parturition having gone wrong.

Arrangements for attending out patients are confused and insufficient and accommodation for this part of the work is cramped and unsuitable and matters are made worse by absence of any time-table.

No one on the governing body of the Hospital is necessarily interested in or likely to be intimate with details of hospital management. The Board is composed entirely of men whose time and energies are already heavily taxed elsewhere and there is no provision for a medical man to be a member of the Board of Directors. The policy of the General Hospital towards communicable disease is Gilbertian. By its rules it excludes all such cases, but in fact some cases of enteric fever diphtheria tuberculosis and venereal diseases are admitted. The governing authorities may however at any time refuse such cases in accordance with their rules, so the facilities cannot be relied upon. "Nor is this a fanciful possibility" writes Dr HASLAM "but an impasse actually encountered in 1833."

But the difficulty regarding communicable disease does not concern the General Hospital only there is no provision for these patients in the ordinary course of events. Quarantine buildings have been used in the past during an extensive outbreak and schools can be taken over at such times, but there is no provision by Government for tuberculosis, measles chickenpox, diphtheria, poliomyelitis, venereal diseases, for example.

Dr HASLAM proposes a male ward and a female ward each of 8-10 beds for cases of tuberculosis in an early curable stage and similar wards for observation cases and infective patients. The beds could be arranged on the cubicle plan each of the buildings forming a block within the precincts of the General Hospital. This should not be regarded as a luxury but as a necessity for protection of the public health.

Finally there should also be an addition to the General Hospital of paying and free accommodation for midwifery cases and in connexion therewith an out-patient clinic for expectant mothers.

*Expenditure* — The cost of Parochial Public Health administration totalled \$65,829 in ten of the eleven parishes, that of St. Peter sending

no return This is equivalent to £13 7 14 In the previous year the total was \$71 091 or £14,810 The cost of Parochial Poor Relief for the same ten parishes was \$190 090 or £39 602, as compared with \$110 075 or £22,932 in 1932-33 [but in this year the parish sending no return was St. Michael the largest Hence no comparison can be drawn between the figures for the two years]

### BERMUDA (1933)

The Bermudas or Somers Islands form a cluster of some 300 small islands in the Western Atlantic in latitude 32°15'N and longitude 64 51'W The nearest mainland is Cape Hatteras in North Carolina 580 miles distant. Most of the islands are mere rocks and less than a score are inhabited. The total area is estimated at 19 square miles

*Vital Statistics*—The estimated population is 30 381 (29 847) of which 13 013 (12 861) are white and 17,368 (16 986) are coloured. Births totalled 848 (854) a birth rate of 27·9 (28·6) 264 (258) of these were whites a rate of 20·2 (20·0) and 584 (596) were coloured 33·6 (35·0) per mille. Deaths, 314 (333) give a death rate of 10·0 (11·1) of the total 112 (127) were whites *i.e.* 8·6 (9·8) per mille and 202 (206) or 11·6 (12·1) were coloured. Infant mortality 60 (83) gives an I M R. of 70·7 (97·2) per thousand live births—whites 12 (11) or 45·4 (42·6) coloured 48 (72) or 82·1 (120·8) There were 29 (41) stillbirths, 7 (9) among white and 22 (32) among the coloured population.

An investigation of the mortality returns was made the opportunity for studying the cancer death figures from the commencement of the records in 1866 Comparison is made between the figures from this date to the end of last century and those from January 1st 1900 to December 1929 the total deaths being the same in these two periods The returns show that cancer is increasing in Bermuda, as elsewhere in the world. In 47 per cent. the digestive tract is involved. The white population suffers slightly more than the coloured from this type but only slightly while with cancer of the female genitalia, which numbers 25 per cent of the total the coloured women have double the incidence of the white

*Maternity and Child Welfare*—There are 40 registered midwives but only 38 are in practice. There are 10 district nurses 9 in actual permanent work in the districts and one for relief duties. Membership of the Bermuda Welfare Society numbered 3 372 (3 547) prenatal visits 1,815 (1 154) maternity cases 235 (158) and total visits 24,976 (21,849) This total does not include attendances at baby-clinics. At the Bermuda Nursing Association Home there were 58 inmates during the year 122 out patients received treatment and 1,221 district visits were paid.

*School Hygiene*—Instruction is given in the schools throughout the island. Dr SWEENEY Medical Officer Western District examined 754 children and found 497 or 65·9 per cent with enlarged or septic tonsils and 424 (56·2 per cent.) needing dental treatment. Several children suffered from impetigo and scabies. Three hundred and forty five have been immunized against diphtheria.

*General Sanitation*—The Watlington Water Company supplies water at 1s per 100 gallons. The water is piped for several miles and is

used for drinking, but its purity is not guaranteed. There is no storage and purification depends on filtration, flocculation and chlorination. An expert is to investigate and advise as to better purification. To control the fly- nuisance Beber manure pits have been installed in the town of St. George. No deliberate marsh reclamation for mosquito control was undertaken but gradual filling by dumping of garbage goes on. The swamps in Pembroke are now under control nearly 200 yards of trench have been dug to drain the Warwick marsh.

**Food**—A meat inspector has done good work since taking up his duties in February. About two-thirds of the animals slaughtered have been inspected but the Legislature withheld its sanction to a regulation requiring all slaughtering to be done in slaughter-houses and inspection cannot be thorough if animals can be slaughtered elsewhere than in proper abattoirs. 1,218 cattle were tested for tuberculosis 13 reacted and were destroyed. Only a hundred or so head remain to be tested. Thirty-one cows were tested for infection by *Br. abortus* 12 reacted and 11 have been slaughtered. There is no pasteurization of milk.

**Port Health**—Two years ago an enactment was passed permitting British men-of-war on sending by wireless a message that they were clear of all infection to proceed to their berths without being visited by a Port Health Officer. This privilege has now been extended to passenger vessels carrying a doctor and trading regularly with Bermuda. One hundred and forty vessels were visited by the Port Health Officer during the year and 10 in Grassy Bay by the Medical Officer Western District. Chickenpox and measles were the only contagious diseases found on shipboard.

**Clinical Returns**.—Of chickenpox 15 (61) cases were reported of diphtheria 23 (30) the lowest figure on record, except in 1931 (8 cases) in 1929 there were 175. There were 4 deaths from this disease, all children with laryngeal diphtheria. At St. David's 10 cases occurred a carrier was discovered and thereafter no further cases were seen. 220 children in St. George's have had a course of three immunizing injections. Scarlet fever notifications numbered 8 (36) whooping cough was more rife, 109 (22) cases. Smallpox was absent. 40 vaccinations were performed.

At the Isolation Hospital 11 *leprosy* are living. 1 fresh admission occurred during the year there were no deaths. There were 13 (11) notifications of tuberculosis and 8 deaths. There is no hospital accommodation for tuberculous patients. It will be seen that this disease had slightly fewer notifications, otherwise with the exception of whooping cough all the infectious diseases returns were low.

There is a venereal diseases clinic held weekly at the King Edward VII Hospital, at which the average attendance is between 20 and 30, and there is a small weekly clinic at Somerset held by Dr. SWANNY.

**Requirements**.—1. There is need of building regulations to combat overcrowding. 2. A dental clinic is needed in both Eastern and Western districts. 3. Revision of the present cumbersome method of registering births and deaths is called for and 4. Enlargement of the bacteriological service.

**Expenditure** on the Department was £29,271 (£28,357) the proportion this bears to the revenue or colonial expenditure is not stated.

### BRITISH GUIANA (1933)

British Guiana, the only British Colony on the mainland of the South American Continent, lies on the north-eastern coast. Its seaboard of about 270 miles extends almost from the eastern mouth of the River Orinoco to the River Courantyne, and has to the north the Atlantic Ocean to the south and south-west Brazil to the east Dutch Guiana and to the north west Venezuela. Its area is approximately 89 480 square miles (a little more than England Scotland and Wales together). Its capital is Georgetown, the next most important town being New Amsterdam, about 60 miles east of Georgetown.

The two most noteworthy events affecting the health of the population generally were an outbreak of influenza in the first quarter and the greater prevalence of malaria in the second half of the year following an abnormally heavy rainfall.

**Vital Statistics.**—The estimated population at the end of the year was 321,260 (317,813). Births numbered 10 461 (10,825) a rate of 32.5 (34.0) per mille; deaths 7,848 [in the text 7 048] (6 694) or 24.4 (21.1) per mille the highest since 1928 when the rate was 27.9. Infant deaths numbered 1 613 (1,503) or 154.1 (138.8) per thousand live births also the highest since 1928. Maternal deaths for the whole Colony numbered 127 (108) or 12.1 (9.9) per thousand live births; the rate in Public Hospitals was 47.3 (29.7). In those attended by the Infant Welfare and Maternity League 4.7 (7.5) and on the Sugar Estates 15.8 (13.1).

In the City of Georgetown the population of the Municipal area was 62,707 of the Registration area 64,207. Births numbered 1 619 and 1,861 respectively giving rates of 25.8 and 29.0. Deaths 1,257 and 1,331 give respective death rates of 20.0 and 20.7. The infant mortality is given as 124 and 127 but one cannot tell whether these are the rates or the actual figures; if the latter the rates would be 76.5 and 68.2 per thousand live births.

The population of New Amsterdam is not given, but the births registered are stated to have been 280 or a rate of 30.7 (34.6) calculating back from these the population would be 9 120. Deaths numbered 215 or 23.5 (17.6) per mille. The infant mortality rate was 129 (89) per thousand registered births.

The vital statistics and other returns from the Sugar Estates are mentioned later.

**Maternity and Child Welfare.**—The report of the British Guiana Infant Welfare and Maternity League is published separately and is not included in the Annual Report of the Surgeon-General.

There are maternity wards in each of the five principal hospitals—Georgetown New Amsterdam Suddie Bartica and Mabaruma—with a total of 51 beds. 1 133 deliveries took place with 47 maternal deaths a maternal mortality rate of 41.4 per mille and 992 births which would raise the rate to 47.3 (30.2).

Two inspectors of midwives were appointed at the end of 1932, one for the Counties of Demerara and Essequibo and one for Berbice. By aid of a fund supplied by Government 40 nurse midwives were stationed in the most populous centres on the coastal belt and in river areas inhabited by settlers and aboriginal Indians; also seven Health Visitors were employed.

Infant and antenatal clinics were conducted by Government Medical Officers at 61 village centres and 19 sugar estates and new Branch Committees were formed at Saddle and Anna Regina. At the 61 centres 1101 clinics were held. 4,802 infants and 1,029 expectant mothers were treated.

The League midwives attended 2,661 (2,781) cases. 91 (115) infants died and 12 (30) mothers giving (as stated above) a maternal mortality rate of 4.7 (7.5) per thousand live births.

*General Sanitation*—Erection of dry pit latrines in village, country and rural districts was continued, 2,248 being erected during the year. No special arrangements exist for the proper disposal of refuse which at present is buried or burned by individual occupiers.

Shops are visited regularly and foodstuffs inspected. Milk samples are taken at intervals and analysed.

Courses of lectures were given to Sanitary Inspectors for the Royal Sanitary Institute certificate and to Women Health Visitors and School Nurses. Two Sanitary Inspectors and one Health Visitor obtained certificates. A Health Week was held in Georgetown in the latter half of November. Lectures were delivered by Health Officers and practitioners, by the Chief Sanitary Inspector for Georgetown and the County Sanitary Inspector for Demerara. The lectures were aided by lantern slides and cinema films.

*Sugar Estates* number 31. 24 have their own hospital and dispensaries. The influenza epidemic in the first quarter of the year was responsible for increased morbidity and mortality rates. The population totalled 61,518 (60,536) this includes all races, East Indians, negroes and others. Births 2,019 (2,057) give a rate of 32.8 (33.4) (but see later). Among the 52,090 East Indian population births numbered 1,794 or 34.4 per mille. Deaths 1,436 (1,001) give a death rate of 23.3 (16.5). Nearly half the increase in deaths is ascribed to influenza, pneumonia and bronchitis, while the death rate was higher also for malaria, enteric fever and other intestinal diseases (see below).

There were 32 (27) maternal deaths, a maternal mortality rate of 15.8 (13.1). The births have been stated above as 2,019 but the return by the Immigration Department gives 1,874 (1,923) of whom 348 (257) died under 1 year an I.M.R. of 184.6 (133.6).

Progress has been made in Maternity and Child Welfare work on the estates and more maternity wards were opened.

The total number of patients treated in Estate hospitals was 9,180 (17,694) and deaths in hospitals increased from 679 in 1933 to 970. Influenza notifications numbered 3,858 and deaths from this cause 74. Among the estate population there were 126 (105) cases of enteric fever notified and 30 (16) deaths and of "other intestinal diseases" 1,007 (709) cases, 70 (57) deaths. Malaria patients were fewer 6,838 (7,029) but deaths increased by 50 per cent. from 86 to 128.

The water supplies to estates were mostly "creek water" i.e. fresh water in canals or trenches. Artesian wells have been drilled on some estates, but in some cases the flow has diminished or actually ceased. Drainage by wide and deep drains has been discontinued and the old system replaced by few drains sufficiently deep to carry off the storm water but remaining dry in the intervening periods. It was found that mosquito breeding was abundant in the stagnant water of the

old deep drains. As regards *sewage disposal* estate authorities are tending to adopt the trough closet septic tank system.

It is strongly recommended that estate authorities should consider the appointment of a whole-time Sanitary Inspector and a permanent small sanitary gang to supervise and carry out all sanitary measures on the estates.

*Hospitals Dispensaries Clinical Returns*—Those on the Sugar Estates have already been dealt with. Apart from these there are as before, 7 hospitals with an aggregate of 889 beds two of the hospitals are dispensary hospitals in interior mining localities with 6 and 8 beds respectively. A new building of three floors was opened in November in place of the Seamen's Ward of the Public Hospital Georgetown at the New Amsterdam Hospital the operating theatre was renovated and the lighting improved. At the Bartica Public Hospital an operating theatre was provided and the female ward enlarged. Separate quarters have been constructed to house the nursing staff. The hospitals form the training schools for nurses and the period of training has been extended to 4 years. During the year 93 nurses and midwives were trained 38 probationers passed the first examination and 12 the final for nurses and 23 that for qualification as midwives.

In patients admitted to Government Hospitals numbered 19 038 (18,290) [but the detailed table gives a total this year of 19,252. This tabled statement of details is not quite clear. The number 19,252 is exclusive of 502 patients remaining in hospital on 31st December 1934 it is stated this probably means 1932] and the total treated 19 754 (19 015). Out-patients numbered 58,308 (53,245) [the detailed table gives a total of 58 553 out patients and the number given last year was 43,245 not 53,245]

A new dispensary was opened at Canal No. 1 West Bank Demerara and out patient dispensaries are attached to each Public Hospital. There are now 13 Government Dispensaries in charge of qualified dispensers [but in a table 14 are listed] and new cases treated totalled 35,805

In connexion with the Mazaruni Diamond Fields at the headquarters station Kamakusa, is a hospital of 8 beds with a dispensary and an out-station dispensary is maintained at Enachu. The mining population was 1,834 and among them 51 (47) deaths were registered.

The Mental Hospital in the county of Berbice has accommodation for 738 patients. There were 93 (62) fresh admissions during the year and altogether 842 received treatment.

*Malaria* patients treated in Government Hospitals numbered 2,509 (2,509) i.e. the same as last year but the deaths were more 167 (137). In the tabled returns 2,518 received in-patient treatment and 10,987 out-patient treatment. The infection was differentiated in 310 only and of these 241 or 77.7 per cent. were benign tertian 69 or 22.2 per cent. subtertian quartan was absent—a strange fact in view of the presence of nephritis (q.v.) found by GIGLIOLI to be associated with this form of parasite in British Guiana [see this *Bulletin* Vol. 27 p. 508]. Deaths from malaria in the Colony totalled 1 140 (1 034) or 3.5 (3.2) per thousand population the average for the decennial period being 1 196. *Blackwater fever* patients in hospital were 9 (16)

and 2 (8) died, the total deaths in the Colony being 6 (8) from this cause.

At the laboratory 698 blood films were examined for malarial parasites and 150 were found positive, 145 with *P. vivax* 4 with *P. falciparum* and 1 with *P. malariae*.

By way of prevention bonification of the Thomas Lands to north and east of Georgetown was continued and along the foreshore at New Amsterdam, converting the muddy grass-grown swamps into land which may be used for parks or recreation grounds. A simple type of mosquito-proof water receptacle was designed for use on small premises. It is thus described —

The commonest receptacles of this nature are generally the ordinary iron or steel oil drum with a capacity of some 40 to 50 gallons and wooden barrels. In order to make them mosquito-proof it was necessary in the case of the former to cut a hole at the upper end and insert a wooden box floored with wire gauze. This requires frequent renewal and very often it is simply removed as soon as the Sanitary Inspector turns his back. The present design eliminates this by the arrangement of a "flap-barrel" system constructed inside the length of galvanised iron tubing which passes right through the drum from one side to the other near to the top. The down take pipe from the gutter is connected to one end of this by means of a right-angled piece the becoming water simply raising the first flap which drops again as soon as the water ceases. When the drum is full, the overflow automatically lifts the second "flap-barrel" and flows out through the end of galvanised iron tube this second flap closing similarly to the other. These flaps completely conceal both the intake and outlet of the galvanised iron tube, thus effectively preventing the ingress or egress of mosquitoes. The drum is raised off the ground on a wooden stand and water is drawn through a brass tap which can be locked. Before distribution the drums are effectively cleansed with soda solution to remove the oil and then cement washed in the inside, the outer surface being painted. Cleansing of the drum could be effected simply by removing the galvanised iron tube, inverting and washing it, the tube thereafter being replaced and sealed at its junctions with the drum with a little iron cement. Where there is no down take pipe and the water merely flows directly off the galvanised or bamboo gutter in the case of the poorest types of dwellings a hopper has been provided to fit into the right-angled piece of galvanised iron tubing. These drums have now been in use for some two years and have proved very satisfactory.

In the whole Colony 246 (197) notifications of *enteric fever* were received and 66 (46) deaths a fatality rate of 27·6 (23·3) per cent. In the City of Georgetown there were 30 (20) cases, 11 (8) deaths, and in the remainder of the Colony 216 (177) cases, 57 (38) deaths recorded. In the preceding decade the average was 296 cases, 75 deaths ~~per annum~~ 24·7 per cent. fatality. In the Government Hospitals 66 (37) cases were treated and of these 30 (24) died, a fatality rate of 31·2 (29·2). *Dysentery* accounted for 135 (105) admissions to Government Hospitals and of them 20 (8) died, a fatality rate of 14·8 (7·6) per cent. total deaths in the Colony from this cause were 118 (66).

*Diphtheria* notifications numbered 30 (43) and deaths 7 (10). No cases were recorded of *plague cholera*, *yellow fever*, *smallpox* or *typhus*.

There was an outbreak of *influenza* in the first quarter of the year the number of victims was great. 348 were treated in public hospitals and 15 of these died. In the whole Colony there were 534 deaths from this cause.

*Leprosy*—The erection of a building to house the children previously accommodated with the adults was practically completed and the Lady Denham Home Fund for establishing a home for children rendered destitute by the infection of themselves or their parents with leprosy amounted at the end of the year to more than \$12,000

The Leprosy Hospital can accommodate 479 patients 303 male and 176 female. At the beginning of the year there were 287 inmates there were 67 (71) new admissions and 59 readmissions i.e. 393 were treated during the year 18 died Specific treatment is now standardized and consists of a preliminary course of alepol intravenously followed by hydriocarpus oil and esters intramuscularly Injections are given at first biweekly later once a week, then fortnightly and, when the disease becomes quiescent monthly In certain cases intradermal injection of esters is used and locally trichloroacetic acid and carbonic snow

In the Government Hospitals 538 (550) cases of tuberculosis were treated, 514 of them pulmonary, and there were 165 (170) deaths, 157 among the pulmonary cases. Another 209 received out patient treatment of the total 747 there were 720 with pulmonary disease. In the City of Georgetown there were reported 123 (147) cases and 83 (96) deaths in the remainder of the Colony 262 (276) cases and 206 (224) deaths altogether 385 (423) cases and 289 (320) deaths. The British Guiana Society for the Prevention and Treatment of Tuberculosis has been active.

*Veneral Diseases*.—Among the in patients in public hospitals 928 (873) cases of syphilis 645 (647) of gonococcal infections 60 (38) of soft chancre and 63 (71) of granuloma venereum were treated together 1 696 (1 629) patients. In the table of returns, which includes in and out patients venereal cases totalled 4 616 of which 2,478 were syphilis 1 918 gonorrhoea or its complications 138 soft chancre and 82 granuloma venereum Dr E. G. H. PAYNE Medical Officer in charge of the V.D. clinics at the Public Hospital, remarks in his report During the year the issue of cards bearing identification numbers was instituted Cases appeared to come up for treatment earlier than in previous years New cases of syphilis represented 19 08 per cent. of the total number of cases of syphilis admitted to the clinic. There are many defaulters though propaganda is conducted by pamphlets warning all patients to attend until discharged by the Medical Officer

Some method of follow up is needed either by a note from the doctor in the case of men by the Health Visitor in the case of women and mothers of infected children. A successful start was made with defaulting patients referred from the City Welfare and Maternity League.

Altogether at the clinics 2,713 received treatment, 1 719 males and 994 females new cases numbered 2 089 (2,252) of which syphilis accounted for 1 131 (1,214) gonorrhoea for 877 (980) chancroid for 65 (35) and granuloma venereum for 16 (23)

As regards the special Departments In the Ophthalmic Department 3,511 (3,878) cases were treated and in the Dental Department 6 346 (6,344) A scheme was brought into effect for treatment of children attending the Primary Schools in Georgetown the work



being divided between two dental surgeons. In the X-ray Department 2,219 (2,367) examinations were made.

The question of *nephritis* calls for special mention. In the public hospitals 459 (486) cases were treated and 150 (135) were fatal, a case mortality rate of 32.7 (27.7) per cent. In the whole Colony 517 (491) deaths were registered as due to this cause. In the tabulated returns in addition to the number admitted to hospital 778 were treated among the out patients, i.e. 1,237 cases altogether.

At the *Laboratory* 13,841 (14,193) specimens were examined of these 6,759 or 48.8 per cent. were sera for the Wassermann reaction. All the examinations were of a routine nature and most, 10,660 were from the Public Hospital, Georgetown.

*Recommendations* made for the good of the Medical and Health Department include: Erection of a Tuberculosis Hospital; a new Venereal Diseases Clinic at the Georgetown Hospital (the present building is said to be quite unsuitable); erection of a building to be used as a Health Centre and Bureau; a New Bacteriological Laboratory; improvements in the water supply of Georgetown Hospital and fresh administration offices.

*Expenditure* on the Medical and Health Department was \$554,025 (\$546,690) or 10.8 (11.2) per cent. of the revenue of the Colony.

## GEORGETOWN

Though some of the matters dealt with by Dr W. de W. WHEAT, Medical Officer of Health for Georgetown, have received mention in the report of the Colony of British Guiana as a whole, his detailed report gives further information on the health of the chief town which may be of interest.

*Vital Statistics*—The estimated population of the City was 82,700 (82,334) with a density of 39 per acre. There were 1,619 (1,689) births registered, giving a birth rate of 25.8 (27.1) per mille. Of the total 807 or 49.8 per cent. were illegitimate. The average birth rate for the preceding five years was 28.0. The rate was highest in Albouystown 33.7, an insanitary and overcrowded district, and lowest 9.6 in Stabroek, the better residential area. Though 1,619 were total live births registered, 1,648 were notified: the difference is explained by the fact that notification must be given within 36 hours, whereas registration may be effected within 21 days.

Deaths registered were 1,257 (1,147) a rate of 20.0 (18.4) the past quinquennial average being 22.1. The chief causes of death were cardiovascular 123, pneumonia 92, senility 90, cerebral haemorrhage 78, pulmonary tuberculosis 75 and nephritis 72. In Albouystown where the population is densest and there are many tenement rooms the death rate was 35.5 (28.3) or 77.5 (30) per cent. above the mean. In this ward is a private almshouse to which poor people from all over the Colony are admitted and any deaths among them are registered by the local registrar. In Stabroek where housing is at its best the death rate was only 12.3 (9.6) or 38.5 (47) per cent. below the mean.

Deaths under 1 year numbered 201 (214) or 124.1 (126.4) per thousand live births the average for the preceding quinquennium was 143. The rate was highest in Albouystown, 167 next highest in Charlestown 148 in the Queenstown ward the least densely populated, the rate was only 72 i.e. 41 per cent below the mean that for Albouystown being 34 per cent. above. The chief causes of infant mortality are stated to be Prematurity and congenital debility 34.5 per 1 000 births pneumonia 17.2, diarrhoea and enteritis 12.9. Statistical returns for illegitimate children (and almost 50 per cent. of those born are illegitimate) are difficult to assess for a child may be notified under one surname registered under another and if death occurs the child is registered and buried under a third name differing it may be entirely from either of the others.

The Maternal Mortality rate was 2.4 (5.9) per thousand live births these figures are not however trustworthy for many of those certified as dying from septicaemia are cases of puerperal sepsis.

*Maternity and Child Welfare*—A sub-committee of the Medical Board is preparing regulations on the lines of those of the C.M.B. in England for the guidance of midwives.

Antenatal clinics were held four a week for the first four months and two a week for the rest of the year. First attendances numbered 770 (889) and total 3 560 (3 219) patients referred for treatment for one cause or another numbered 2,455 (2,236). The Infant Clinic met at three centres till the end of October when a fourth was started. Altogether at the former three there were 237 sessions 712 babies were brought over from the previous year 995 were enrolled during 1933 by the end of the year 806 were on the register. It is suggested that more good still might be accomplished if a system of District Home Nursing were established. The Infant Clinic at the Kingston Wesleyan School, established in October was so successful that another was started at the Queenstown Catholic School for those infants whose mothers lived at Albouystown or Queenstown.

Early in 1933 the districts of the Health Visiting staff were redistributed and the work reorganized. 1 502 home visits were paid to expectant mothers 17 616 visits to the homes of infants and 8 268 to toddlers (those between 1 and 5 years of age). At the crèche 124 were on the register and attendances numbered 10,988. The rate of mortality amongst infants visited and under supervision at the welfare centres was 43 per mille whereas as stated above the general I.M.R. was 124.1.

A survey of elementary schools was made and most were found to be in a bad condition sanitarily few had suitable arrangements for drinking and with the exception of taps in the playground no provision was made for washing. Classrooms were dark badly lighted some were overcrowded.

*General Sanitation*—There is no change to report concerning sewerage and drainage. A committee has been appointed to investigate housing conditions in the City. A Health Week was begun on 19th November and an important exhibit which attracted attention was a working model plant for purifying and rendering potable the water at present used for domestic purposes only the exhibit brought home to the people the need for a potable piped supply for each house in place of the customary vat or tank storage of rain water.

The procedure for abatement of nuisances is at present cumbersome and of a defeatist nature. Notices for abatement have to be authorized by the Council before service. A list is prepared by the District Sanitary Inspector certified by the Medical Officer of Health and submitted to the Council at its next meeting which may not take place for a fortnight!

A new municipal abattoir was opened on 10th June. All food premises have to be registered, applications being made to the Medical Department which issues a certificate of fitness before registration can be effected. Eating-houses on the register at the end of the year numbered 102 there were 400 cake-shops subject to monthly inspection. There were 53 bakeries many it is said, needed structural alterations and, when visited at night they were with few exceptions, found unsanitary.

No By-Laws have been issued during the year with regard to the Sale of Milk, but a Committee has been appointed and will probably issue a report early in 1934. Ninety-one shops were registered to sell milk but were not satisfactory from a hygienic point of view and they will have to be dealt with in the new By-laws.

Certain diseases call for a few words, apart from what has been written on the Colony as a whole. Cases of malaria admitted from the City to the Public Hospital numbered 667 (690) and deaths from this cause 75 (70) the average for the preceding five years being 83. With a view to prevention of mosquito breeding each Assistant Sanitary Inspector spends one day a week in inspection of rats and eaves gutters in addition to general scavenging inspection. During the year 39 479 (23,336) such visits were paid and 13 078 (8,823) breeding sites were found and dealt with.

A total of 237 (283) notifications of infective disease was received at the office of the Medical Officer of Health. There were 30 (20) of enteric fever and 11 (8) deaths took place from this cause. In no instance was the source of infection traced. The average number of notifications for the preceding quinquennium was 32 and prior to that 153, the deaths being respectively 9 and 34. There were 14 deaths from dysentery the same as the average for the previous five years the type was not determined, nor is the number of cases stated. There were 21 (33) cases of diphtheria 2 (8) of them fatal.

Tuberculosis notifications numbered 123 (147) or 1.9 (2.3) per thousand population. 121 were cases of pulmonary disease deaths from this cause were 83 (91) the average for the preceding five years being 79. Close co-operation now exists between the Tuberculosis Society and the Public Health Department and every case notified to the latter is investigated by the Society's Health Visitors.

*General Diseases*—Every woman who attends the antenatal clinic is sent to the bacteriological laboratory for a Wassermann test. Of 728 thus sent 157 were found positive and were referred to the I.D. clinic for treatment and advice. The Medical Officer in charge of the clinic is only a part-time officer there is quite enough work to occupy one man all day if the work is carried out thoroughly.

## BRITISH HONDURAS (1933)

British Honduras is on the east coast of Central America with Yucatán (Mexico) on the north and north west and Guatemala on the west and south and on the east the Bay of Honduras (Caribbean Sea). It has an area of about 8,596 square miles, i.e. about the size of Wales.

*Vital Statistics*—The population is estimated as 53 770 (52 945) Births numbered 1 942 (1,879) giving a birth rate of 36.1 (35.4) per mille deaths 1 117 [elsewhere given as 1 120] (1 073) a death rate of 20.7 (20.2). Of the total deaths recorded less than half 40.1 (41.3) per cent. were certified by medical practitioners. Infant mortality was 242 (194) or 125.6 (103.2) per thousand live births. This is highest 195.2, in Orange Walk district and lowest in Belize 84.1. Last year also Belize was lowest with only 72.5 the number of infant deaths in Orange Walk district has doubled, 41 (20) and the rate has risen from 102.5 to 195.2. Orange Walk was fourth on the list last year and, as a matter of fact the infant mortality rate has risen in all districts except Corozal. The Medical Officer Toledo District writes, in connexion with vital statistics, that the question of highest importance in his district is the decline of the Indian population. With one exception, each year since 1928 has shown a death rate in excess of the birth rate and a high infant mortality. These Indians are agriculturists and malaria and hookworm take a heavy toll. Dr ANDERSON suggests that the present Habitation Tax of \$1 per house in the Indian village be raised to \$1.25 the extra being spent solely in purchasing quinine and anthelmintics.

At the Belize Hospital 921 mothers and expectant mothers attended as out patients in connexion with the maternity ward and on the question of maternity work Dr HARWOOD reporting on Stann Creek district notes the need for a maternity ward at the hospital under present conditions maternity cases if urgent enough to warrant admission, have to be brought into a general ward in which septic cases also are treated.

The British Honduras Infant Welfare League inaugurated in 1928 does much good work but it functions only in Belize. Attendances at the weekly clinics for babies totalled 4,918 (4 438).

*General Sanitation*—There is a Central Board of Health of seven members the Principal Medical Officer being Chairman. The Colony is divided into six districts each with a Local Health Authority. No change has been made in the mode of water supply sewage or refuse disposal. This year owing to destruction of vats and water tanks by the hurricane the supply has been inadequate. The Town Board is endeavouring to obtain a satisfactory supply but so far has not succeeded.

*Drainage* in Belize is, as previously reported, bad, owing to there being no proper fall to the sea. The filling in of building lots continues and the low-lying swampy land in the Freetown area is being improved by reclamation. The market and its buildings have been cleaned up and improved but there is still no provision against rats flies, etc.

*Recommendations* for future work are the same as those of last year for financial reasons the recommendations then put forward have had to be left in abeyance.

*Hospitals and Dispensaries*—The general depression has been reflected in the greater number of persons applying for relief and in the increased infant mortality rate. At Belize Hospital 1,211 (1,217) were admitted as in-patients and 12,271 (11,097) received out-patient treatment the latter figure is nearly double that for 1931 (5,862). The private wards of the hospital were destroyed by hurricane and have not yet been rebuilt. At the five district hospitals a total of 1,090 patients were treated.

*Malaria* accounted for 42 (89) deaths or 9.3 (15.5) per cent. of the total certified deaths. There were 206 (234) uncertified deaths ascribed to "fever" some perhaps a considerable proportion, of these may have been malaria. In the Public Hospitals 587 (474) patients were treated, mostly for subtertian malaria. Included in this total are 14 (not 15) cases of *blackwater fever* 9 of chronic malaria and 230 of type unclassified leaving 310 whose infection was differentiated. Of these 92 or 29.7 per cent. were benign tertian 217 or 70.0 per cent. subtertian, and 1 or 0.3 per cent. quartan.

By way of prevention stagnant pools are oiled periodically reclamation of the Barracks area of swampy land in Belize has been started.

There has been no case of *yellow fever* but water has to stand in tanks, vats, barrels, etc. as there is no pipe-borne supply. This keeps the Sanitary Staff busy inspecting for mosquito larvae especially those of *Aedes*. Mosquito-breeding is kept down by oiling, by use of larvicide fish, by screening and by destruction of crabs and disinfection of crab-holes with cyanogas. During the year 33,107 (15,710) of these holes were destroyed, 27 wells have been filled in, and 39 fitted with mosquito-proof covers and pumps. A further precaution against the introduction of yellow fever consists in subjecting all arrivals from Guatemala, Mexico and Spanish Honduras to medical surveillance on landing, but the coast line and the boundaries are long and evasions are not only possible but, doubtless, frequently occur and one of these may introduce the virus.

No cases of *enteric fever* were recorded again this year at any of the hospitals. Sixty-eight cases of *dysentery* were treated, and 15 patients died. Nineteen were not classified of the remaining 49 there were 39 amoebic and 11 bacillary a ratio of 3.4 to 1. Mention must be made of 50 (44) uncertified cases in which death was ascribed to

Dysentery Diarrhoea and Bowels [1] some of these were probably one or other form of true dysentery. In August an outbreak of dysentery occurred at San Pedro Ambergris Caye. Between 20 and 30 persons were attacked the infection was thought to have been fly-borne.

Seven cases of the *alastrum* type of smallpox occurred in Belm and an unknown number in the Western District of the Colony especially in Benque Viejo and Cayo. In the former of these the outbreak started at the end of November 1932, and reached the latter in January 1933 and cases were fairly numerous till September. In Benque Viejo there was an interval after February till December when the infection reappeared. In the absence of compulsory vaccination isolation was abandoned there had been no mortality among the earlier isolated cases and this measure was expensive. Vaccination

of contacts was carried out and patients were quarantined in their homes. 1,262 (1 056) vaccinations were performed.

Fifty (43) deaths from tuberculosis were recorded this is 11.1 (9.6) per cent. of the total certified. Another 48 deaths not certified but ascribed to 'consumption' cough or cold probably included some dying from tuberculosis. Fifty four (40) cases were treated in hospitals and 5 (6) new notifications were received. The pulmonary form is the commonest 40 out of the 54 hospital cases. There is accommodation at the Belize Poor Houses for 12 destitute patients suffering from this disease.

Veneral Diseases are common in all districts but it is difficult to persuade patients to persevere with treatment. Of helminthic infestations hookworm is very prevalent in the country districts.

Lastly mention should be made of 7 cases of beriberi which occurred in Belize prison additions were made to the diet and calcium gluconate was injected intramuscularly. The condition cleared up and no further cases occurred.

Expenditure on the Medical Department was \$75,376 (\$78,290) and on the Central Board of Health \$11,879 (\$11 752) or together \$87,255 (\$90 042). Last year the expenditure was said to comprise 10 per cent. of the revenue of the Colony as the latter is not stated in the present report the proportion for this year cannot be given.

### JAMAICA (1933)

Jamaica, an island in the Caribbean Sea, about 90 miles south of Cuba, within 17°42' and 18°32'N latitude and 76°11' and 70°23'W longitude. It is the largest of the British West Indian Islands being 144 miles long and 50 at its greatest breadth and having an area of 4 450 square miles, or about half that of Wales. Kingston, the capital, is on the south coast in the County of Surrey. The Cayman Islands and the Turks and Caicos Islands are dependencies of Jamaica.

In the latter half of the year floods caused much damage to crops and the heavy rainfall is held responsible for severe outbreaks of malaria in many districts and especially in the western part of the island where lack of food and shelter rendered the people more open to attack.

Certain changes were recommended regarding the work of whole- and part time District Medical Officers at the end of the year matters were still under the consideration of the Legislative Council.

The Public Health organization of the island is undergoing a period of transition states the report. During 1933 the Government took over entire charge and maintenance of the Malaria Commission and the Hookworm Units and at the end of the year the Rockefeller Foundation ceased to be responsible in any way for the School Dental Clinics. These are to be maintained by the Parochial Boards with assistance from Government Grants. Early in 1934 the Tuberculosis Dispensary which was established in Kingston in connexion with the Foundation's Tuberculosis Commission was to be taken over entirely by the Government.

There is need for enlargement of the Central Government Laboratory to cope with the increase of routine work it is to be transferred to

more commodious quarters in what was formerly the Island Medical Office the administrative centre of the Department.

Attention has been paid to improving the prospects of employment of Jamaica trained nurses. At present midwives undergo a year's training to obtain a certificate and they are accepted by the public as fully trained nurses, whereas for full training a three-years course is necessary. To obviate this anomaly preference to candidates for training in midwifery is given to those who possess certificates as general nurses, and all midwives now under training have general nurses certificates. This will certainly improve the standard of nursing throughout the island.

**Vital Statistics**—The estimated population at the end of the year was 1 090,299 (1 073 493). There were 35,668 births registered, giving a birth rate of 32.7 (32.2). Deaths totalled 20,969 a rate of 19.1 (17.2) the increase is ascribed to deaths from undefined fevers and acute respiratory diseases. Of the former there were 2,824 (2,317) and of the latter 1,257 (912). Only 0.8 per cent. of those placed in the "undefined fever" group were seen by a medical practitioner. The death rate was highest, 31.8 (26.3) in the parish of St. Andrew next in Kingston 29.5 (24.8) St. James being third with 22.6 (21.4) and St. Thomas fourth 22.5 (19.2). Infant mortality rate was 149 (141) per thousand live births that of Kingston being 137.

Twenty-seven students attended the session at the School for Sanitary Inspectors, 14 from staffs of Central and Local Boards of Health. Twenty-six gained the Local Government Certificate and 18 passed the examination for that of the Royal Sanitary Institute.

The Health Staffs of Parochial Boards remain about the same as last year namely in the 15 parishes there are 10 whole time and 9 part-time Medical Officers 8 Chief Sanitary Inspectors, 81 (79) whole-time Sanitary Inspectors, of whom 52 (37) have Sanitary Inspectors certificates, and 20 (22) part-time Inspectors.

**Food**—There are slaughter-houses at Kingston, Half Way Tree (St. Andrew) Spanish Town and Falmouth, but elsewhere meat inspection is far from satisfactory. Some progress has been made with dairy sanitation and publicity is given to the importance of clean milk.

*Recommendations for future work include —*

1. Increase of the clerical staff of the Central Board of Health because of the extra work involved in (i) Taking over from the Rockefeller Foundation the duties of the Hookworm and Malaria Commissions (ii) The new plan of Yaws control (iii) New Tuberculosis activities.
2. Establishment of a section of Vital Statistics for the Central Board of Health.
3. Establishment of a School Medical Service.
4. Resurveys for Hookworm infestation in previously treated areas.
5. Extension of the Child Welfare Service.
6. Mosquito control in lowland areas in view of the increase of malaria and of aeroplane communication with parts of S. America where yellow fever is endemic [Jamaica was formerly much ravaged by yellow fever].

- 7 Measures to reduce the incidence of enteric fever in Kingston.
8. Development of Housing Schemes to replace the slum areas of Kingston.

The Co-operative Public Health work in Jamaica was reviewed at some length in last year's *Bulletin* (pp 186\* *et seq*). During the present year all the Units continued their work and the Government assumed entire financial responsibility for the Hookworm and Malaria Commissions and made plans as stated above for taking over other activities initiated by the Rockefeller Foundation. The help given by the Foundation has borne wonderful fruit. The death rate of the Colony in 1921 was 28.5 per mille in 1932 it had fallen to 17.2.

Organized public health work began in 1919 with the Hookworm Campaign, a demonstration in public health which created a desire among the people for further information about disease prevention and health conservation. Progressive teachers became aware of the relationship between physical defects and mental retardation and School Hygiene Work with dental clinics was begun in 1924. A more definite effort was then made to reach the people in their homes and teach them the principles of health conservation through the establishment of a Bureau of Health Education. In 1927 the School for Sanitary Inspectors was organized to train the officers of the health department who go into the homes of the people and have the greatest opportunity for teaching them how to keep well. The training was designed to make the sanitary inspectors teachers rather than mere sanitary policemen. And the more important diseases have received attention. A Malaria Survey was conducted in 1928, since when control measures have been instituted in areas of large population where this disease is endemic. Also in 1928 a Tuberculosis Commission was organized and the disease which is the greatest single cause of death in Jamaica is now being studied at dispensaries in Kingston and other towns where patients can come for examination and treatment. The latest undertaking was the formation of a Yaws Commission in 1932.

i. *The Hookworm Commission*—The principle followed has been described previously. During 1933 there were four Units at work two engaged in sanitation and two in treatment. The sanitary campaign in Hanover and Westmoreland reached a population of 13,690 and then continued in Trelawny and St. James's parishes. Here 38,698 were examined out of a total population of 38,745 and 28,719 or 74 per cent. were found infested. treatment was given to 25,183 and 83 per cent. were cured. The activities of the Commission are fundamentally educational and effort is made to get into touch with every person in the area.

ii. *School Dental Clinics*—During the year under review these were conducted in the parishes of Kingston St. Andrew St. Catherine Clarendon Hanover St. James, Trelawny St. Mary and Portland. More than 70 per cent. of the children showed dental defects. 19,678 (14,988) children were examined. The first clinic was organized in 1923 in St. Andrew and in the following year they were started in the Kingston schools in 1928 in St. Mary (in April) and Trelawney (in October) in 1930 in Clarendon St. James and Hanover in 1932 in Portland, and in St. Catherine in 1933.

In *The Bureau of Health Education* publishes *Jamaica Public Health* Vol. 8 being issued in 1933. In this particular attention was paid to Tuberculosis Yaws, Water Supplies Milk and Programs for Empire Health Week.



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6. Mosquito control in lowland areas in view of the increase of malaria and of aeroplane communication with parts of S. America where yellow fever is endemic (Jamaica was formerly much ravaged by yellow fever).

Mobile Unit also assists the local health departments in organizing work for control of tuberculosis.

In Dr OPIE'S report on the Control of Tuberculosis in Jamaica he states that approximately 1,500 die every year from this disease. The number of the infected is conjectural but probably high. Establishing of a sanatorium would be costly and would have but little effect on the spread of the disease. He recommends —

- 1 Organization of all tuberculosis work under one Director who shall have direction under the Superintending Medical Officer of (a) all tuberculosis hospital work, including parish infirmaries (b) tuberculosis dispensaries and (c) of tuberculosis registration.
- 2 A Central Tuberculosis Clinic and training school organized as part or unit of the Kingston General Hospital under the Tuberculosis Director and consisting of (a) Wards for tuberculosis, (b) control tuberculosis dispensary of Kingston, and (c) of X ray equipment.
- 3 Training of physicians (District Medical Officers etc.) engaged in tuberculosis work in dispensaries hospital wards and parish tuberculosis infirmaries tuberculosis nurses and sanitary inspectors in the Central Tuberculosis Clinic of Kingston
- 4 Maintenance of tuberculosis wards in hospitals outside of Kingston under medical control of the Tuberculosis Director
- 5 Maintenance of dispensaries and parish infirmaries by the parishes and under the medical control of the Tuberculosis Director

vi. *Yaws Commission* —Up to the end of March field work was confined to Bath in April a second Medical Officer was appointed and a second unit organized. Unit I moved to St. Mary and No. II began work in the Seaford area. The work of the Commission is described under three heads of Research Treatment and Laboratory

Research was intended to include Study of the central nervous system in yaws collection of histological specimens of representative lesions by biopsy transmission and the role of *Hyppelates* flies, the use of new drugs a comparative study of yaws and syphilis, and the following up of old treated cases. Of this large program till the end of September the last only was attempted since then a few spinal punctures have been made and some histological material has been obtained.

Treatment Units engage not only in actual treatment but also in educational work and follow up campaigns through the local departments of health. They go into the selected area, make house to-house visits and keep records of each person—name age sex race lesions then treatment is started with neocarsphenamine or bismuth six injections at weekly intervals. About four months after completing an area the team revisits it and treats any new cases which have developed or have moved into the district or any who have relapsed. It is estimated that each treatment unit can survey treat and follow-up in one year a population of 15 000–20 000 where 60 per cent give a history of yaws.

The Central Laboratory carried out Wassermann reactions and Eagle flocculation tests on over 15 000 specimens. Investigations of experimental yaws in laboratory animals was continued.

vii. *Hookworm Commission* —A most important and delicate part of the work is education of the people to adopt healthy habits and to appreciate their responsibility to others in their homes and to their neighbours outside. This is done by house-to-house talks, pictorial

*iv School for Sanitary Inspectors.*—As stated, 27 students attended this the fifth session, which opened in November 1932. Fourteen were from the staffs of the Central and Local Boards of Health, the other 13 being selected from nearly 300 candidates. During the five sessions 110 inspectors have been trained and 68 hold the certificate of the Royal Sanitary Institute the possession of this or the local certificate is practically a *conditio sine qua non* for all inspection appointments.

*v The Malaria Commission's* activities are conducted through a Central Office and Laboratory in Kingston and in ten Field areas. The work at the Central Office (apart from clerical and accounting work) consists of the examination of blood smears and identification of mosquitoes or their larvae sent from the field. Each Field Area is in charge of a trained Sanitary Inspector and 2-5 labourers each area is subdivided and in each sub-area is a "catching station" these are so located as to cover concentric circles throughout the area and thus to give a clue when there is an increase in the number of mosquitoes taken at any week's catch. Before control measures are started the area is carefully surveyed and the breeding sites of *Anopheles* mapped.

In places other than the large endemic areas control of malaria is undertaken by the Parochial Boards, and the Commission acts in an advisory capacity to these. During 1933 work was heavy owing to the unusual rainfall, viz. 116 inches, the average for the preceding 63 years being 78 inches.

*i The Tuberculosis Commission.*—Tuberculosis is the chief single cause of death in Jamaica. During 1933 a total of 1,329 (1,834) new patients were examined at the Dispensary 379 were suffering from the disease and 264 were sputum positive. Old patients paid 9 68 visits to the Dispensary and 7 150 visits were paid by nurses to the homes of patients. In the laboratory 2,735 sputa were examined and 725 were positive for *Mycobacterium tuberculosis*. In addition, 3,498 X-ray examinations were made 1 676 for the Dispensary—821 of new cases reporting for diagnosis and 1 035 of family contacts.

The Kingston survey was continued and extended to Finsbury Town. The population of this area was 1 662 of 1 505 tuberculin tested 1,217 reacted and of these 1 122 were further examined by X-ray. Fourteen cases of clinical tuberculosis were discovered and 87 others presented evidence of latent disease.

In August inspection of another area was begun and by the end of the year 871 persons had been seen 552 were tested and 434 or 78.8 per cent. reacted positively and 323 of these were X-rayed.

The Mobile Unit has investigated the disease in smaller towns and in rural parts of the island. During the year it worked in Portland till June then till the end of August in St. James, and after that till the end of the year in St. Catherine, with headquarters at Spanish Town. Its activities comprise (1) Examination and classification of all known cases in the area and examination of all contacts. (2) Establishing of a dispensary where all applicants undergo a physical examination and a test with tuberculin and all reactors are X-rayed. (3) Testing the reactions of the pupils of a school in each county town and X-raying those positive. (4) House-to-house survey. The

a distance from hospitals the number of dispensaries and out stations was increased from 12 to 28

Notifications of communicable diseases numbered 2,939 of which enteric fever accounted for 1,092 (929) pulmonary tuberculosis for 1,241 (1,307) diphtheria 29 (26) and scarlet fever 6 Kingston, as would be expected, heads the list with 221 cases of typhoid fever 106 of dysentery 359 of pulmonary tuberculosis 9 of diphtheria and 2 of scarlet fever St. Andrew which adjoins Kingston reported 165 cases of enteric fever 48 of dysentery 140 of pulmonary tuberculosis 13 of diphtheria, and one of scarlet fever Clarendon had 147 cases of enteric fever and Trelawny 100

At the Kingston Public Hospital rearrangement of some of the hospital wards and departments has been begun and new and larger quarters for the dispensary and for those waiting for medicines were completed. More space is needed for the out-patient department the Eye Clinic work has increased to such an extent that it ought to be housed in a separate block.

It has been stated above that facilities are now offered for qualified nurses to be trained in midwifery at the Victoria Jubilee Hospital the course lasts for six months and eight nurses have taken advantage of the opportunity At the Hospital Dispensary 21 whole time and 16 part time students were under training six qualified during the year

The total treated as in-patients during the year was 7,351 (6,544) of whom 6,962 (6,232) were new cases The chief diseases were enteric fever 298 cases 59 fatal or 19.8 per cent. dysentery 88 cases 27 deaths of these 72 cases 17 fatal, were amoebic and 16 cases 10 fatal, bacillary

At the Maternity Hospital admissions numbered 1,195 (1,222) and there were 1,165 (1,163) deliveries. The Maternal Mortality is not clear from the report which states "127 of the patients concerned were moribund on admission" [perhaps this means the death rate per thousand] Sixteen pupil nurses were admitted for training and 14 obtained the certificate. A matter calling for research is the increasing prevalence of albuminuria there were 500 (441) cases or 41.8 (36.1) per cent. of the admissions.

At the Lunatic Asylum there were 1,873 (1,856) inmates at the end of the year and 2,998 received treatment during 1933 542 new cases were admitted and 525 were discharged or died. The accommodation is quite inadequate at least four new wards are needed as patients now sleep packed together There is not space for another bed and consequently several have to sleep on the floor Water supply to the Asylum is adequate for domestic purposes but the pressure is low and in case of fire would be insufficient.

We will now speak in a little more detail regarding certain diseases Malaria accounted for 427 (230) admissions to the Kingston Public Hospital and country hospital admissions rose from 2,043 to 4,536 and out-patients at the latter from 5,496 to 10,083 deaths however were fewer 507 (536) No differentiation is made regarding type of infection. Continuous rainfall impeded the use of larvicides ditching was undertaken with success, especially in Golden Grove Savanna-la-Mar and Little London.

## CAYMAN ISLANDS (1895)

cells is an indication of a chronic inflammatory condition, which may be associated with an amoebic infection of the caecum. Such might be associated with a non-amoebic chronic inflammatory condition of the appendix." It is evident " adds the Editor " that the significance of the peculiar infiltration of the lymphoid tissue of the appendices

demands further investigation and that meticulous care must be taken in every case of suspected chronic appendicitis. to exclude amoebiasis. The following number of the *East African Medical Journal* gives an excellent reproduction of a microphotograph of a section of an appendix showing phagocytic cells stimulating *E. histolytica* }

Expenditure on the Department was £178,151 (£181,244) or 8.3 (8.8) per cent. of the Colony's expenditure. Also the Central Government spent £28,257 on matters affecting Public Health, including Quarantine the Hookworm Campaign, Yaws, Venereal Diseases, Child Welfare associations, the Malaria Commission, School dental clinic and Training School for Sanitary Inspectors the Rockefeller Foundation spent £10,912.

## CAYMAN ISLANDS (1883)

The Cayman Islands, three in number namely Grand Cayman, Little Cayman and Cayman Brac, form a dependency of Jamaica and lie between 79°33' and 81°30'W longitude and 19°16' and 19°45'N latitude. They have a total area of about 104 square miles.

*Vital Statistics* —The number of the population is not stated, but the births are given as 182 (183) and the rate 26 (31) per thousand this would make the total population 6.2 thousand, say 6,200. Deaths numbered 156 (127) a rate of 25 (24) per thousand (so stated) this again would mean a total population of 6,200. On the other hand in the absence of immigration, births being 182 and deaths 156, there would be an increase of 6 on the figure for 1832 which was given as 5,833. Infant mortality was 25 or 154.3 per thousand live births.

As regards health conditions the hurricane of November 1892, wrought great havoc, interfering with food supply and leading to general impoverishment and depression. There were many cases of gastro-intestinal disturbance, much of it non-specific, the symptoms varying from mild gastro-enteritis to severe entero-colitis. Of these there were 800 cases or more. Some was definitely specific, true *enteric fever* of which 40 (6) notifications were received. Food was scant, water was polluted, as the poorer classes rely largely on wells which are unprotected and liable to contamination from drains and privies, sanitary conditions generally were bad and flies were a veritable pest. Six deaths occurred from enteric fever. Dr OVIATOFF states that "only a few cases [of malaria] came under observation" and that "there is nothing suggesting that the present incidence warrants attention of an urgent nature." He does not, however mention what the incidence is the actual number was omitted last year also in 1891 there were 58 cases in West Bay

241\* TURKS AND CAICOS ISLANDS  
—LEEWARD ISLANDS (1933)

Two cases of *tuberculosis* were reported during the year one in 1932. One was pulmonary and one had tuberculous peritonitis both died and at the time of reporting Dr OVERTON ' knows of no existing case of *tuberculosis* in any form in the Island.'

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TURKS AND CAICOS ISLANDS (1933)

The Turks and Caicos Islands geographically are a sort of annexe of the Bahamas group but in 1873 were annexed to Jamaica which lies about 450 miles to the south west. They are situated between 21° and 22°N latitude and 71 and 72°37'W longitude and have an area of about 166 square miles. The chief Island Grand Turk, is 6½ miles long 1½ broad.

The Government Medical Officers report on these Dependencies is very brief. The general native population is given as 5 612 [but this apparently is the census figure of 12 years ago] Births numbered 205 a birth rate of 38.5 deaths 120 give a death rate of 21.4 [not 20 as stated] Infant mortality rate was 156 per thousand live births i.e. 32 infants died. The high infant mortality is ascribed to low vitality of the mothers, some of whom suffered from pellagra during their pregnancy.

School children were regularly inspected by the Government dentist who rectified defects where found. The general industrial depression was exemplified in the results of food deficiency especially in vegetables and fruit the diet of the poor consists largely of rice or 'grits' white flour and sugar and avitaminosis is common especially pellagra in Grand Turk and Salt Cay. In the other islands attempts are made to cultivate the land. The distress was less than it might have been as a number of labourers were able to obtain employment at one of the sugar plantations in Santo Domingo.

Little information is given concerning the diseases present. Only occasional cases of *malaria* are seen [number not stated] five cases of *pulmonary tuberculosis* were reported and some of the children suffered from tuberculous adenitis. *Leprosy* remains about the same from year to year [no figures are given] the patients are segregated. There were no cases of infectious fever seen during the year.

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LEEWARD ISLANDS

Antigua (1933)

Antigua, with Barbuda and Redonda, forms one of the Presidencies of the Leeward Islands. It lies in W longitude 61 45 and N latitude 17°6'. Its circumference is about 54 miles and area 108 square miles, or about half the size of Middlesex.

*Vital Statistics*—The population is estimated as 32,424 (31,200) births numbered 981 (1,224) a birth rate of 30.2 (39.2) deaths 629 (642) give a death rate of 19.3 (20.6) per mille. There were 53 stillbirths [elsewhere stated as 49] and 215 (114) infants died in their first year. If the figure above, 981 represents live births the infant mortality rate would be 219.1 a very large increase on last year's rate 93.1 (1932)

If the 881 includes the still births, the rate would be 231.7 per thousand live births (in neither case is 174.5 given in the report, correct).

The Superintendent of Infant Welfare and District Nurse gives weekly lectures to the nurses of the hospital. She also visits all districts to inspect the nurses there. At crèches 2,128 children were looked after.

*General Sanitation*.—The Central Board of Health has been re-organized under the chairmanship of the Chief Medical Officer and all District Medical Officers are members. District Boards of Health have similarly been re-organized with District Medical Officers as chairmen, responsible for sanitation in their respective districts. Two additional Sanitary Inspectors have been appointed.

All meat is inspected and passed by the Veterinary Surgeon before sale is permitted. Butchers, bakers and milkers are inspected quarterly.

Chlorination plants have been imported for the water supplies of Wallinga, Body Ponds and Grays Hill and are now being erected. Sixty-seven houses have been erected under the Model Housing Scheme and are proving of good educational value.

*Hospitals and Clinical Returns*.—At the hospital 1,149 were admitted for in-patient treatment. The number of beds is not sufficient and it was found necessary to reconvert the private maternity ward into a male medical ward.

*Malaria* patients numbered 2,511 (3,542) (elsewhere stated as 2,127 (3,542)) there were 27 (49) deaths. The species of anopheles found are *A. albimanus*, *A. tarsimaculatus* and *A. grahami* (? *graham*). At the laboratory out of 859 blood films examined for malaria 366 were positive. Of these 370 or 83.4 per cent. were subtertian, 16 or 4.0 per cent. quartan and 10 or 2.5 per cent. benign tertian. There was one with a mixed infection of quartan and subtertian. Slides seemed to show two distinct types of subtertian parasite, the usual and the *leuco* form. Two peculiarities are remarked upon regarding malaria at Antigua: first that enlargement of the spleen is rare even in severe cases, and second, that, in spite of the large proportion of subtertian malaria, blackwater fever is absent. Nephritis was noted among subtertian fever patients and in one quartan.

Seven benign tertian patients were from the southern district, two from one house. There were also two from one house in the central district. Seven of the quartan patients were in the village of Freetown, the rest were in the southern district. Prevention is being directed first to dealing with mosquitoes in the houses. Next, to the environment and to clearing of bush. Ponds, streams, etc. have been stocked with voracious fish. The chief drainage work has been in connection with the construction of a deep drain for the upper part of the swampy area of Oval's pasture. Another preventive measure is the treatment of crescent-carriers with plasmoquine. Quinine is distributed free.

Six patients were treated for enteric fever and one died. There were 174 cases of dysentery (type not stated), 6 (7) deaths occurred from this cause. A small outbreak of measles occurred at the Girl's High School 9 were attacked, and all recovered. The school was closed temporarily. Whooping cough was epidemic during the year. Altogether 2,127 cases and 45 deaths. There was a large number suffering from bronchitis, 2,025 cases, 14 fatal, associated with this outbreak of whooping cough.

and of widespread *influenza* 1,873 cases and 6 deaths being reported for the last.

One patient suffering from *alastrim* was seen and isolated contacts were vaccinated and no other case occurred. 796 successful vaccinations were performed during the year.

The average number of inmates at the Leper Home was 30 (16 male and 14 female) there were three fresh admissions, three died there was none discharged. Notifications for *tuberculosis* numbered 28 and deaths 18 in 1932 eight fresh cases were notified and nine deaths. There are unfortunately no funds available for a pavilion or ward for these patients.

At the Fiennes Institute there were 111 admissions during the year 48 men and 63 women 38 were discharged and 70 deaths occurred.

At the *Laboratory* a total of 1,820 specimens were examined. Those for malaria have already been mentioned. Another 101 were examined for evidence of filariasis and 8 were positive 434 Kahn tests were carried out.

*Expenditure* on the Department totalled £16,818 (£16 589) the chief items were £3,992 (£3,840) General Medical, £4 410 (£4,385) Hospital £3 434 (£3 445) Lunatic Asylum £1 190 (£1 068) Leper Home and £934 (£948) Country Board of Health.

### Dominica.

Dominica, the largest and most southerly island of the Leeward Islands Colony is of volcanic origin. It measures about 29 miles long and 15 broad and has a total area of 904 square miles or about double that of the Isle of Wight. It is situated between 15°20'–15°45'N latitude and 61°18'–61°30'W longitude and lies 95 miles south of Antigua.

With the exception of an outbreak of whooping cough the health of the people generally was good. This outbreak was at first confined to the northern district in May it reached Roseau and by September had spread all over the island 2,847 cases were reported by Medical Officers and 102 fatal cases occurred. In spite of the continued economic depression there was no increase in cases of deficiency disease rickets was seen in a few children and some mild cases of pellagra in adults.

*Vital Statistics*—The estimated population at the end of the year was 45,239 (44 103) Live births numbered 1,555 (1,515) giving a birth rate of 34.3 the same as last year still-births numbered 85 (102) Deaths, excluding still-births, 762 (693) give a death rate of 16.8 (15.7) Infant mortality was 196 (133) or 126.0 (87.7) per thousand live births. The birth and death rates for the preceding quinquennium were 32.4 and 19.6 respectively. The increase in infant mortality and the I.M.R. is ascribed to the whooping cough epidemic in which 56 children under the age of one year died.

*Maternity and Child Welfare*—There are 80 midwives on the register 162 patients were admitted to the Maternity Ward of Roseau Hospital and 125 confinements took place there. Four pupil midwives completed their course of training and were given certificates. Weekly



antenatal and infant welfare clinics were held and 247 expectant mothers attended the former and 121 infants the latter. These antenatal clinics are held in connexion with the hospital maternity ward and afford an opportunity of getting into touch with mothers and expectant mothers, and to this is ascribable a reduction in the number of still-births due to syphilis.

*General Hygiene*—There are five rural Sanitary Inspectors who are chiefly engaged in antimalarial duties, but in addition they inspect the villages and water supplies and search out yaws patients and see that they attend for treatment at the dispensaries.

The sewer in Roseau was extended and further houses connected with the system. Refuse in Roseau is collected in carts and taken to a spot near the mouth of the Roseau River and incinerated or in wet weather dumped into the river. Open incinerators are used in Portsmouth, Berricoa and Soufrière. No extension has been made of the existing water supplies. The Roseau Town Council has made a new Building By Law with more stringent regulations for new buildings; it applies to the town and to an area of a mile radius from it. A regulation has also been passed dealing with the offering of unsound food for sale.

*Hospitals and Clinical Returns*—There are four hospitals in the island: Roseau Hospital with 102 beds—69 in the general wards, 16 in the Maternity ward, 10 in the Tuberculosis ward, and 7 in Private or "semi-private" [? cubicles] wards. The Portsmouth Hospital has 33 beds and there are two cottage hospitals, one at Marigot with six, and one at Grandbay with 4 beds.

At Roseau Hospital in-patients numbered 1,353 (1,252) and out-patients 1,239 (1,029); casualty cases, 59 in number were admitted and 1,025 were treated as out-patients. These are apparently included in the other figures. At Portsmouth Hospital in-patients numbered 381 (415) and out-patients 463 (206). To the Marigot Cottage Hospital there were 141 admissions and to Grandbay 83.

Eighteen dispensaries were maintained and attendances at these totalled 43,831 (43,968).

*Malaria* accounted for 2,872 cases ("over 3,000" in 1932) and 51 (75) deaths. Of these 167 (202) were treated in hospitals, with 12 (21) deaths. Notifications of *enteric fever* numbered 39 (8); a nearly four-fold increase on the previous year; there were 7 (4) deaths. This is the largest number for some years. Twenty-two cases, five fatal, occurred in an outbreak starting at St. Saviour on the Windward coast and spreading to Petite Soufrière, Rosalie and Grand Fond in one direction and to Good Hope, Mopo and Castle Bruce in the other. Eighty contacts were inoculated. Nine cases of a mild type were notified from Wesley; none of these was fatal. There were 193 (167) cases of *dysentery*; most of those treated in hospital were said to be amoebic.

No cases of *smallpox* are recorded. 1,253 successful vaccinations were carried out in two compulsory vaccination areas, which include Roseau and Portsmouth.

Thirty-eight cases of *leprosy* are known. 8 are children in an early stage of the disease, and 7 of these have fathers who are lepers and the eighth has an older brother infected. Treatment is with *alepol* and potassium iodide; good results are recorded in children. Of *tuberculosis* 120 (80) cases were reported, "mainly pulmonary"; most are

from Roseau and congested villages along the Leeward coast. Fifty one (50) died.

Of *helminth* infestations those by *acaris* and *ankylostome* are widespread *trichuris* and *enterobius* are fairly common and a few cases of *taeniasis* (*T. solium*) are seen.

The estimated expenditure for the Department was £11 457 the actual expenditure £10,352. The former figure is 20 per cent. of the estimated revenue of the Presidency and 16.5 per cent. of the estimated expenditure, while the actual expenditure was 14.3 per cent. of the estimated expenditure for the Presidency.

### Montserrat (1933)

Montserrat, named by Columbus after a mountain in Spain lies in 16° 45' N. latitude and 61° W longitude 37 miles S W of Antigua. Its length is 11 miles and its greatest breadth 7 miles and its area 32½ square miles.

The general health of the people was good there were no epidemics and unemployment was less especially in the latter part of the year.

*Vital Statistics*—On 31st December the population was 13 062 (12,880) births numbered 478 (487) a birth rate of 36.5 (37.8) per mille there were 26 still births. Deaths numbered 189 (197) or 14.4 (15.2) per mille. Thirty-eight (40) children died under one year giving an I.M.R. of 79.5 (82.1).

No mention is made of any Maternity and Child Welfare work schools are visited quarterly by the Medical Officers.

The Sanitation Staff remains as before. Sanitary Officers submit quarterly reports on the work they have done in their districts these reports are discussed at the meetings of the Board of Health. There has been no change in the methods of disposal of sewage and refuse but ~~water~~ supply has been improved. An additional supply was obtained for Plymouth this was needed owing to the building of new houses on Government town extension lands and the vicinity. This supply is believed to be adequate for some years to come. Many villages hitherto unsupplied have now a piped service.

Concrete houses for peasants are still being erected and the demand is even greater than the supply. The congested areas of Plymouth are being gradually relieved.

*Hospital Clinical Returns*—Admissions to the Glendon Hospital numbered 417 (396) and out patients 225 (150). The dispensaries in Plymouth and the country districts were well attended throughout the year.

This year there was no case of *malaria* there were 7 cases of benign tertian recorded from the North district last year. *Enteric fever* was less 4 (8) cases, three of *Bact. typhosum* infection and one of paratyphoid [type not stated]. There were 20 (15) deaths from *pulmonary tuberculosis* 7 (11) in the parish of St. Anthony 4 (4) in St. Peter and 9 (0) in St. George. The increase is due to return of patients in an advanced stage from Cuba, Panama and the United States. The number of deaths from this cause is mentioned but not the number of cases.

*Syphilis* shows no increase *gonorrhoea* is more common. Clinics are held weekly for patients with syphilis or yaws.

patients suffering from yaws or syphilis and out-patients are seen on Thursdays. There is also a special clinic for filariasis cases.

**Malaria.**—Ninety three (118) cases were treated by District Medical Officers. Anopheles are found only in Nevis, but half the cases were reported from districts of St. Christopher. The "swamp mosquito" is very troublesome at certain seasons in spite of such anti-mosquito measures as extensive use of Paris green and the treatment of crab holes with cyllin, cresol, etc. Raising of the surface level of lands near Basseterre (St. Christopher) and Charlestown (Nevis) is being undertaken by means of the "herringbone" system of graded shallow drains leading by the intermediation of deeper concrete drains to the sea.

The outbreak of *mumps* which arose in the latter part of 1932 died out at the beginning of 1933. A small outbreak of *chickenpox* occurred later in the year in Basseterre and there was an outbreak of *measles* in Anguilla. 150 cases were reported by Dr J. V. MacFADYEN in District 5.

There were 51 inmates of the *Leper Home* at the beginning of the year. four fresh admissions and three deaths occurred, but none was discharged, the total at the end of the year was, therefore, 52. Treatment is by injections of moogrol and alepol (3 per cent.) ulcers were treated by a paint of benzoyl chloride 1 per cent. in oleum petrolatum. Twenty-nine lepers received treatment outside the Home. of these 14 were nodular cases and 15 anaesthetic.

*Tuberculosis* accounted for nearly one-third of the deaths from infectious disease. Eleven patients were treated in the Alexandra Hospital, Nevis, 9 of them with pulmonary disease and five in the Cunningham Hospital, four of them pulmonary cases.

An intensive *yaws* campaign was carried on during the year in District 3 (Cayon).

*Helminthiasis* is very common among the children, ascari and trichuris particularly enterobius less frequently while hookworm is rare. Three hundred (247) cases of *filariasis* are recorded, but no deaths from this cause. In an appendix is a special report on *schistosomiasis* by Dr S. B. JONES and a brief note by Dr E. R. BRACE. Dr MINETT in an introductory preface to this report mentions the finding of ova of *S. mansoni* in the faeces of inhabitants of District 2 [there is no statement as to the situations of the district and the report is not furnished with a map]. He did not find cercariae in snails from the reservoir but it is said that they have been found there. Planorbis and Bulinus were obtained in the mountains from two intakes for the Basseterre water supply. also the town reservoirs, pipe line, filters, distributing mains and even taps and hydrants in the town were heavily infested. The whole system was cleared by means of lime. In a water tank at Cayon a few Planorbis have been found.

Dr JONES found cercariae in November 1931 in Planorbis from a tank and in 1933 in specimens living naturally in French River. Every person infected had lived at some time in an endemic area bordering streams where clothes were washed, people bathed and children played. The Planorbis found belonged to a new species *P. antiguanensis*. Physa and Bulinus contortus were also found.

Dr JONES describes the symptomatology, prognosis and treatment, which are on the usual lines and need not be detailed here. He gives a

summary of 160 cases from which it is seen how widespread is the distribution.

No. of Cases	Sex		Area	River
	Male	Female		
8	3	5	Basseterre	—
64	11	53	Cayon	Cayon
16	3	13	West Farm	French
65	15	50	Old Road	Wingfield
1	0	1	St. Peter's	Fountain
154	32	122		

In addition there were six, 3 of each sex, from Antigua. Of the total, 7 were Europeans of the labouring class but children of the upper class Europeans have been known to become infected from playing in the rivers. The youngest of the 160 was a boy of 5 years, the oldest a man of 73 years.

Dr BRANCH claims to have been the first to have a case recorded from the West Indies in 1903 the patient being sent by him to Sir Patrick MANSON who confirmed the diagnosis. There was some doubt whether this patient contracted the infection in Antigua or in St. Christopher he had resided in both places. Dr BRANCH found three other cases two from the Cayon district and one from Challenger's village.

In 1923 Dr MUENCH wrote after making a survey of the island, as regards intestinal parasites. This parasite (*S. mansoni*) occurred in scattered cases through the island. In two localities the incidence rose appreciably. In Old Road, on the Wingfield River a percentage of 17.8 was found. Whites Estate and Cayon Village both on the Cayon River 9.1 per cent. These two rivers are apparently the two foci of infection of Schistosomiasis. Egg counts gave an average of 880 per gram of faeces.

**Laboratory**—A grant of £300 from the Colonial Development Fund was spent on equipment the cost of buildings and fittings was provided from local funds. The Medical Officer of Health acted as Bacteriologist. The fact of there being no gas in the Colony must be a considerable handicap as the sterilizer autoclave etc. have to be worked by paraffin lamps and the burners by methylated spirit. The laboratory was opened on the 28th August and by the end of the year 140 specimens had been examined. 51 were sera for the Wassermann reaction, sputa numbered 21 and faeces the same.

**Expenditure** on the Department totalled £16,839 (£16,730) of which £8,176 (£8,150) was spent on Medical and Health matters £8,499 on hospitals, infirmaries, the Leper Home Lunatics and Pauper Relief and £163 under the head of Registration and Vaccination. The total was 13.4 (20.6) per cent. of the revenue.

District Medical Officer reported an outbreak which reached its peak in November and diminished in December. There were 279 cases during the quarter, nearly all adults and none in children under 5 years of age. There had been no cases reported in the July-September quarter and only 6 and 9 respectively in the first and second quarters of the year. All pools were oiled, shade removed and "millions" were introduced. Patients were treated with quinine and atabrin, the latter alone did not prove very efficacious. Dr EAGLE in his final visit in January advised the Government as to the best method of spending the grant of £3,000 from the Colonial Development Fund, in the operations of draining, canalizing, filling and so forth. As already mentioned the work of the malaria campaign was suspended, but a small gang of men with previous training was employed under an overseer in oiling certain collections of water and in spreading Paris green.

Notifications of *enteric fever* numbered 32 (66) 8 (22) died [stated in the text as 32]. Prior to the establishment of the Sanitary Department in 1926 the rates were 109 cases and 18.2 deaths per annum, since that date the rates have been 48.6 and 12.8 respectively. There were only 2 (5) cases of *dysentery* treated at the Colony Hospital, 0 (5) fatal.

The principal epidemic disease during 1933 was *whooping cough*, which started in the northern districts and during the year invaded all parts except Carriacou. Fifty-two deaths took place, 22 were children under one year. There were no cases of *cholera*, *plague*, *yellow fever* (but arrivals from South American countries were kept under observation), *smallpox* or *alextrim typhus* or *relapsing fever*.

Again this year no fresh cases of *leprosy* were found, one patient died and at the Settlement were 13 inmates. Fifty-four (36) cases of *pulmonary tuberculosis* were reported and 64 (46) deaths from this cause. About one-sixth of the total this year were patients returning after acquiring infection abroad, in Trinidad, Panama and Colombia. In the Tuberculosis Hospital 43 (26) patients were treated and 32 (12) died. It is hoped that the building of a new Tuberculosis Hospital with dispensary on a more sheltered site will bring out better results.

*Venered Diseases*—Of syphilis 374 (231) cases were treated in the districts and 29 (30) in hospitals, of gonorrhoea 604 (589) and 17 (14) respectively. *Yaws* cases numbered 1,386 (1,464) and 1,123 (1,009) were discharged as cured.

*Ascariasis* is the commonest of helminthic infestations, 13,842 (12,534) cases being recorded, *ankylostomiasis* accounted for 1,457 (1,668) but one district sent in no return.

The Port Health Officer reported that no quarantinable disease affected the Colony. 133 passengers were under surveillance for periods up to 16 days.

*Expenditure* on the Department totalled £20,398 (£21,801). The revenue of the Colony was £140,908, but £13,481 of this was contributed from the Colonial Development Fund, leaving £127,427 actually collected in the Colony. The expenditure of the Medical and Sanitary Department was, therefore, 16 (12) per cent. of the net revenue. The Sanitary Department expenditure was £2,017 or 9.8 (10.4) per cent. of the total expended on the Medical and Sanitary Services.

## St. Lucia (1933)

The Colony of St. Lucia is the largest and most northerly of the Windward Islands in the Lesser Antilles group West Indies. It is 27 miles long and 14 miles broad, and has an area of 238 square miles or slightly larger than the Isle of Man.

*Vital Statistics*—The estimated population was 62,000 (61 135). Among these 2 068 (2,120) births were registered or 33·3 (34·7) per mille and 1 115 (1,240) deaths giving a death rate of 17·9 (20·2). Still births appear to have been included in the registered births if this is so the live births would total 1,957 or 31·5 per mille. If the total deaths include the stillborn the rate is as stated above if these are excluded deaths would number 1 004 or 16·2 per mille. Deaths under one year excluding those stillborn numbered 181 (242) an infant mortality rate of 92·4 (114·1) per thousand live births. [In the report, still-births have been included when calculating the birth rate and the I.M.R. is calculated per mille total deaths instead of per mille live births and consequently this rate is given as 162·3 (195·1) instead of 92·4 (114·1).]

*Maternity and Child Welfare*—In the maternity ward at the Victoria Hospital 468 (445) deliveries took place. Clinics were held at the Castries General Dispensary three times a week for children up to 10 years of age and once a week for expectant mothers. New cases, infants and children, attended during the year numbered 2,281 (581) and 3,254 (2 709) visits were paid the latter figures include old cases. In 1933 free dental work was included. The Soufrière Branch of the Child Welfare Association held clinics at the dispensary twice weekly and attendances totalled 1 077 (1 676).

*School Hygiene*—School premises are inspected regularly by District Medical Officers and Sanitary Inspectors. There is gross overcrowding and if new buildings are not erected a reduction in the numbers [of pupils] seems to be a very necessary step from a health point of view.

In most schools the space allowance per child is only 4½ square feet.

*General Hygiene*—The mouth of the river at La Toc was diverted to drain the low and swampy areas in the river valley. Before this work was started Anopheles bred in large numbers in these swamps.

Pipe-borne *water supplies* are now provided for the towns of Castries, Soufrière and Vieux Fort, and for the villages of Micoud, Dennery, Laborie, Choiseul, Gros Islet and Anse-la-Raye.

The Senior Medical Officer Dr H. D. WEATHERHEAD submits the following in the list of recommendations for improving the Medical Service of the Colony—

1. Augmentation of the water supply of Castries and provision of a purer supply to Vieux Fort. At present the latter is not satisfactory and to obtain a pure supply water would have to be brought from some 5 miles distant. The coastal village of Canaries needs a supply and that of Laborie is insufficient.

2. A qualified dentist whose services it is stated could be obtained for a small subsidy £100 per annum.

3. Erection of a separate ward for severe cases of Tuberculosis in the Victoria Hospital compound.

4. A better method of disposal of night soil in Castries as by septic tanks and communal septic tank latrines.

of the arm and the other oedema of the leg with abscess formation. Filarial embryos were found in the blood of the latter only. During his malaria survey Dr EARLE saw in some blood slides filarial embryos which were pronounced by Dr HOFFMAN of Colombia University to be those of *F. ozzardi*.

*Expenditure.*—The approved estimates for the Department were £12,059 (£12,151) but the actual expenditure was £11,437 (£11,052) or 12.0 (11.4) per cent. of the total expenditure of the Colony

### Saint Vincent (1933)

The West Indian Colony of St. Vincent includes the Island of St. Vincent, the second largest of the Windward Islands and five of the Lesser Grenadines, a chain of islands lying between Grenada and St. Vincent. The island of St. Vincent is 18 miles long and 11 miles broad and has an area of 133 square miles, or nearly that of the Isle of Wight. The total area of the five smaller islands is some 17.3 square miles.

*Vital Statistics.*—The population of the island is 52,006 (49,665) births numbered 2,133 (2,002) a birth rate of 41.0 (not 43.1 as stated) (40.3) and deaths 790 (810) give a rate of 15.1 (16.3) per mille. Infant mortality of 155 (189) gives a rate of 72.6 (93.6) per thousand live births.

At the Maternity Ward of the Colonial Hospital there were 257 admissions and 227 births took place there were 4 maternal deaths. At the Antenatal Clinic 75 persons were examined, 42 primiparae and 33 multiparae attendances at the clinic are increasing.

*School Hygiene.*—Medical Officers pay systematic quarterly visits to the schools in their respective districts. At the Kingstown Anglican School a trough closet has replaced the bucket latrine the trough ends in a weir and there is an automatic 10-gallon flush every 20 minutes the contents are passed to a 1,000-gallon septic tank.

*General Sanitation.*—There has been no change in the general method of disposal of sewage or refuse but the better class houses are having water-closets installed. A large drain which formerly ran beneath houses in Kingstown has been diverted to the sea and several street drains had, incidentally to be re-graded. As regards housing, 192 notices for permission to erect new buildings were approved and 127 buildings were erected. The new houses around Kingstown are of modern construction, well ventilated, are provided with water-closets, and "the Island is now liberally supplied with accommodation for holiday seekers." Overcrowding, however is becoming manifest in Kingstown and its suburbs, scarcity of work on the Estates having led to urbanisation of the labouring population.

Among the peasantry wattle and daub structures are still numerous and under "the housing conditions provided for estate slaves between the years 1820 and 1830 the accommodation was vastly superior to anything now seen in the form of estate barracks, and the structures built by the peasantry for themselves on estate lands."

*Food.*—All classes of food vendors and those engaged in the preparation of food for public sale have to submit to medical examination every 6 months. A new type of milk pail with a tap and hooded cover has come into general use.

Labour conditions are not good work is scarce and labourers are given 2-3 days work a week and thus not every week but the estates give out plots of land to their labourers for growing provisions. The labourer being compelled to live on what he grows his diet is tending to become unbalanced. Adult female labour is obtained at a cost of 6d. a day. The Government is making an effort to raise the status of the agricultural worker by purchasing an estate and offering allotments on easy terms to small agriculturists. There has also been started an Agricultural Credit Society for giving financial assistance to those who have taken allotments.

It is six years since the Public Health Ordinance was introduced by it the Public Health Administration has been centralized. Within this period the following are among the improvements which have taken place —

The lowering of the death rate from 17.03 per 1 000 of the population to 16.19

Reduction of the Infantile Mortality to 73

Reduction of the incidence of the enteric group to 8 notifications and 1 death.

The general reduction of Yaws throughout the Colony

The organisation and maintenance of improved scavenging services in Kingstown and the Small Towns

The making of a comprehensive number of regulations affecting the Public Health.

The production of a body of trained Sanitary Inspectors

The education of the masses into habits of personal and communal cleanliness.

*Hospital and Clinical Returns* — The operating theatre at the Government Hospital is being extended but is not yet completed.

In-patients at the Colonial Hospital totalled 1,254 (1 183) and attendances at dispensaries 38 961 (35 477) exclusive of those seen by resident dispensers at Sandy Bay, Bequia and Union Island.

*Malaria* — 903 attendances were recorded in the districts and 8 deaths. 47 were admitted to hospital all with subtertian fever and 8 died. Eighteen cases (4 deaths) were known to have been imported there were therefore only ten fatal local cases.

*Enteric fever* — Only 8 cases none fatal (one however died in January 1934). One of these patients was imported from Barbados there were only 7 indigenous cases an exceptionally low record and evidence of the sanitary improvements in the island. Buccament and Cumberland Valley are still a menace because of numerous settlements there and because the peasantry drink the crude water from the rivers and these are liable to pollution.

*Influenza* and bronchial catarrh accounted for 1,866 cases and 11 deaths. Nineteen cases of *leprosy* remained in the asylum at the end of 1932 one fresh admission took place during the year and two patients died leaving 18 at the end of 1933. The drugs used in treatment are alepol, 3 per cent. moogrol, and E.C.C.O during the latter part of the year. Local treatment with trichloroacetic acid is given twice weekly. Seventy three notifications of *tuberculosis* were received 62 of them pulmonary cases. 54 deaths occurred, 50 of them pulmonary. In hospital 32 cases were treated, 18 of them pulmonary 4 died.

*Acute anterior poliomyelitis* was made notifiable owing to the information that the disease was present in Barbados. In May 3 cases,



## TRINIDAD &amp; TOBAGO (1833)

children under 5 years were found at Rosebank settlement at the northern end of Leeward district none occurred elsewhere.

*Expenditure* on the Department was £13,931 (£13,637) or 19·1 (14·5) per cent. of the revenue of the Colony. The sum of £2,340 (£2,375) spent on sanitation is apparently included in the above total.

## TRINIDAD AND TOBAGO (1833)

Trinidad (area 1 864 square miles) is the most southerly of the West Indian Islands, lying about 16 miles off the coast of Venezuela in latitude 10°N. Tobago (area 116 sq miles) is some 21 miles north-east of Trinidad.

In March a committee was appointed to consider the general organization of the Medical Service of the Colony and to advise what should be done to improve it. The report has been submitted to the Government but has not yet been made public.

The general health of the Colony was good and there was no serious outbreak of infective disease but the low rates of 1832 were not maintained.

*Total Statistics*—The total midyear population was estimated at 422,568 (417 063) births numbered 13 134 (12,084) or 31·0 (28·9) per mille still-births 1 016 or 7·7 per cent. of the total births the decennial average being 7·3. The large proportion of still-births is attributed to the debility and anaemic state of the mothers owing to hookworm infestation aided by ignorant midwifery. Maternal deaths 93 (97) gave a M M R. of 7·3 (7·7) per thousand births.

Deaths numbered 8,272 (7 125) a rate of 19·5 (17·0) per mille. The Infant Mortality Rate for the Colony was 131·3 (108·9) in Port of Spain 134·4 in San Fernando 153·3.

*Maternity and Child Welfare*—Two additional branches of the Child Welfare League have been formed, one at Barataria, and one at Point Fortin in the southern oil area. There are now ten branches and fifteen clinic centres. In these clinics expectant mothers receive attention and advice the nurse is a qualified midwife and is often the only one in the district she gives her services free to the poor.

Six hundred and fifty-nine (676) cases were admitted to the Maternity Ward in Port of Spain Hospital and 30 maternal deaths occurred. 223 (222) were admitted to the San Fernando Hospital. The total of those with puerperal conditions admitted to institutions was 1,832. Extern midwifery work has increased in Port of Spain 411 (370) were attended and 121 (102) in San Fernando.

At the Port of Spain antenatal clinics 1 055 mothers attended and in San Fernando 372. In other districts antenatal clinics were held and extern midwifery work done by the staff of the Child Welfare League. At the Colonial Hospital special clinics for Sick Children are held at the same time as the C.W. clinics to see those children who have been referred from the latter for treatment. At Port of Spain these attendances of sick children numbered 2,161 and at San Fernando 1,338—a total of 3 499.

*School Hygiene*—Medical inspection was carried out in Port of Spain San Juan San Fernando and the surrounding districts. Twenty-three elsewhere stated as 19) schools were inspected and 4,978 (4,354)

children examined 2,361 in Port of Spain 1,596 in San Fernando and 1 021 in St. Joseph and San Juan 3 738 (3 070) or 75 1 (67 4) per cent presented defects of some kind 2,418 or 48 5 per cent with dental caries and 1 288 or 25 8 per cent with enlarged and septic tonsils. Treatment was carried out at the special clinics (see later) at the outpatient departments of the Colonial Hospitals. Owing to the expansion of the school medical inspection in the St. Joseph and Tacarigua districts many children were awaiting dental treatment who could not be accommodated at the Port of Spain clinic and a dental surgeon to deal with them was appointed temporarily.

*General Hygiene and Sanitation*—Two courses were held for Sanitary Inspectors of rural districts where discussions took place, visits were paid demonstrations and lectures given on subjects such as Town Planning and Housing demonstrations of slum conditions and bad housing on malaria on meat inspection with demonstrations at the city abattoir visits to model barracks on sugar estates etc. A new rural sanitary district was established at Pointe à Pierre. The Medical Officer of the Trinidad Leaseholds Co. Ltd. was appointed Medical Officer of Health.

*Water supply*—Work in connexion with the Central Water Scheme in Quare Valley was begun. To protect the intake of the Sangre Grande supply lower down the valley a Sanitary Inspector with a sanitary gang was employed continuously during construction of the road to the dam. A chlorination plant was installed at the intake and analyses of the water there and at Sangre Grande were made regularly. These precautionary measures will be continued till the reservoir at the top of the valley is completed.

Fyzabad village has an improved piped supply and now 8 000–15 000 gallons daily are provided for about 1,200 persons. A scheme for protecting the supplies at Mamoral, Chickland and Caparo was completed during the year.

*Sewage disposal* is mostly by privy cesspits, but in better class houses septic tanks or soakaway pits with water carriage system are being constructed. The Sanitary Engineer has devised a new and improved type of installation for septic tanks, which however is not described in the Annual Report. [This is disappointing as the type might be one which other Colonies could adopt.]

*Housing and Town Planning*—In many rural areas houses of a definitely superior type are being erected this move has gained a stimulus as a result of the Laventille Antimalaria Scheme. The recommendations of the Town Planning Committee were given in full in last year's supplement (this *Bulletin* 1934 p. 206\*) and need not be repeated.

*Food*—Veterinary surgeons inspect slaughter animals and meat wherever possible in their absence Sanitary Inspectors carry out these duties. Ten Inspectors sat for the examination for Meat Inspectors and 8 passed. Government abattoirs exist at Tunapuna, Scarboro and Princes Town and fly proof markets at the first two of these and at La Brea and Sangre Grande.

There are five modern dairies supplying milk from T.T. cows and the Trinidad Dairies Co. Ltd. have extended their activities to provide enough clean milk for their newly erected pasteurization plant in Port of Spain. No cowkeeper of a rural district is given a

licence to sell milk in the city of Port of Spain unless he produces a certificate that every milch cow in his dairy has been tuberculin-tested without reaction within 6 months prior to his application for a licence.

In connexion with food, mention may be made here of an outbreak of food-poisoning which occurred at St. Ann's Convent in September. Twenty-one persons were affected, 18 nuns and 3 attendants. 1 nun and 1 attendant died and several were seriously ill with vomiting, severe colic diarrhoea with blood and mucus, and a state of collapse. The cause was traced to tinned sardines infected by *Bact. aertrycks*.

*Port Health Work.*—No quarantinable disease occurred within the Colony during the year. 883 vessels were visited by the Port Health Officer. 347 steamers, 328 sailing ships and 210 aeroplanes. 577 persons were placed under surveillance all for smallpox. It is to be noted that the last case of smallpox (alastrim) in the Colony occurred in 1926, the last of yellow fever in 1914 and of plague in 1912.

*Hospitals and Clinical Returns.*—Twenty-five nurses presented themselves for the first year's examination, 10 passed. 34 for the second year and 21 passed. 17 for the third and 18 passed. Ten have taken the Royal Sanitary Institute examination for Women Health Visitors and School Nurses.

Two modern operating theatres were brought into use in January, the new surgical wards were completed in August. These are fire-proof and constructed of reinforced concrete with indurite floor. Each ward has 24 beds.

Total admissions to Medical Institutions numbered 19,635 (19,017) the number has been increasing since 1927 and due in the main to changed economic conditions whereby many sick who were formerly looked after at home now come to hospital. Also some larger estates and companies have closed their hospitals and dispensary facilities have been reduced. This is shown also by the increase in out-patients. From 1910 to 1930 the increase was from 63,281 to 78,940 or nearly 25 per cent. In 1933 the number was 149,461 practically a 80 per cent. increase in three years.

The principal diseases treated in hospitals were venereal diseases 1,417, malaria 1,292, bronchitis and pneumonia 782.

Notifications of infective diseases totalled 1,582 (1,378) the chief were enteric fever 242 (241), pneumonia 549 (336), pulmonary tuberculosis 421 (436), diphtheria 24 (103) and acute poliomyelitis 13 (9).

At the Colonial Hospital, Port of Spain, 9,354 (8,772) persons received in-patient treatment and 6,904 (5,736) attended the Casualty Department. At the special clinics 2,193 (1,849) attended those for sick children (v.s.) 816 (874), the ophthalmic, 1,122 (890) that for ear, nose and throat conditions and 1,474 (705 in 7 months of 1932) that for X-ray and electrotherapy. X-ray work is heavy, 1,321 patients were examined and 2,395 skiagrams were taken. 107 received X-ray and electrotherapy.

At the San Fernando Hospital the building program had to be suspended for financial reasons although the main buildings are in sore need of repair and much reconstruction is required. The number of patients has increased to 5,008, the average for the five years 1926-

30 being 3,573. The Casualty Department dealt with 1,451, the ophthalmic clinic with 1,144, the V.D. clinic with 1,773 and the Dental with 3,013.

A new observation ward for mental patients has been provided at the Tobago Colonial Hospital. Hospital admissions totalled 1,285 (1,214) some of the increase was due to those suffering from the pulmonary complications of whooping cough and some to the many difficult maternity cases brought to hospital as a result of the work of the Child Welfare League and the Antenatal Clinics.

Health offices record an increased attendance. The nature and purpose of these offices are not defined in the report but the work done must be considerable, for attendances have increased by more than 50 per cent. in two years, from 98,115 in 1931 to 149,461 in 1933.

The Home of Refuge, St. James [from what afflictions refuge is sought here is not stated] has accommodation for 700 inmates and has been full during the year. New admissions totalled 488, 121 were discharged and 340 died. 710 remained at the end of the year.

Recommendations include: (1) Erection of a second block to complete the Nurses' Hostel at the Colonial Hospital, Port of Spain; (2) Completion of the Nurses' Hostel at San Fernando Hospital; (3) Reconstruction of the Casualty and Out-patient Department, Port of Spain Hospital; (4) Reconstruction of the male block, San Fernando Hospital.

The different diseases may next be considered in more detail. Admissions for malaria totalled 1,282 and the plasmodium was differentiated in 1,211 of these. 1,081 or 89.2 per cent. were benign tertian, 75 or 6.2 per cent. quartan and 55 or 4.5 per cent. subtertian. Seven cases of blackwater fever, 5 fatal, are mentioned [and also under the same heading is malignant, 11 cases, 5 deaths, what this signifies the report does not state].

A graph in an appendix shows clearly the seasonal prevalence and monthly variation in the numbers of deaths from malaria during 1931-1933 with reference to the average rainfall of the Colony as registered in 68 stations. There is also a map showing the relative distances from brackish water breeding sites of *A. tarsimaculatus* with reference to spleen rates in villages along the Diego Martin Valley. In the northern section of the valley the *A. oswaldi* breeds intensely but this appears to have no effect on the spleen rates.

Deaths from malaria in Trinidad and Tobago were 727 (621) [elsewhere given as 700 (583)] and the average for the past decade 724, the figure for 1932 being noted as the lowest on record. Many occurred in connexion with the Caroni and Oropouche swamps and the Ortoire-Savana Grande areas where *A. tarsimaculatus* breeds abundantly.

A definite correlation exists in Trinidad between the monthly variation in the mortality from malaria and the monthly distribution of the rainfall. The mortality from malaria is lowest during the beginning of the dry season whilst the peak in the number of deaths is reached about August and September.

After a long and severe drought the rise in the mortality curve which occurs about 4-6 weeks after the beginning of the rainy season is much more sudden and unusually high. This is probably due to the exceptionally prolonged migration of anophelids, certainly of *A. tarsimaculatus*.

During the year the malaria survey has been continued on lines similar to those of last year and with a view to facilitating the work, a laboratory has been provided in San Fernando. Special attention has been paid to problems in connexion with (1) Brackish water breeding-swamps along the coast (2) Seasonal prevalence of adult mosquitoes (3) Determination of anopheline vectors of malaria.

*A. tarsimaculatus* breeds extensively in the brackish coastal swamps and migrates inland yearly to breed intensively in fresh water pools. Breeding is not observed where there is a definite tidal flushing effect. *A. tarsimaculatus* is a house-haunter and frequents also stables and pigstys and will bite at any time of the day. On one day in one hour 5.30-6.30 a.m. 162 adults were caught in a small house the average was 110. *A. oswaldoi* breeds copiously also but is not a house-haunter when bred in the laboratory it readily bites man. *A. neomaculipalpus* was found in some houses, and in larger numbers *A. albipennis*, but neither has been proved a carrier of malaria in Trinidad the same applies to the sylvan species *A. mediopunctatus* and *A. bellator* found in Diego Martin and Quare Valley respectively.

*A. tarsimaculatus* has been proved experimentally to carry the Rumanian strain of benign tertian, but not malignant tertian. *A. albipennis* failed to carry either. These two and *A. oswaldoi* would all carry the *Pl. ovale* strain.

Several anopheline and topographical surveys, and also spleen and parasite surveys have been made during the year. In the five localities of Tacarigua, Arouca, Dabadle, Arima and Maturite 53 out of 499 or 10.8 per cent. had enlarged spleens.

**Malaria Control**—Brackish water swamps are well recognized zones of high endemicity and surrounding them are zones of lower endemicity. For control therefore the swamps must be dealt with. It was found that if sea water was admitted to maintain the salinity at about 80 per cent. of "equatorial sea water" breeding of *A. tarsimaculatus* ceased. The Sanitary Engineer carried out the following measures—

"(a) About 50 per cent. of the swamp area was reclaimed at a low cost by the simple expedient of taking accurate levels, ascertaining an economic line to fill up to and depositing debris and covering with soil from the drains on the area reclaimed.

"(b) Widening the drains gave additional height to the reclaimed portion and also quicker rates of filling and emptying the swamp.

"(c) Stagnant brackish water was eliminated and replaced by moving sea water.

"(d) Silting up by wave action did not take place when culverts were projected into the sea to give 6 inches clearance from the sea bed.

"(e) Drains were kept clean by alternation of flows.

"(f) Breeding of anopheles (*tarsimaculatus*) mosquitoes was stopped."

and he points out that for any such scheme to succeed it is necessary that

"(a) Accurate levels and surveys be taken.

"(b) And that culverts be built to drain lowest part of swamp and project to prevent silting up.

"(c) Two or more culverts are required to obtain greatest flushing effects.

"(d) Sluice gates should be fitted to permit drainage or flooding of the swamp for any desired period.

(d) The number and design of culverts depend upon the size and depth of each swamp and the nature of the foreshore (i.e. slope sand, pebbles roughness of waves, etc.)

(f) Technical advice should be obtained before expense is incurred on any work.

Apart from the advantages from the view of malaria eradication it is stated that the effects of a rise and fall of 2-4 feet of sea water will be beneficial on the growth of coconuts by allowing more frequent aeration of the roots whereas a plantation with drains constantly filled with stagnant brackish water is at a disadvantage. Mr T SPENCE the Water and Sanitary Engineer concludes his report with these words —

It should be noted that reclamation by filling is the best method of dealing with swamps of this nature as a permanent measure of eradicating anopholes breeding and only in cases where it is not economical to complete the filling in reasonable time should the methods proposed above be adopted. Owners of lands should be encouraged to fill in small portions of the unreclaimed areas each year

Further investigations are proceeding to ascertain the possibility and practicability of accelerating this filling in process by —

" (a) *Siting*—by diversion of a portion of river flood water under control to flood a small area with means of drawing off water after settlement.

" (b) *Filling*—from adjacent hillside using aerial ropeway or light gauge railway

" (c) *Filling*—from foreshore (heading barrowing light railway or sludge pumping)

To sum up We see that the differences between the present and the former modes of dealing with the question comprise the possibility of eliminating completely and permanently mass breeding of *A. triseriatus* over large areas and the reclaiming of higher level sections of the swamp which may be used for building or for agriculture while the low lying section can gradually be filled in. Local minor measures, such as draining filling, oiling have been continued, and propaganda has comprised talks to children, demonstrations distribution of leaflets Health Week etc. Prevention is also attempted by the use of quinine, atabrin and plasmoquine. Various drugs—quinine plasmoquine simplex plasmoquine co totaquina and atabrin—were issued to hospitals and District Medical Officers so that information might be obtained as to their relative values in the *cure* and in the *prevention* of malaria. The following is the summary given of the advantages of atabrin over quinine —

(1) The treatment is short, simple and effective. One tablet of 1½ grains of atabrine 3 times a day for five days only against a prolonged course of quinine.

(2) The drug is not unpleasant to take and is not depressing. It is well tolerated even by pregnant women and young children and in black water fever and also by persons suffering from other diseases, such as pneumonia and influenza, who have malarial infection.

" (3) Relapses are apparently less likely after atabrine while with quinine the relapse rate is high

" (4) The cost of a course of atabrine—15 tablets is about 44 cents—i.e. less than the cost of a course of quinine—one ounce—about \$0.60 not to speak of the cost of treating the frequent relapses when quinine is used.

" (5) In malaria of the benign tertian type and quartan type atabrine only is necessary

" (6) When malaria is subtertian in type, it is necessary to give a five days course of plasmochin simplex (or plasmoquine co.) in addition to atabrine—cost about 15 cents.—but this is also needed when quinine is used.

" (7) Last, but not least, atabrine is a powerful preventive of malaria in the sense that a large percentage of those treated with it, being cured, are rid of the infection of the malarial parasite that caused their present attack, and are completely non-infective to their fellows."

Among special antimalaria measures mention must be made of the Laventille Scheme and that in connexion with the coastal circumscribed mangrove swamps. In the former concrete drains have been constructed from the foot of the Laventille Hills across the Eastern Main Road to discharge into the northern channel of the tidal swamp above the high water level, ordinary spring tide. Low lying lands north of the railway line are being filled and graded in connexion with these drains. It is hoped by this means that the large population at Secoes Village will be freed from malaria of this population over 50 per cent have enlarged spleens. It will also stimulate cleanliness and general sanitation throughout the whole area, afford facilities for widening the streets and opening up congested areas, provide an outlet for housing the excess population at present living in the congested parts of Port of Spain and will reclaim some 24 acres of valuable land.

There was no epidemic of *enteric fever* but sporadic cases were met with in most districts. 24,951 inoculations were done. Two hundred and forty two (241) cases were notified and 91 (84) deaths occurred. Two hundred and thirty four were admitted to hospital, of whom 232 had *Bact. typhosum* infection, and one of each of *Bact. paratyphosum A* and *B*. Of the total notified 180 were in rural districts and 62 in urban. In the Urban Sanitary District of Port of Spain 30 (20) cases were reported, in that of San Fernando 28 (23) and in Arima 6 (0) cases. Rural Sanitary Districts have shown a very definite reduction in the past decade, the figures being, in order 595 817 589 174 176, 17 222, 288, 185 and 180.

Four hundred and fifty five (401) cases of *dysentery* were reported by District Medical Officers. 183 were admitted as in-patients to hospitals of these 161 were amoebic, 10 bacillary and 12 were not defined. 106 (100) deaths from this cause were recorded.

*Diphtheria* notifications were much fewer 24 (103) 17 (66) in urban areas there were no (11) deaths. No case of either *smallpox* *yellow fever* *cholera* *plague* or *typhus* was recorded. 12,577 rats were examined at the laboratory for signs of plague, with uniformly negative findings.

*Leprosy*—It has been found necessary during the past two years to readmit to the Chacachacare settlement certain discharged lepers who were unable to support themselves or be supported by relatives owing to economic conditions about 14 per cent. of the present inmates are now free from active disease and come under this category. Admissions during the year numbered 71 (70). Specific therapy is mainly by hydriocarpus oil and alepol alternating in course of 3 months each.

For *tuberculosis* of all sorts 432 patients were admitted to hospital 367 of these were suffering from the pulmonary form. During the year 412 (357) deaths were reported from pulmonary tuberculosis (but the last year was a record). A Tuberculosis Dispensary has been established at San Fernando and was opened in October. The report of this institution is presented in tabular form and the figures are a little difficult to interpret. Of 350 attending the dispensary 346 were examined between October 1933 and February 1934. Four were found positive by X ray examination and one only (so it appears from the table) had positive sputum nevertheless 15 are entered as tuberculosis but only 11 were notified. 6 deaths occurred. [A fuller report would be needed to explain these figures.]

It has been stated above that all cattle supplying milk to the city of Port of Spain have to be proved free from tuberculosis by the tuberculin test. During the year 1 100 dairy cows and heifers were tested only 3 reacted positively.

Deaths from *bronchitis* and *bronchopneumonia* 683 (484) and from *pneumonia* 238 (178) have increased, due in part at least to the greater prevalence of influenza and whooping cough, the latter causing 105 deaths as compared with 3 in 1932.

Dr N O BLANC District Medical Officer Roxboro District undertook a special campaign against *ymms* for 9 months. He found 17 per cent. of the population infected less than half of these persevered in treatment, the rest defaulting as soon as the acute symptoms abated. It is through these relapsing and defaulting cases that the incidence is maintained, aided by the personal and environmental cleanliness or want of it.

*Ankylostomiasis* prevailed in rural districts. The two Units examined 4 426 persons and found 78.4 per cent. infested. Each Unit has two trained Sanitary Inspectors attached. One Unit operated in the Arima Rural District and the other in the Ste. Madeleine District. In an appendix to the Annual Report is a sketch map indicating the different areas dealt with since 1925.

It is worthy of note that 292 cases of *scorpion sting* were treated as in-patients at hospitals and that 16 proved fatal. At San Fernando Hospital there were 14 deaths among 191 patients treated for this condition or 7.3 per cent. fatality whereas there was only one fatal case among 26 admitted for *snake bite* in other words the fatality rate for *scorpion sting* was almost double that for *snake bite*.

*Scientific*—A modern type of animal house has been erected adjacent to the laboratory to facilitate production of antirabies vaccine and study of the virus of paralytic rabies. A large quantity of antirabies vaccine was prepared in order that an extensive campaign of inoculation of cattle, horses, mules etc. against paralytic rabies which was causing many deaths might be carried out. In this connexion it may be mentioned that Dr PAWAN was able to confirm the transmission of paralytic rabies from the bat to a calf. Three hundred and eight cases of this disease in livestock were reported. Two human patients showed the clinical signs of the disease but in neither was the presence of rabies proved bacteriologically.

Routine work included examination of 853 sera for agglutination of members of the enterica group 4 053 sera for the Wassermann



reaction 598 bloods for malaria parasites, 1 039 spots for *Mycobacterium tuberculosis* (300 were positive). The City water supply is bacteriologically examined daily and on all but 18 days was free from *Bact. coli* in 50 cc. Water samples examined numbered 559. Enterica vaccines are prepared in quantity and a supply is sent regularly to Grenada. The outbreak of *Bact. aertrycke* poisoning from tinned sardines which was investigated has already received mention.

Expenditure on the Department was £178,129 (£175 453) [elsewhere the expenditure for 1933 is given as £179,668] or 10·5 (10·3) per cent. of the expenditure for the Colony.

## SOUTH ATLANTIC

## FALKLAND ISLANDS (1933)

The Falkland Islands are situated in the South Atlantic Ocean between 51 and 53°S latitude and 57° and 62°W longitude some 480 miles N. E. of Cape Horn and 1 000 miles due south of Monte Video. They consist of East Falkland (area 2,580 square miles) and West Falkland (2 039 square miles). There are two groups of dependencies (1) South Georgia, with South Orkney and South Sandwich, and (2) South Shetland and Graham Land. South Georgia lies about 800 miles to the east of the Falkland Islands and South Orkney and South Sandwich some 450 miles to the south-east and south west respectively of South Georgia. South Shetland is 500 miles south of the Falklands.

In a general sense the health of the inhabitants has been good, but there is a gradual deterioration of stamina noticeable which is evidenced in a tendency to bleeding. Certain families appear definitely to be haemophilic and when operation is necessary it is found advisable to give calcium lactate for some time before and intra muscular injection of horse serum immediately preceding. The condition is believed to be a hydraemia associated with deficiency of calcium.

*Vital Statistics*—The population is given as 2,428, the same figure as for 1932 that of the dependencies is 650 (475). Among the former there were 52 (51) births, a birth rate of 21·4 (21·0) deaths 27 (12) give a death rate of 11·1 (4·5). The infant mortality rate [the actual figure is not stated] is given as 57·7 last year there was one death under 12 months. If the last year's population figure is correct and there has been no immigration or emigration the number for 1933 would be 2 453. In the dependencies as in 1932 there were no births and two deaths. Among Government officials one was invalided [cause not stated] none died.

Ante and post natal services are given at the out patient department of the hospital, and the majority of confinements 28 this year take place in hospital.

*School Hygiene*.—There are two schools, the Government school and St. Mary's, attached to the Catholic Church. There are 206 pupils at the former 66 at the latter. They are inspected by Medical Officers and by the Dental Surgeon at intervals, and the latter officer holds weekly clinics for the children. He also made extensive tours and did much work in East and West Falklands. Of each child there is a record of particulars kept noting the family and personal history and the physical condition.

*General Sanitation*.—Sewage disposal is partly by water-carriage, partly by earth-closets sewage finally is deposited in the harbour. The water supply is satisfactory in quality but will soon need to be increased in quantity. As regards food meat is inspected there are three licensed slaughter houses which are also inspected frequently. The quality and amount of food are said to be satisfactory but the diet is monotonous, and there is some unbalance. Mutton, bread and tea are the chief articles fruit is imported but supplies are irregular and the price high. Milk samples were up to standard.

Rat destruction by poison—red squills and Rotox are used—is carried out in the rubbish dumps along the foreshore. 'rat weeks' take place twice a year.

*Hospital and Clinical Returns.*—The King Edward VII Memorial Hospital has 12 beds, and outside is a Dental Surgeon's office. The hospital is in need of enlargement for there is a waiting list for beds all the winter. Also the out patient department is limited and there are no isolation premises. Fortunately the latter were not needed this year but need might arise at any time. During the year 177 (188) received in-patient treatment and there were 3,978 (3,254) out patient attendances.

There was a small outbreak of *chickenpox* in Lafonia which was thought to be traced to a letter received from an infected house in Britain. There was total absence of *scarlet fever measles diphtheria* and *whooping cough*.

Seven (4) notifications of *tuberculosis* were received 3 (3) pulmonary. Two cases were under observation during the year one death occurred in the camp. The incidence of colds and coughs was high in the last four months and bronchopneumonia was not infrequently a complication.

*Veneral diseases* are absent, with the exception of occasional patients from ships. The only *helminthic* infestation noted is that by *Enterobius vermicularis* which is widely distributed. *Appendicitis*, as usual, was common, 32 (25) cases. All are of the subacute catarrhal type, with, in many cases, localized adhesions. There was an epidemic of *ringworm* in the camp of the East Island. It extended to Stanley where there were 15 cases. the endemic focus is in cattle. Farmers have co-operated to reduce the disease in cattle by dipping or by destroying affected animals.

No Health Reports are issued from the Dependencies. All the whaling factories have their own medical organizations.

*Expenditure* on the Department totalled £4,684 (£4,225)

Colonies etc	Estimated population	Births	Birth rate	Deaths	Death rate	Infant mortality	Infant mortality rate	Remarks
West Africa— Nigeria	Native 19,928,171 <sup>1</sup> (Lagos and Ebato Mella 155,644 (140,000)) European 4,729 (4,375)	9,882 (3,883) <sup>2</sup>	24.9 (27.5)	2,156 (1,819)	19.8 (12.9)	533 (393)	137.3 (101.7)	( <sup>1</sup> ) Figure of 1891 census ( <sup>2</sup> ) Vital statistics for Lagos and Ebato Mella. Thirty (31) deaths among European population. Among 2,085 (1,704) European officials 100 (114) were invalided 5 (5) died
Gold Coast	N 3,357,960 (3,160,380) <sup>1</sup> 285,297 <sup>2</sup>	9,814 <sup>3</sup> (9,376)	33.7 <sup>4</sup> (34.7)	6,264 (5,905)	21.9 <sup>4</sup> (21.6)	100 (107)	—	( <sup>1</sup> ) Figure for 1932 is that of 1931 census. ( <sup>2</sup> ) Population of 31 districts. ( <sup>3</sup> ) Elsewhere given as 9,641. ( <sup>4</sup> ) In text the B.R. and D.R. are given as 34.0 and 22.2, and stated to be weighted averages.
Gambia	N 14,132 (14,160) <sup>1</sup> E. 135 (191) <sup>2</sup>	331 (339)	23.4 (23.9)	369 (355)	26.0 (25.0)	—	220 (242)	( <sup>1</sup> ) For Bathurst only. Figures for other places not reliable. ( <sup>2</sup> ) 63 (60) of these are officials, 3 (2) invalided. No deaths.
Sierra Leone	Colony including Free- town 59,239 (57,921) Freetown 58,175 (56,857) <sup>1</sup>	2,328 (2,439) 1,378 (1,278)	23.4 (24.9) 23.6 (22.4)	2,205 (2,404) 1,223 (1,400) <sup>2</sup>	22.2 (24.5) 21.1 (24.6)	540 (507)	232.1 (272.4) 230.0 (272.7) <sup>3</sup>	( <sup>1</sup> ) Entered last year as 56,807 ( <sup>2</sup> ) Less than 30 per cent. are registered on medical certificate ( <sup>3</sup> ) See text for explanation of this reduction. European officials 218 (240) 7 (6) invalided 1 (0) died. See text for cause

Colonies, etc.	Estimated population	Births	Birth rate	Deaths	Death-rate	Infant mortality	Infant mortality rate	Remarks
<b>East Africa—</b>								
Kenya Colony and Protectorate	N 3 017 117 (2 007 645) E 10 812 (17 225)	— 315 (—)	18.7 (—)	— 100 (—)	— 6.5 (—)	— —	— —	(*) 1031 Cases. Europeans only. 156 (1,819) 6 (6) invalided 3 (3) died. Cases of invaliding not stated.
Uganda Protectorate	N 3 530 537 (2 503 308) E 508 (542) <sup>1</sup>	100 464 (—)	28.3 (28.1)	65 215 (—)	18.4 (18.3)	16,139 (—)	160.4 (173.1)	(†) Exclusive of 63 758 in Karamoja as no vital statistics were submitted from that district. (‡) These are officials only. Non-official European population not stated. One official invalided for phthisis, none died, seven non-official Europeans died. 2 of plague one of blackwater fever. (¶) Same as last year's figure. No vital statistics available. Four (4) officials invalided 3 (3) died. For cases see text.
Tanganyika Territory	N 5 022 640 <sup>1</sup>	—	—	—	—	—	—	(¶) Figures differ a little—see text.
Myanmar Protectorate	E 1 122 (1,387) officials N 1 850,817 (1,800 421) E 1,817 (1,901)	— — 46 (45)	— — 25.3 (22.6)	— — 14 (18)	— — 35.8 (25.0) <sup>1</sup> 7.7 (8.6)	— — —	97.3 (141.3)	(¶) Figures for Port Manning district. Returns there were not reliable. (¶) Returned as 20.0 in last year's Report.
Zanzibar Protectorate	N 237 374 (220 307) E 106 (111) officials N 244 700 (244 100)	4 576 (4 500)	19.3 (18.1)	2 678 (4 620)	18.4 (19.6)	—	—	Two (2) officials invalided none died.
Somaliland Protectorate	E 119 (108) officials	—	—	—	—	—	—	No vital statistics for Protectorate as a whole. For figures of special towns see text. Two (2) officials invalided on account of epidemic fever. No deaths.

VITAL STATISTICS FOR BRITISH COLONIES, PROTECTORATES AND DEPENDENCIES EXTRACTED FROM THE MEDICAL AND SANITARY REPORTS  
FOR 1933—continued

Colonies, etc.	Estimated population	Births	Birth rate	Deaths	Death-rate	Infant mortality	Infant mortality rate	Remarks
RHODESIA— Northern Rhodesia	N 1,371,213 (1,382,703) <sup>1</sup>	2,511 (2,596) <sup>2</sup>	56.9 (60.2)	—	—	449 (603)	178.8 (232.1)	(1) Not reliable because no registration of births or deaths among natives. (2) Population 44 077 (43 122) in 449 (485) villages. (3) Lowest since 1924
	E 11,278 (10 553)	318 (—)	28.2 (31.4)	103 (—)	9.1 <sup>2</sup> (11.0)	—	—	
NORTH AFRICA— Sudan	—	—	—	—	—	—	—	See text, where figures for 5 separate Provinces are given. Among 772 British officials 2 died 4 were invalided.
	N 122,000 (120 000) E. 2,750 (2,650)	46 (57)	18.7 (21.5)	28 (27)	10.2 (10.2)	—	—	
SOUTH AFRICA— Swaziland	—	—	—	—	—	—	—	European officials 95 (96) None invalided one died
	N 1038,331 <sup>1</sup> (988,329)	48 089 (43,538)	43.3 (44.1) <sup>2</sup>	20,898 (21,858)	20.0 (22.2) <sup>2</sup>	8 656 (8 669)	144.4 (153.1) <sup>2</sup>	
MEDITERRANEAN— Palestine	—	—	—	—	—	—	—	(1) Excluding nomadic Bedu tribes and the army (2) Rates according to race, see text.
	300 000 <sup>1</sup> (305,584)	10,900 (10 871)	36.3 <sup>2</sup> (35.5)	7,354 (8 152)	24.5 (20.0)	2,404 (—)	220.6 (210.0)	
Trans-Jordan	—	—	—	—	—	—	—	(1) Includes nomadic and semi nomadic tribes and stated to be a rough estimate. (2) Probably inaccurate see text.
Cyprus	—	—	—	—	—	—	—	(1) Rates only given. 101 (100) (but see text) European officials one invalided Cypriot officials 1 859 (2,821) 4 (22) invalided 5 (16) died
	356,059 (352,340)	27.4 (28.0)	—	13.8 (16.0)	—	—	137.7 (155.0)	

VITAL STATISTICS FOR BRITISH COLONIES, PROTECTORATES AND DEPENDENCIES EXTRACTED FROM THE MEDICAL AND SANITARY REPORTS  
FOR 1933—continued

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Colonies etc	Estimated population	Deaths	Birth-rate	Deaths	Death rate	Infant mortality	Infant mortality rate	Remarks
MEDITERRANEAN—contd								
Gibraltar	16,307 (16,600) 13,071 (15,145) British subjects	367 (346)	21.7 (20.8)	241 (245)	14.7 (14.7)	14 (31)	39.2 (50.6)	Birth rate among British subjects only 23.8 (21.8) death rate 15.9 (16.1)
Maltese Islands	253,522 (248,007) <sup>1</sup>	8,321 (7,969)	33.0 (32.3)	5,091 (5,187)	20.2 (20.7)	2,145 (2,059)	252.8 (287.4)	( <sup>1</sup> ) Figures of civil population of Malta and Gozo
INDIAN OCEAN—Ceylon	5,418,816 (5,388,106)	209,032 (199,370)	38.4 (37.9)	114,800 (110,649)	21.2 (20.5)	32,860 (—)	167 (162)	Maternal deaths 2,202 or 18.4 (19.7) M.M.R. 17.2 (17.6) for rural areas 29.3 (31.5) for urban
Mauritius	398,400 (391,044)	13,479 (10,395)	34.7 (28.2)	10,815 (12,848)	27.3 (32.6)	1,773 (1,637)	131.5 (158.9)	
Seychelles	28,731 (28,235)	851 (874)	29.5 (30.9)	348 (365)	12.0 (12.6)	67 (—)	61.6 (—)	61.7 per cent births illegitimate
PACIFIC—Federation of Malay States	1,597,770 (1,622,903)	59,787 (65,171)	33.5 (34.9)	32,340 (28,997)	20.3 (18.6)	—	146 (137)	Statistics by nationality and State see text.
Straits Settlements	1,036,837 (1,147,205)	42,538 (41,106)	40.9 (38.8)	25,201 (24,841)	24.2 (21.5)	7,347 (6,841) <sup>1</sup>	172.7 (166.4)	( <sup>1</sup> ) Given as 6,677 in last Report which excluded children born outside the Straits Settlements. Death rates thus corrected are 168.0 (162.4), 2,193 (2,166) European officials, 30 (21) in valuated, 3 (7) died
Singapore Municipality	477,500 (480,371) R. 6,766 (6,649) <sup>2</sup>	16,851 (16,869)	35.3 (35.2)	9,287 (9,487)	19.6 (20.1)	2,000 (2,064)	176.5 <sup>3</sup> (160.8)	( <sup>1</sup> ) Corrected death-rate 19.2 (19.6) ( <sup>2</sup> ) Lowest on record. ( <sup>3</sup> ) Included in the total above.

Colonies, etc.	Estimated population	Births	Birth rate	Deaths	Death rate	Infant mortality	Infant mortality rate	Remarks
Far East—contd								
Penang	Total 156 014 (152,908) E. 1,271 (1,246)	5 052 (5 128)	32.3 (33.5)	3 592 (3,588)	23.0 (23.5) <sup>1</sup>	737 (688)	145.9 (134.1)	( <sup>1</sup> ) Corrected death rate 20.3 (20.8)
Unfederated Malay States—								
Johore	580 020 (543,320)	20 181 (18,378)	34.8 (33.7)	9 741 (9 507)	16.8 (17.4)	3 010 (2,571)	149.1 <sup>1</sup> (139.8)	( <sup>1</sup> ) Elsewhere infant mortality given as 8 379 a rate of 167.4 For statistics by race see text.
Kedah	453,366 (443 021)	17 033 (16,182)	37.5 (36.5)	9 427 (8,178)	20.4 (18.4)	2,368 (1,840)	140.7 <sup>1</sup> (119.8)	( <sup>2</sup> ) Large increase ascribed in part at least to more accurate recording.
Perlis	51 644 (49,800)	1 436 <sup>1</sup> (1 272)	27.8 (25.5)	855 (743)	16.5 (14.9)	134 (130)	96.4 (102.2)	( <sup>3</sup> ) Includes 46 still births. True birth rate is 26.9 per 1 000 live births. Maternal deaths, 32 (23) give an M.M.R. of 2.3 (1.8) per cent. total births.
Kelantan	— <sup>1</sup> (369 411)	10,973 (12,831)	29.7 (34.7)	6 439 (6 624)	17.4 (17.9)	1 423 (1 434)	129.6 (111.7)	( <sup>4</sup> ) See text. Vital statistics difficult to evaluate from data supplied.
Trengganu	188 227 (183,337) <sup>1</sup>	7 078 (6 836)	38.0 (37.2)	3 619 (4,808)	19.4 (26.2)	1 169 (1 643)	163.7 (240.5)	( <sup>5</sup> ) See footnote to text p. The figures given in 1932 Report will be seen to differ from those given for the same year in the present Report.
Brunei	32,869 (30,595)	1 411 (1 306)	42.9 (42.6)	887 (873)	28.3 (28.5)	336 (—)	238.1 <sup>1</sup> (256.5)	( <sup>6</sup> ) See text for discrepancies.
Hong Kong	Chinese 802 197 (830,812) Non-Chinese 20 416 (20 000) Europeans and Ameri- cans 9 012 (8,600) <sup>1</sup>	14,908 (13 168) 453 (451) —	16.5 (14.9) 22.1 (21.5) —	17,928 (19,546) <sup>1</sup> 233 (283) 133 (—)	19.8 (22.2) 11.4 (14.1) 14.7 (—)	6 782 (8,916) — —	454.8 (525.4) <sup>1</sup> 88.3 (97.9) —	( <sup>7</sup> ) Given last year as 19,829 ( <sup>8</sup> ) Many births are unrecorded so this rate is unduly high. ( <sup>9</sup> ) 6,964 (6 800) were British.



Colonies, etc	Estimated population	Births	Birth rate	Deaths	Death rate	Infant mortality	Infant mortality rate	Remarks
PACIFIC OCEAN— Fiji and Western Pacific	180,238 (180,386)	6,906 (6,712)	38.0 (35.4)	3,847 (2,542)	14.7 (13.4)	582 (506)	87.5 (78.4)	385 (381) European officials, 5 (3) were invalided, 2 (1) died
British Solomon Islands Protectorate	N 83,415 <sup>1</sup> E. 473 <sup>2</sup>	984 (1,064) <sup>3</sup> —	— —	737 (635) —	— —	— —	— —	( <sup>1</sup> ) Same as for past 2 years—figures of 1931 Census. ( <sup>2</sup> ) For 5 districts only. Some districts keep no register. See text.
WEST ATLANTIC— Bahamas	62,679 (61,812)	1,831 <sup>1</sup> (2,251)	29.2 (38.4)	1,143 <sup>2</sup> (1,226)	18.2 (19.8)	70 (—)	119.4 (127.6)	( <sup>1</sup> ) Elsewhere entered as 1,201
Barbados	180,065 (176,874)	5,316 (5,391)	29.5 (30.4)	3,563 (3,325)	19.8 (18.8)	1,245 (—)	234.7 (186)	( <sup>2</sup> ) Entered elsewhere as 1,481
Bermuda	N 17,306 (16,966)	564 (686)	33.6 (33.7)	202 (206)	11.6 (12.1)	48 (72)	82.1 (46.4)	
	Wallois 15,013 (12,861)	284 (256)	20.2 (20.7)	112 (127)	8.6 (9.6)	12 (11)	46.4 (42.6)	
British Guiana	221,200 (217,615)	10,461 (10,825)	32.6 (34.6)	7,848 (6,684)	34.4 (21.1)	1,613 (1,605)	154.1 (138.6)	( <sup>1</sup> ) In one place in text 7,048.
St. Sagar Estates	61,518 (60,536)	2,016 <sup>2</sup> (2,097)	32.6 (33.6)	1,456 (1,001)	23.3 (16.5)	346 (257)	184.6 (133.6)	Maternal deaths 127 (108) a M.M.R. of 12.1 (9.9) ( <sup>2</sup> ) The Immigration Department gives births as 1,874 (1,828). On those the I.M.R. are calculated
Georgetown	62,707 (62,334)	1,619 (1,602)	25.6 (27.1)	1,237 (1,147)	20.0 (18.4)	201 (214)	124.1 (123.4)	( <sup>1</sup> ) Elsewhere given as 1,120.
Petroleum	53,770 (52,945)	1,943 (1,679)	36.1 (35.4)	1,171 (1,075)	20.7 (20.2)	242 (194)	125.6 (103.2)	Only 40 per cent. deaths certified by medical practitioners.
Jamaica ...	1,090,200 (1,072,487)	28,008 (—)	32.7 (27.2)	20,908 (—)	19.3 (17.2)	—	149 (140.9)	( <sup>2</sup> ) Last year rates only and not actual figures were given. If reports and natives are not separated in the Annual Report

VITAL STATISTICS FOR BRITISH COLONIES PROTECTORATES AND DEPENDENCIES, EXTRACTED FROM THE MEDICAL AND SANITARY REPORTS FOR 1933—continued

Colonies, etc.	Estimated population	Births	Birth rate	Deaths	Death rate	Infant mortality	Remarks
WEST ATLANTIC—contd Cayman Islands	— <sup>1</sup> (5,253)	182 (163)	26 (31)	156 (127)	25 (24.2)	154.3 (—)	( <sup>1</sup> ) Population for 1933 not stated but calculating from births, deaths and their rates it would be 6,200
Turks and Caicos Islands	5 612 <sup>1</sup>	205 (—)	36.5 (—)	120 (—)	21.4 (—)	156 (—)	( <sup>1</sup> ) This appears to be a Census figure of 1921. ( <sup>2</sup> ) An I.M.R. of 156 would imply 32 infant deaths.
Leeward Islands— Antigua	32,424 (31 200)	981 (1,224)	30.2 (36.2)	629 (642)	19.3 (20.6)	219.1 (93.1)	( <sup>1</sup> ) Differs from the figures in the Report. See text. For details of each of the Islands, St. Christopher, Nevis and Anguilla, see text.
St. Christopher and Nevis	36 868 (36 730)	1,279 (1 402)	34.6 (38.1)	702 (709)	19.0 (19.3)	134.4 (132.6)	( <sup>1</sup> ) Increase in I.M.R. ascribed to a whooping cough epidemic in which 56 infants died.
Dominica	45 239 (44 103)	1,555 (1,515)	34.3 (34.3)	762 (983)	16.8 (15.7)	126.0 <sup>1</sup> (87.7)	
Montserrat	13 063 (12,880)	478 (487)	36.5 (37.6)	189 (197)	14.4 (15.2)	79.5 (82.1)	
Windward Islands— Grenada	82,624 (81 000)	2 688 (2,641)	32.5 (32.6)	1 179 (1 104)	14.3 (13.6)	94.2 (84.4)	( <sup>1</sup> ) Stillbirths appear to have been included in the registered births, if these are deducted live births total 1 957 or 31.5 per mille. If total deaths include the still born the rate is as given. If these are excluded deaths would number 1 004 or 16.2 per mille
St. Lucia	62,000 (61 135)	2,068 <sup>1</sup> (2,120)	33.3 (34.7)	1 115 (1,240)	17.9 (20.2)	92.4 (114.1)	

VITAL STATISTICS FOR BRITISH COLONIES PROTECTORATES AND DEPENDENCIES EXTRACTED FROM THE MEDICAL AND SANITARY REPORTS  
FOR 1933—continued.

Colonies, etc.	Estimated population	Births	Birth rate	Deaths	Death-rate	Infant mortality	Infant mortality rate	Remarks
WEST ATLANTIC—contd								
Windward Islands—contd								
St. Vincent	87,000 (48,665)	2,133 (2,002)	41.0 (40.5)	700 (810)	18.1 (16.5)	155 (160)	72.6 (93.4) 131.3 (108.6)	
Trinidad and Tobago	422,566 (417,065)	19,134 (12,064)	31.0 (28.9)	8,262 (7,125)	19.5 (17.0)	—	—	Maternal mortality 83 (97) or 7.3 (7.7) per thousand births.
SOUTH ATLANTIC—								
Falkland Islands	2,425 (2,425) ---	52 (51)	21.4 (21.0)	27 (17)	11.1 (4.5)	— (1)	37.7 (—)	(*) Figure given is the same as that for 1932. If there has been no immigration or emigration the population for 1933 would be 2,453. Population of the dependencies is given as 640 (475)

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Page numbers within brackets indicate papers not summarized.

Am. signifies Amoebiasis and Amoebic Dysentery

Bb.	Beriberi and Epidemic Dropsy
Bl.	Blackwater
B.R.	Book Review
Chl.	Cholera
C.Bu.	Climatic Bubo and Lympho-granuloma inguinale
Der.	Tropical Dermatology
Dya.	Dysentery (Bacillary and Unclassed)
Fev.	Fever
Hel.	Helminthiasis
Hist.	Historical
H.S.	Heat Stroke
K.A.	Kala Azar
Lep.	Leprosy

Lept. signifies Leptospirosis.

Mal.	Malaria
Misc.	Miscellaneous
Oph.	Tropical Ophthalmology
Pel.	Pellagra
Pl.	Plague
Rab.	Rabies
R.B.F.	Rat Bite Fever
R.F.	Relapsing Fever and other Spirochaetoses
Sn.	Venomous Snakes and Snake Venoms
Sp.	Sprue
S.S.	Sleeping Sickness
Y.F.	Yellow Fever
Y & S	Yaws and Syphilis

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 — with — Stbl, Nitulescu, Francke, Cantacuzano Pareschivescu, Vert & Lupa, 409 (Mal)  
 Bamford, C B 835 (Hel)  
 Bannard D 279 (Hel)  
 Banerjee D & Dutta, S. K 781 (77) (Chl)  
 Bano M with Guilford & Nye-Vo-Lan 347 (Lep)  
 Banoville H Ley J & Trica, J 683 (S.S.)  
 Barba, R with Dora, de Bonaville, Bonacci, & Aldas 811 (Misc)  
 Barber M. A. 806 (Mal)  
 — with Rice 807 (Mal)  
 Barbosa, A 744 (Mal)  
 — & Arjona, B L. 820 (Mal) 837 (B.R.)  
 Barcroft, J 821 (Fl)  
 Barger P 543 (Lep)  
 Baridy M. with Trobrier & Brown, 602 (Lep)  
 Barnes, J 249 (Hel)  
 Barnes, M F Metcalfe A. A. Mortdale, W E & Lewis, W J 179 (Rab)  
 Barnett B & Macfarlane R. G., 321 (Sn)  
 — with — 320 (Sn)  
 Barnett, L 254 631 (Hel)  
 Barnard, J with Blanc Vovry Brunes & Burnard, 163 (Fev)  
 Barrard, P J 203 (B.R.)  
 Barrow, E (602) (Lep)  
 Barrow H 244 (Hel)  
 Barosa, M with Tabangal & Taca, 231, 626 (Hel)  
 Baserga, A. 831 (B.R.)  
 Basanero, J G with Luc & Arima, 625 (Hel)  
 — with — & Fernouille Bonard, 625 (Hel)  
 Baso G. with Baso R. Maiz & Miran, 717 (S.S.)  
 Baso B C., 298 (Mal)  
 — with Knowles, 390, 794 (Mal) 815 (Misc) 806 (R. F.)  
 Basu, N h. 338 (Lep)  
 Basnet, E. A. R. F., 640 (Hel)  
 Bauer J H & Hughes, T P 683 (Y.F.)  
 Baumann, H. with Schwitz, 115 (Mal)  
 Beach, T D with Forest, Wells & Adams, 30 (Hel)  
 Beck, M. D. with Wynne (808) (R.F.)  
 Beer W A. with McCann & Sankar, 174 (Rab)  
 — with Sankar, 607 (Rab)  
 — with — & Lyengar 174 (Rab)

- Beuwkes, H. Mahaffy A. F., Burke A W  
 & Paul J H. 282 (S.F.)  
 Beklemishev W. 443 (Mal.)  
 — W with Schipizina N., Polowodowa,  
 W & Nabokich, P. 907 (Misc.)  
 Benard, R. Poumailloux, M. & Brincourt J  
 492 (K.A.)  
 Benarroch, E. J. (146) bis (752) (Mal.)  
 Benavides, J. 804 (Misc.)  
 de Benedetti, A. 431 817 (Mal.)  
 Benhamou E. & Gilie, R. 791 793 (Mal.)  
 Benignetti, D. with Pell 92 (K.A.)  
 Benoit, G. with Bovet & Altman, 117 (Mal.)  
 — with Novet & Altman (820) (Mal.)  
 Bequaert J. 246 (Hel.)  
 Bequaert, J. C. with Strong Sandground &  
 Muñoz Ochoa, 300 (B.R.)  
 Bercovitz, Z. & Rogers J. M. 253 (Hel.)  
 Beretervide, J. J. & Graa C. A. 778 (Am.)  
 van den Berghe L. with Kottler 680 (S.F.)  
 Bergerot J. 623 (Hel.)  
 Bernadhelg & Caujolle P. 444 (Mal.)  
 Bernkopf H. 381 (Sn.)  
 Berry P. 348, 553 *ter* (Lep.)  
 Bertini G. 638 (Hel.)  
 Bertrand, 478 (Oph.)  
 Bertrand, I. Babinet, J. & Sicé A. 349 (S.S.)  
 Bertrand, Y. 15 (S.S.)  
 Betabe, M. with Hassan, 250 (Hel.)  
 Bevan, L. E. W. 685 (S.S.)  
 de Béva, F. 626 (Hel.)  
 Bhattacharyya, R. with Williams 417 (Mal.)  
 Bibliography of Helminthology Year 1933  
 759 (B.R.)  
 Bler O. with de Oliveira Castro (583) (Fev.)  
 Bler O. G. & Arnold, K., 867 (Lep.)  
 Biggam A. G. 745 (Mal.)  
 Bigot, A. & Le-Van-Trien, 345 (Lep.)  
 Bilfinger F. with Lépine, 161 (Fev.)  
 Bishop A., 225 (Misc.)  
 Bishop E. L. (146) (Mal.)  
 Bissery with Gantler 600 (R.B.F.)  
 Black S. H. & Ross, H. 552 (Lep.)  
 Blackie W. K. 749 (Mal.) 832 (Bl.)  
 Blacklock, D. B. 514 910 (Misc.)  
 Blanc, F. & Bordes L. A. 47 (Sp) (781)  
 (Am.)  
 Blanc, G. & Gand, M. 570 (Fev.)  
 — & Martin L. A. 566 (Fev.)  
 — Noury M. Baltazard, M. Bruncan, J  
 & Barwood, J. 163 (Fev.)  
 Blanchard, M. Blondin, P. & Advier M. 851  
 (Pl.)  
 Blanckenburg K. 785 (Mal.)  
 Blank Weinberg, S. (146) (Mal.)  
 Blaz, J. R. & Simoes, A. T. W. 748 (Mal.)  
 Blewitt B. 572 (Fev.)  
 Blondin, P. with Blanchard & Advier 851  
 (Pl.)  
 — & Rlou M. 210 (Pl.)  
 Boase A. J. 478 (Oph.) 652 (Hel.)  
 Bobes, S. with Proca & Jannesco 180 618  
 (Rab.)  
 Boenjanin, R. (59) (Y & S.)  
 Boerdin V. with Părvulescu & Constan-  
 tinesco, 780 (Mal.)  
 van Bogaert, L. with Borremans, 693 (S.S.)  
 Boggian, B., 70 (Misc.)  
 Boghola I. 84 90 479 493 (K.A.)  
 Bogojawlenki N. A. Melikowa, T. A. &  
 Demidowa, A. J. 482 (K.A.)  
 Bolgert M., with Sérary & Levy 342 (Lep.)  
 Bolotina A. with Tareev Gontseva Raisin  
 & Epstein 111 (Mal.)  
 de Bona, G. (92) (K.A.)  
 Bonacci H. 721 (S.S.)  
 — with Dias, de Sommerville Aldao &  
 Barba 511 (Misc.)  
 Bonestell A. with Hofold & McNeil 222  
 (Misc.)  
 Bonne C. 773 (Am.) 852 (Pl.)  
 Boune W. M. 196 (Dys) (193) (Am.)  
 Bonnet G. with d'Oelsnitz & Raybaut 493  
 (K.A.)  
 Bonnet, M. 17 (S.S.)  
 Bordes L. A. with Blanc 47 (Sp) (781)  
 (Am.)  
 Borremans, P. & van Bogaert L. 693 (S.S.)  
 Bose K. 435 (Mal.)  
 Boomeester J. E. (146) (Mal.)  
 Bourgain, M., with Le Chuiton, 568 (Fev.)  
 Boergin P. (752) (Mal.)  
 — with Masadas & Nguyen-van Tan 420  
 (Mal.)  
 Bourguignon G. C. 246 (Hel.) (554) (Lep.)  
 Bouvier G. 617 (Rab.)  
 — & van Slype W. 668 (Misc.)  
 Bovet, D. Benoit, G. & Altman, R. 117  
 (Mal.)  
 Boxhall G. N. Hapgood F. C. & Lloyd L.  
 222 (Misc.)  
 Boyd A. N. with Stewart, 665 (Misc.)  
 Boyd, G. H. & Allen, L. H. 119 (Mal.)  
 Boyd J. E. M., 573 (Fev.)  
 Boyd, M. F. Cain, T. L. Jr & Molrennan  
 J. A. 806 (Mal.)  
 — with Hanson & Griffiths, 735 (Mal.)  
 — & Molrennan J. A. 135 (Mal.)  
 — & Stratman Thomas, W. K. 404 405  
 (Mal.)  
 — — & Klitchen, S. F. 738 (Mal.)  
 — — & Minench H. 404 (Mal.)  
 Boyd 280 bis 874 bis (S.F.)  
 Bradley J. A. 109 bis (Mal.)  
 Braga, A. & Faria, A. 608 (Rab.)  
 Brahmachari, P. N. 84 (K.A.)  
 Brandt W. 237 (Hel.)  
 Brennan, C. H. 520 (Misc.) (834) (Bl.)  
 Brester A. & Hulet L. A. (470) (Fel.)  
 Brincourt J. with Benard & Poumailloux,  
 492 (K.A.)  
 British East African Territories Conference  
 of Governors of 12 (S.S.)  
 British Empire Leprosy Relief Association  
 603 (B.R.)  
 British Medical Journal, 732, 820 (Mal.)  
 Bromfield R. J. with Fairfield, 210 828 (Bl.)  
 Brooks A. G. with Shortt 607 (Rab.)  
 — with — McGuire & Stephens 610  
 (Rab.)  
 Broquet, C. 91 (K.A.)  
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 (Lept.)  
 Broughton-Alcock, W. 903 (Misc.)  
 Brown A. with Silverthorne 665 (Misc.)  
 Brown E. G. 495 (H.S.)  
 Brown, H. C. with Findlay 120 (Mal.)

- Brown, H. W., 229 (Hel.)  
 — with Lamson & Harwood, 237 (Hel.)  
 — with — & Molloy 635 (Hel.)  
 Brown, J. Y. 146 (Mal.)  
 Browning, C. H. Cappel D. F. & Galbraith, R. 30 (S.S.)  
 — & Galbraith, R. 23, 706, 708 (S.S.)  
 Brumpt, E., 537 639 (Misc.) 899 (R.F.), 796 (M.)  
 — Duvrier M. E. & Santon, J. (279) (Hel.)  
 — & Galbraith, H., 496 (A.A.)  
 — & Lamson, M. 183 (Der.)  
 Brun, C., with Landremer 865 (Lep.)  
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 Brutsaert, P. with Rodham, 716 (S.S.)  
 Bruynoghe, G. with Roma, 808 (Fer.)  
 Bryant, J. 475 (Oph.) 650 (Hel.)  
 Buchanan, J. C. R. & Sanderson, L. 319 (Misc.)  
 de Beck, A. Schoute E. & Swellesgrebel, H. 137 (Mal.)  
 — & Swellesgrebel, N. H. 137 (444) (Mal.)  
 Buckner, J. F. 464 (Misc.)  
 de Buss, E. (444) (Mal.)  
 Burtelaar, L. 857 (Lep.)  
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 Baidin, A. 85, (Lep.)  
 Bulletin de l'Office International d'Hygiène Publique 81 (K.A.), 230 874 (I.F.), 723 (Mal.) 844 (Pl.)  
 Bulletin of the Ophthalmological Society of Egypt, 477 (Oph.)  
 Butcher, L. W. 808 (Misc.)  
 Burke, A. W. with Burrows, Jabsdy & Paul, 262 (I.F.)  
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 Butler, C. S. 899 485 (I. & S.)  
 Buto, T. & Yamamoto, Y. (92) (K.A.)  
 Burton, P. A. 439 (Mal.) 812 (Misc.)  
 — with Ascherich, 666 (Misc.)  
 — & Lewis, D. J. 360 (S.S.)  
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- Cadwalader, C. with Vogel, 847 (Pl.)  
 Cain, T. L. Jr. with Boyd & Mendenhall, 806 (Mal.)  
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 Calcinio, R. with Urzarte Ressel & Ancheras 417 (444) (Pl.)  
 Calcutta, 756, 756 (B.R.)  
 Calender, G. R. (109) (Am.)  
 Cameron, J. A. P., 637 (Misc.)  
 Caminopetros, J., 82 485 (K.A.) (674) (Misc.)  
 — Conton, B. Phelouks, T. & Pagonis, A. 575 (Fer.)  
 Campbell, F. L. Sullivan, W. D. Smith, L. E. & Haller, H. L. 660 (Misc.)  
 van Campenboert, R., 783 (Mal.)  
 Campos, N. de S., 335 (Lep.)  
 Canavon, W. P. N., (732) (Mal.)  
 Canavon, L. 378 (Fer.)  
 Cantacuzino, L. with Stothens, Baltara, 344, Krimlovu, Franche Parachdova, Velt & Lupa, 469 (Pol.)  
 Cappel, D. F. with Browning & Galbraith, 30 (S.S.)  
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 Cardina, Castella, P. & Gal Collado, J. 307 (B.R.)  
 Caron, P., with Morris, (732), (833) (Mal.)  
 Castellani, A., 72 (Misc.), (279) (Hel.)  
 — & Jacson, L. 181 (Der.)  
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 — with — Payne & Lawson, 283 46 (Hel.)  
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 — & Coratiano, A. 422 (Mal.)  
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 — & Gossard, P. 182 (Der.)  
 — with Montpoller 182 (Der.)  
 — with Parrot, 739 (Mal.)  
 — with Sergeant, Edm. & Sargent, E., 120 (Mal.)  
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 Cavabde 901 (Misc.)  
 Cavallanti, L. R. (470) (Pol.)  
 Cawton, F. G., 349 (279) 485, 622, 627 (833) (Hel.)  
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 Chaga, E. 37, 364 485, 721 (S.S.)  
 Chahin, V. L. & Enskopov & K., 734 (Mal.)  
 Chahin, B. R. with Newman, 417 (Mal.)  
 Chand, D. with Hicks, 749 (Mal.)  
 Chand, E. & Harbhagwan, 800 (Mal.)  
 Chang, C. & Robertson, D. S., (789) (Am.)  
 Chang, H. & Chow, S. (781) (Am.)  
 Chatters, A. D., 823 (B.)  
 Chatterjee, K. with De, 496 (K.A.)  
 Chatterjee, K. D., with De, 272 (Hel.)  
 Chatterjee, T. 623 (Misc.)  
 Chatterji, K. R., with Mohr 839 840 (Lep.)  
 Chatterji, S. N., (354) (Lep.)  
 Chaudhuri, J. R. with Jacob, 633 (Hel.)  
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 Chen, H. T., (279) 626 485, 629 (833) 485 (Hel.)  
 — & Wang, S., (635) (Hel.)  
 Chen, W. L. & Rose, G. (635) (Hel.)  
 Cheng, C. L., with Feag, (534) (Lep.)  
 Chesley, A. J., with McCoy (785) (Am.)  
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- Chiyuto S. 543 (Lep.)  
 Chopra, R. N. (196) (Am.) 756 (B.R.)  
 — & Chaudhuri, R. N. 419 (Mal.)  
 — & Chowhan J. S. 379 (Sn.)  
 — & Ganguli S. K. 788 (Mal.)  
 — & Roy A. C. 787 (Mal.)  
 — & Ghosh S. 528 (Misc.)  
 — & Dutt A. (532) (Misc.)  
 — Mukherjee S. N. & Sen, B. 789 (Mal.)  
 — Roy A. C. & Gupta, B. M. D. 412 (Mal.)  
 — & Sen, B. 111 (Mal.) (193) (Am.)  
 — & Ganguly S. K. 113 (Mal.)  
 Christie, V. 420 422 (Mal.)  
 — & Koechlin, D. 791 (Mal.)  
 — with Marchoux, 546 (Lep.)  
 — Prudhomme, R. & Koechlin D. 130 (Mal.)  
 Chou S. with Chang (781) (Am.)  
 Choudhury, N. & Peltier M. 554 (Lep.)  
 Chowdhury S. C. with Uhlir, (148) (Mal.)  
 Chowdhury M. U. with Measham 804 (Mal.)  
 Chowhan, J. S. with Chopra, 379 (Sn.)  
 Christenson, M. H. 29 (S.S.)  
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 Chu H. J. with Yao 619 (Hel.)  
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 Chun, J. W. H., 496 (H.S.) 761 (Chl.)  
 Chung, H. 87 485 (K.A.)  
 — with Yen 91 (K.A.)  
 Chwatt, L. 132 (Mal.)  
 Cienkus Rodriguez R. (820) (Mal.)  
 Claudio, P. with Grand, 88 (K.A.)  
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 — with — 181 (Der.) 219 805 (Misc.)  
 Ciento R. W. 510 (Misc.)  
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 — Franke, M. & Alexa, E. with Agapi, C. Popu E. & Manolitu E. 745 (Mal.)  
 — with Slatineanu, Balteanu, Alexa, E. Alexa, L., Francke & Rugina, 411 (Mal.)  
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 Clark, H. C. 107 (Mal.) 512 (Misc.)  
 — with Grayson & Martin, (532) (Misc.)  
 — with Kemp 434 784 (Mal.)  
 Clarke, L. P. with Findlay 289 290 590 (Y.F.)  
 — with — & Hewer 291 (Y.F.)  
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 Clemens, W. W. 399 (Mal.)  
 Clunie T. & Eva, A. 619 (Misc.)  
 Cluzet, with Grimes & Minoc 569 (Lep.)  
 Cochran R. G. 538 541 (373) (Lep.)  
 Cohen H. 899 (Oph.)  
 Colard A. 481 (K.A.)  
 Colas-Belcour J. 223 (Misc.)  
 Cole H. I. 548 (Lep.)  
 Coleman, G. E. 299 (R.F.)  
 Colichon, H. with Franco 600 (R.B.F.)  
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 Conforto A. V. with Dopff (170) (Fev)  
 Congo Belge 501 503 (Misc.)  
 Connery J. E. with Curran & Goldwater (874) (Misc.)  
 Connolly M. 241 (Hel.)  
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 — with Parvulescu & Boeriu 750 (Mal.)  
 Conte M. with Rathbery & Dérot (493) (H.A.)  
 Contos, B. with Caminopetros Pheloukis & Pagonis 575 (Fev)  
 Copeland A. J. 733 (752) (Mal.)  
 Cordiner G. R. M. with Low 672 (Misc.)  
 Cordoliani S. with Santet, 406 (Mal.)  
 Corkill N. L. 465 bis (Pel.)  
 Cormack R. P. (332) (Misc.)  
 Cormann, 828 (Bl.)  
 Cornman A. 743 (Mal.)  
 Cornejo A. (371) (S.S.)  
 Cornadetti, A. 443 (Mal.)  
 Cornon, J. F. 30 33 352 bis 353 363 709, 710 (S.S.)  
 Cort W. W. with Foster 641 (Hel.)  
 Cortegiani E. with Gautrelet & Halpern 379 (Sn.)  
 Costa with Angier 578 (Fev)  
 Costa Mandry O. with Soares (675) (Misc.)  
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 — & Bally J. D. 93 599 (Mal.)  
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 — with Landsberg 641 (Hel.)  
 Cruz M. C. 572 bis (Lep.)  
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 Cuboni, E. 379 (Sn.)  
 Culbertson, J. T. & Strong, P. S. 360 (S.S.)  
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 Commings, J. G. 167 (Fev)  
 da Cunha A. M. 582 (Fev)  
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- Dambovicanu A. & Sorn E. 461 (Chl.)  
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 Datta, S. K. with Banerjee 784 (772) (Chl.)  
 Dan H. with Piiper 154 561 (Fev)  
 Davies J. R. 672 (Misc.)  
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 — with — & Westerdijk 546 870 873 (Lep.)  
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 Derot, M. with Rathery & Comte (483) (K.A.)  
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 — with — 861 (Lep.)  
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 — with Stefanopoulos & Moederet, 290 (Y.F.)  
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 Dhoot C M Schaffner W A P & Snyder, E. P 258 (Y.F.)  
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 — with Valda, 368 44 (S.S.)  
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 Dins, R. L. with Fullsbore & Zuccardi, 637 bis (Mal.)  
 — de Sommeville E T W Bonacci, H. Akkas A & Barba R 511 (Mal.)  
 Dirckx H A with Sweet 268 (Hel.)  
 Durr, D. with Lagrone & Young 888 (Lep.)  
 Dixon, H B F & Senthura, D W 631 (Hel.)  
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 Do Amaral A Apastura, J B & da Fonseca, F 217 (Mal.) 233 (S.S.)  
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 Doherty M 16 (Mal.)  
 Dodd, F. & Tompkins, E H 218 (Mal.)  
 Dogra, J R (144) (Mal.)  
 Donatella, L (533) (Mal.)  
 Donnen, A & Lestogard, P 491 (B.A.)  
 — with Parrot 484 (B.A.)  
 Doornbos, W 457 763 (Hel.)  
 Dopff, C S & Conforto A V (170) (Fev.)  
 Doroffe Guesmanand, R & Tran-van-Tam 808 (Rab.)  
 Doroffe P & Ho-Quang Ly 545 (547) (Lep.)  
 — with — & Tran-van Tam 346 (Lep.)  
 Dostrowsky A 80 (B.A.)  
 Dove W E & Hall D O 682 (Mal.)  
 Draganesco, S. with Marheine 178 67 (Rab.)  
 Dragounir L. with Urechla, (677) (Mal.)  
 Drensky J. & Collins, R. H. 108 (Mal.)  
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 Drevfus, A 807 (Mal.)  
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 Dubois, A. & Degotte J., 341 (Lep.)  
 — Westerdijk H. & Degotte J 341 820 873 (Lep.)  
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 — Mettman, R. W. M. & Wallace, J. M. 33 (S.S.)  
 Dumont, R. 637 (S.S.)  
 Dunn E. E 377 bis (S.S.)  
 Dunn, L. H. 38 44 (S.S.), (674) 667 (Mal.) 808 (Mal.)  
 Dunner L. Hirschfeld, H. & Gensler M. (49) (Sp.)  
 Dupont, R. with Valda & Martel, 805 (Mal.)  
 Duprat (833) (Pl.)  
 Dupuy 682 (S.S.)  
 Durand, R. 164 bis (Fev.)  
 — & Haenbourger K., 563 (Fev.)  
 — with Lagret 164 (Fev.) 571 (Fev.)  
 Duran, A 228 (Y.F.)  
 — with Monchet van Heel Fournier, Clereboort, Henry & Hamard, 230 (Y.F.)  
 — & Van den Branden, F., 130 (S.S.)  
 Dureux C. with Machin & Advet 288 (Y.F.)  
 — with — & Lagret, 234 (Y.F.)  
 du Toit R. M. with Nieuwstraten 803 (Mal.)  
 Durr, A. with Chopra & Ghosh, (523) (Mal.)  
 Dutta N. C. (344) (Lep.)  
 Duval C. W. (196) (Am.), 536 (Lep.)  
 Devos M. E. with Brumpt & Scudon, (278) (Hel.)  
 Duvas J. with van Nieuwen, 306 (B.R.)  
 Dyer R. E 180 (Fev.)  
 Drye H. W 538 (Lep.)

## E

- Earle W. C. with Howard & March 728 (Mal.)  
 Earnshaw P. A. (198) (Am.)  
 Eaton, L. S. with Russell, 144 (Mal.)  
 Eaton, P. 423 (Mal.)  
 Economic Advisory Council, 677 (S.S.)  
 Edwards, J. T. 851 (B.R.)  
 Egypt, 223 (Hel.)  
 Egypt Ministry of the Interior 806 (Mal.)  
 Egyptian Government, 267 (Mal.)  
 Eichholz, F. 747 (Mal.)  
 — & Erhardt, A. 225 (Hel.)  
 Eilmann, H. 308 (Hel.)  
 Eisebach, L. 48 (Hel.)  
 Eisebach, A. 58, 818 (Mal.)  
 Ekblom T. 812 (Mal.)  
 El Dewany M. A. El M. 47 (Hel.)  
 Elliot, R. H. 808 (Oph.)  
 Ellis, M. 16 (S.S.)

- Elmes, R. G. T. with Smith 523 (Misc.)  
 Emara 621 (Hel.)  
 Emerson, G. A. 343 (Lep.)  
 — & Anderson H. H. 347 548 (Lep.)  
 — & Leake C. D. 549 (Lep.)  
 Engelbreth-Holm J. with Lombolt. 666 (Lep.)  
 Emkopolov S. K. with Chalich, 734 (Mal.)  
 Epstein, E. with Tareev Bolotina, Gontaeva & Raskin 111 (Mal.)  
 Epstein, H. & Silvers I. L. 158 (Fev.)  
 — Turawitsch, E. I. & Exemplarskaja E. W. 161 (Fev.)  
 Erhardt A. 252 (Hel.)  
 — with Eichholtz 252 (Hel.)  
 Escalar G. with Pecori 404 (Mal.)  
 Eakey C. R. 446 (Pl.)  
 Eakin, V. A. with Lisoova 724 (Mal.)  
 Ekridge L. with Hegner 659 bis (Misc.)  
 Esmenard, J. with Joyeux & Sedan, 899 (Oph.)  
 Exposito G. 774 (Am.)  
 Estrade F. 846 (Pl.)  
 — with Girard, 454 (Pl.)  
 Eva A. with Chumle 519 (Misc.)  
 Evans A. C. 606 (Misc.)  
 Evans, A. M. 438 (Mal.)  
 — & Leeson H. S. 804 (Mal.)  
 Exemplarskaja, E. W. with Epstein & Turawitsch, 161 (Fev.)

## F

- Faccoli, D. 816 (Mal.)  
 Facon E. with Marinisco 617 (Rab.)  
 Fairley N. H. 373 (Sn.)  
 — & Bromfield R. J. 210 bis 828 (Bl.)  
 — with Low 45 (Sp.)  
 — with Mackie 46 (Sp.)  
 Fakury A. 236 bis (Hel.)  
 Fan, P. L. & Scott A. V. 483 (h.A.)  
 Far Eastern Association of Tropical Medicine 761 (Chl.) 758 (B.R.) 841 (Pl.)  
 Farla, A. with Braga 608 (Rab.)  
 Farmand, E. 143 bis (Mal.)  
 Farmand, M. E. 786 (Mal.)  
 Farmakadia, C. (781) (Am.)  
 Fast, J. 508 (Misc.)  
 Faure-Brac with Augier 490 (K.A.)  
 Faust, E. C. (198) (Am.)  
 — with Hintman & DeBakey 277 (Hel.)  
 — & Hoffman W. A. 245 (Hel.)  
 — Jones, C. A. & Janer J. L. 244 (Hel.)  
 — Jones C. A. & Hoffman W. A. 625 (Hel.)  
 — & Ragy E. S. 180 191 (Am.)  
 — with Riley & Griffiths 106 (Mal.)  
 — Scott, L. C. & Swartzwelder J. C. 777 (Am.)  
 — Wells J. W. Adams C. & Beach T. D. 267 (Hel.)  
 Far Tablo H. 257 (Hel.)  
 Federated Malay States 138 (Mal.)  
 Feemster R. F. 193 (Dya.)  
 Feljoo E. J. C. with Raimondi, 36 (S.S.)  
 Feng, C. T. & Cheng C. L. (354) (Lep.)  
 Feng, H. H. 255 (Hel.) 475 (Oph.)  
 Feng L. 647 (Hel.) 802 (Mal.)  
 Fernoselle Racard J. with Houril & Bas nuevo 628 (Hel.)  
 Fernandez J. M. M. & Schujman S. 899 (Lep.)  
 Fernando S. E. 274 (Hel.) 475 (Oph.)  
 Féron, J. 545 (Lep.)  
 Ferreira, B. G. (444) (Mal.)  
 Ferreira J. C. 785 (Mal.)  
 Ferris G. F. 913 (Misc.)  
 Ficaoci, L. (752) (Mal.)  
 Field J. W. 114 (Mal.)  
 — & Kandiah, M. 416 (Mal.)  
 Field M. with Homans & Drinker 273 (Hel.)  
 Fiesinger N. 492 (K.A.)  
 Fillion H. & Millischer P. 658 (Misc.)  
 Findlay G. M. 235 288 (Y.F.)  
 — & Brown H. C. 120 (Mal.)  
 — & Clarke L. P. 289 290 590 (Y.F.)  
 — Hewer T. F. & Clarke L. P. 291 (Y.F.)  
 — & Stern, R. O. 593 (Y.F.)  
 Fine J. 36 (S.S.)  
 Flol, H. with Puente (355) (Lep.)  
 Florentino A. with Paradiso 534 (B.R.)  
 Fischer F. P. & Fischl V. 222 (Misc.)  
 Fischer O. (781) (Am.)  
 Fischl V. 702 (S.S.)  
 — with Fischer 222 (Misc.)  
 — & Fischl L. 358 (S.S.)  
 — & Singer E. 355 701 708 (S.S.)  
 — with — 355 703 (S.S.)  
 — with — & Kotrba 24 (S.S.)  
 Fisher A. C. 239 247 (Hel.)  
 Flak R. T. with Hoyt & Thienes 618 (Rab.)  
 Fitte O. E. 721 (S.S.)  
 Fitzgerald, G. H. & Gupta P. h. D. 53 (Y & S)  
 Fivoli F. 58 (Y & S)  
 Fletcher W. 410 (Mal.)  
 Flinker R. (470) (Pel.)  
 Fin P. C. (853) (Pl.)  
 — with Hulsboff (874) (Misc.)  
 Foley H. & Parrot L. 397 (Mal.)  
 Fons Diaz O. (146) (Mal.)  
 da Fonseca F. with Do Amaral & Arantes 217 (Misc.)  
 — with — & Arantes 383 (Sn.)  
 Forkner C. E. & Zia L. S. 478 (K.A.)  
 — with — 482 483 (K.A.)  
 Fornara L. with Blouchet, van Hoof Duren Clarebout Henry & Hennard, 280 (Y.F.)  
 Fort, M. A. (146) (Mal.)  
 Foster A. O. & Cort W. W. 641 (Hel.)  
 — & Cross S. X. 265 (Hel.)  
 — & Landsberg J. W. 259 (Hel.)  
 Foster J. W. with Spector & Glover (773) (Am.)  
 Fourest with Gimbert Andreoli & Housiaux, 168 (Fev.)  
 Fox H. 90 (K.A.)  
 — & Knott, J. 545 (Lep.)  
 Franklin, W. Z. (198) (Am.)  
 Francke M. with Slatineanu Cluza, Balteanu Sibiu, Nitulescu Cantacuzino Paraschivescu, Veit & Lupu, 469 (Pel.)  
 — with Slatineanu Cluza, Balteanu, Alexa E. Alexa I. & Rugina 411 (Mal.)  
 Franco E. E. 480 (h.A.)

- France, J. J. & Colichón H. 600 (R.B.F.)  
 Francisc, J. 471 (Op.)  
 Franke M. with Chou & Alexa & Agapi C.  
 Papa, E. & Manoh, 745 (Mal.)  
 Finner N. D. 572 (Lep.)  
 Frawley J. M. & Gensberg, H. M. 918  
 (Misc.)  
 — with — 915 (Misc.)  
 Freeman, A. R. & Torres, A. \ (146) (Mal.)  
 Freeman, M. & Heflaway C. H. 374 (So.)  
 — with Williams & Hensley 374 (So.)  
 Freund, H. A. (186) (Am.)  
 Freund, L. 258 (Hel.)  
 Freville L. H. F. 345 547 (Lep.)  
 Frey S. 322 (So.)  
 Fröes H. P. (147) 423 (Mal.) 482 (K.A.)  
 671 (Misc.) 603 (D.R.)  
 Frohn W. 564 (Fev.)  
 Frugoni C. (582) (Fev.)  
 Frye H. T. & Mookery H. E. 779 (Am.)  
 — with — 180 779 (Am.)  
 Fujibayashi, M. 361 (S.S.)  
 — with Hensley (43) (S.S.)  
 Fulleborn F. Dues R. L. & Zaccaroni J. A.  
 637 (Hel.)  
 Fumayama J. I. 177 (Rab.)  
 Funk W. H. (170) (Fev.)
- G
- Gaspar M. with Azmy & Voskokati 327 (So.)  
 (Misc.)  
 Gaigne 743 (Mal.)  
 Galavie R. with d'Olemy & Raybent.  
 (403) (K.A.)  
 Galmer G. 66 (A. & S.)  
 Gallardo, V. P. (279) (Hel.)  
 Gallard, H. 42 (S.S.) 813 (Mal.)  
 — with Brumet 406 (K.A.)  
 — & Sautet 403 (445) (Mal.)  
 Gall-Valerio, 322 (So.)  
 Galt C. M. & Lawt N. 334 (Lep.)  
 Gambrell E. with Hett 119 (Mal.)  
 Gangall, S. H. with Choppa, 783 (Mal.)  
 — with — & Roy 787 (Mal.)  
 — with — & Sen 113 (Mal.)  
 Gan Sing Bae with Soutjahyo S. (So.)  
 Garcia, E. Y. with Africa 776 (Am.)  
 Garcia Holan, A. with Patino Mayer (762)  
 (Am.)  
 Gardiner M. L. with Müller 215 (Hel.)  
 Gardner, A. D. & Venkatraman, R. V. 461  
 769 (Chi.)  
 Gaschen, 123 (Mal.)  
 Gaschen H. 403, 801 802 (Mal.)  
 Gend, M. with Blanc 570 (Fev.)  
 Genthier H. 243 (Hel.)  
 Gentler C. & Bessery 400 (R.B.F.)  
 Gestralt, J. & Halpern, M. 378 (So.)  
 — — & Cortegiani, E. 379 (So.)  
 Gay M. A. P. with Varela, 160 (Fev.)  
 — with — & Aguiro 364 (Fev.)  
 Gay M. 802 (Misc.)  
 Gelfand, B. B. with Appelbaum 108 (Mal.)  
 Gentile A. B. 608 (Rab.)  
 Geoghegan, A. J. (570) (S.S.)  
 Geracitano A. with Castroverde 423 (Mal.)
- Gerakdy M. with Döner & Hirschfeld, (49)  
 (So.)  
 Ghose A. K. 216 (Misc.)  
 Ghosh B. M. 832 (Hel.)  
 Ghosh, H. N. 918 (B.R.)  
 — & Nath, M. C. 423 (Mal.)  
 — with Stetson, 127 (Mal.)  
 — with Wata, 769 (Mal.)  
 Ghosh, H. 459 (Chi.)  
 Ghosh L. M. with Acton, 184 (Der.)  
 Ghosh, S. with Choppa, 528 (Misc.)  
 — with — & Dett, (302) (Misc.)  
 Gibson, D. with Strickland, 140 (Mal.)  
 Gilling G. 214 (Hel.)  
 Gilbert, E. W. & Stewart C. M. 673 (Misc.)  
 Gil Collado J. with Cartaña Castella, 207  
 (B.R.)  
 Gilin, J. L. 83 (K.A.)  
 Gill, D. G. with Baker & McAlpine, 564 (So.)  
 (Fev.)  
 Gillan, R. U. 71 (Misc.)  
 Gille R. with Benhamon, 781 783 (Mal.)  
 Giller M. E. 532 (Lep.)  
 Giller R., 340 (Lep.)  
 Gilmer C. C. B. 430 (F.)  
 Gimbert Andros, Hennessey & Foster, 166  
 (Fev.)  
 Gilmartin, G. J. 493 (K.A.)  
 Ginsberg, H. M. with Frawley 918 (Misc.)  
 Giordano A. 334 (B.R.)  
 Giordano, M. 181 (Am.) 520 (Misc.) 573  
 (Fev.)  
 Giovannola, A., 123, 125 (445) 737 (Mal.)  
 Girard & Pambosvach, 600 (R.B.F.)  
 Girard, G. 432, 890 (Pl.)  
 — & Estrade F. 464 (Pl.)  
 — & Robit, J. (446) (Pl.)  
 Girard, P. 480 482, 484 (K.A.)  
 — & Casado P. 88 (K.A.)  
 — & Poudine, S. 84 (K.A.)  
 — & Vague P. 84 (K.A.)  
 Girma, R. 257 (So.) (779) 606 (Hel.)  
 Giroud, P. & Haber P. 668 (Fev.)  
 — with Nicolle 547 558 (So.) 580, 585  
 (Fev.)  
 Girma, G. (334) (Pl.)  
 Glover N. G. with Specter & Foster, (772)  
 (Am.)  
 Gordan, M. with Podypolukaya, 222 (Hel.)  
 Gordinov V. 780 (Am.)  
 Goulet, E. 243 (Hel.) 245 (Pl.)  
 — with Anderson, 243 (Hel.)  
 Godbole G. B. with Vengachar & Rajkumar,  
 226 (Misc.)  
 Godinho, R. with Prado, (783) (Mal.)  
 Gohar M. A. 851 (Pl.)  
 Gouard, P. with Catal, 182 (Der.)  
 Goldblatt, I. 823 (Hel.)  
 Goldie R. 353 (S.S.)  
 Goldwater, L. J. with Curran & Connery  
 (674) (Misc.)  
 Golub M. 634 (Hel.)  
 Goltman, D. W. with Mitchell, (763) (Mal.)  
 Gourea, J. M. 831 (Lep.)  
 Gomez B. with De la Plaza & Lopez, 371  
 (Lep.)  
 Gourea, J. M. 241 (Lep.)  
 Gourea, A. with Terev Bolotha, Pouch  
 & Epstein 111 (Mal.)

- Gonnaga, A. G. & Lello A. E. A. 182 (Der)  
 Gonnules, H. D. 180 (Rab.)  
 Gonnules J. O. with Bachman & Molina,  
 288 (Hel.)  
 Gorchowa, E. L. with Sineelnikow Moldawa-  
 kaja Kritschewskaja Althausen & Gritzay  
 792 (Mal.)  
 Gordon R. M. 295 (Y.F.)  
 — Davey T. H. & Pearson, H. 237 (Hel.)  
 Gorgas Memorial Institute (532) (Misc.)  
 Gouget, R. 99 (Mal.)  
 Gouury N. with Rion & Husseinot, 112  
 (Mal.)  
 Gourvil, E. 539 (Lep.) 589 bis (Y.F.)  
 Gow W. H. 473 (Oph.)  
 Grace, A. W. 271 (Hel.)  
 Graham, G. L. 289 (Hel.)  
 Grall G. (724) (S.S.) 881 (Y.F.)  
 Grams H. 658 (Misc.)  
 Grant, A. M. B. 530 (Lep.)  
 Grasse, E. with Pirlo 852 (Pl.)  
 Grau, C. A. with Beretervide 776 (Am.)  
 Grayson, C. T. Martin F. & Clark, H. C.  
 (533) (Misc.)  
 Grayson, W. B. (147) (Mal.)  
 Greco Z. 91 bis (K.A.)  
 de Greef, B., (227) (Misc.)  
 Green, H. with Nadler & Rosenbaum 216  
 (Misc.)  
 Green, R. 391 (Mal.)  
 Greenfield, G. 734 (782) (Mal.)  
 Greenway D. with Cartax (198) bis (Am.)  
 Greig E. D. W. Hendry E. B. & van  
 Rooyen C. E. 131 (Mal.)  
 — van Rooyen, C. E. & Hendry E. B.  
 129 ter (Mal.)  
 Greval S. D. S. 384 (Sn.)  
 Griffith, G. 681 (Misc.)  
 Griffiths T. H. D. 106 (Mal.)  
 — with Hanson & Boyd 735 (Mal.)  
 — with Riley & Farnst, 108 (Mal.)  
 Grigant, A. with Marchal & Soule (279)  
 (Hel.)  
 Grigorowaki, A. M. with Kritschewski,  
 Magideon & Halperin, 419 (Mal.)  
 Grikrow W. 450 (Pl.)  
 Grillo J. & Krumeich, R. 296 (R.F.)  
 Grimard, L. with Nattan-Larrier 485 (K.A.)  
 Grimard-Richard, L. with Nattan Larrier  
 85 ter 87 484 (K.A.)  
 — with — & Noogues 85 (K.A.)  
 Grimes C. Chuzet & Minoc 869 (Lep.)  
 Grinberg A. with Tudomann & Hecescu 128  
 (Mal.)  
 Gritzay A. A. with Sineelnikow Moldawa-  
 kaja Kritschewskaja Gorchowa & Alt  
 hausen, 792 (Mal.)  
 Grizard, H. 171 (Fev.)  
 de Groat A. with Thompson (873) (Lep.)  
 Gross, M. 187 (Dys.)  
 Grossmann, J. with Jolin & Linetskaja 161  
 (Fev.)  
 Gruber G. B. (685) (Hel.)  
 Guardabandi, M. 608 (Rab.)  
 Guccione F. (147) (Mal.)  
 Guenzi, T. (348) (Lep.)  
 Guenzini F. Z. with Marna 36 (S.S.)  
 Guillerm, J. Banos M. & Nguyen-Van-Lien  
 342 (Lep.)  
 Gulbransen R. with Browning 23 705 706  
 (S.S.)  
 — with — & Cappell 30 (S.S.)  
 Gupta, B. M. D. 221 (Misc.)  
 — with Chopra & Roy 412 (Mal.)  
 — with Knowles 222 (Misc.) 789 (Mal.)  
 Gupta P. K. D. with Fitzgerald, 55 (Y. & S.)  
 Gutierrez Solano with Solana (873) (Lep.)  
 Guy R. (445) bis (Mal.) 620 (Hel.)  
 — with Monier & Ros 401 (Mal.)  
 Guzwick, A. V. 908 (Misc.)  
 Guzewitsch A. W. & Podoljan W. J. (915)  
 (Misc.)
- H
- Haber P. with Giroud, 568 (Fev.)  
 Hackett, C. J. 891 (Y. & S.)  
 Hackett L. W. 138 (Mal.)  
 — & Minsiroli A. 899 bis (Mal.)  
 Hall D. G. with Dove 682 (Misc.)  
 Hall, G. R. 202 (Bl.)  
 Hall M. C. 233 (Hel.)  
 Haller H. L. with Campbell Sullivan &  
 Smith 683 (Misc.)  
 Hallinan T. J. 637 (Hel.)  
 Halperin E. P. with Kritschewski Magideon  
 & Grigorowaki, 419 (Mal.)  
 Halpern N. with Gautrelet 578 (Sn.)  
 — with — & Cortegiani, 579 (Sn.)  
 Hamel J. & Chavarot M. (445) (Mal.)  
 Hancock G. L. R. 681 (Misc.)  
 Handler B. J. 360 (S.S.)  
 Hanifah A. (834) (Bl.)  
 Hanson, H. (147) (Mal.)  
 — Boyd M. F. & Griffiths, T. H. D. 735  
 (Mal.)  
 Hapgood, F. C. with Boxhall & Lloyd, 222  
 (Misc.)  
 Harbhagwan with Chand, 800 (Mal.)  
 Hargrove M. D. (781) (Am.)  
 Harrower G. 862 (Lep.)  
 Harwood P. D. 237 (Hel.)  
 — with Lamson & Brown, 237 (Hel.)  
 — with Melenoy 668 (Misc.)  
 Hasle G. with Vancel 568 (Fev.)  
 Hassan, A. & Betashe M. 250 (Hel.)  
 — & Salah M. 621 (Hel.)  
 — with — 248 (Hel.)  
 Hasselmann, C. M. 185 (Der.) 205 (Bl.)  
 863 (Y. & S.)  
 Hasuko A. 706 bis (S.S.)  
 Hauser A. (752) (Mal.)  
 Hauser W. 488 (C.Br.)  
 Hauteville J. (279) (Hel.)  
 Hayashi, F. 334 (Lep.)  
 Hayashi N. Matsuo S. Kato T. & Oka  
 moto N. 169 (Fev.)  
 Hayes G. H. 185 (Der.)  
 Haythornthwaite R. A. with Morison &  
 Rice 480 (Chl.)  
 Hecht, G. 747 (Mal.)  
 Hegler C. & Nauck, E. G. 77 (B.R.)  
 Hegner R. 220 223 224 (Misc.) (781) (Am.)  
 — & Hakridge L. 659 bis (Misc.)  
 Helfferich, W. M. G. 96 (Mal.)  
 Helman J. 664 (Fev.)



- Helpera, M. 405 (Mal.)  
 Henshaw R. V. (1925) (Am.)  
 Henshaw, F. 677 (S.S.)  
 Henderson, L. H. 143 (Mal.)  
 Hendry E. B. with Greig & van Rooyen,  
 129 *av* 131 (Mal.)  
 Hennessy R. S. F. 158 (Fris.)  
 Hennard, C. 369 (S.S.)  
 — with Mouchet van Hoof Duren  
 Fornara, Clarebort & Henry 230 (A.F.)  
 — with Vooche 100 (Mal.)  
 Henry A. F. X. 132, (445) 753 790 (Mal.)  
 Henry E., with Mouchet van Hoof Duren,  
 Fornara, Clarebort & Hennard, 230 (A.F.)  
 Henry X. 132 (Mal.)  
 Henry Lester Institute of Medical Research,  
 65 (Misc.)  
 Herbert, H. 896 (Oph.)  
 Herescu, D. with Tudoranu & Grinberg, 123  
 (Mal.)  
 Herms, W. B. (674) (Misc.)  
 — Baker S. F. & McVior B. 914 (Misc.)  
 Hertig, A. T. 236 (Misc.)  
 Hesterlow A. M. V. 453 (Fris.)  
 Hetach, H. with Halle, 75 207 (B.R.)  
 Hewer T. F. 53 (A. & S.)  
 — with Findlay & Clarke, 291 (A.F.)  
 Hicks, E. P. & Chand, D. 749 (Mal.)  
 Hild, R. B. 430 (Mal.)  
 — & Clavaria, J. (147) *hu* (Mal.)  
 — with — 815 (Mal.)  
 — & Rivera, J. 814 (Mal.)  
 — with Rivera, 814 (Mal.)  
 Hilmy I. S. 621 (Mal.)  
 Hingst, H. E. 109 (Mal.)  
 Hinnen, E. H. 106 (Mal.)  
 — Faust, L. C. & DeBaker M. R. 277  
 (Hid.)  
 — & Kampener R. H. 671 (Misc.)  
 Hinchaw H. C. & Showers, E. M., 188 (Am.)  
 Hirose, N. 174 (Rab.)  
 Horiyama, S. 187 (Am.)  
 Hirschfeld, H. with Drucker & Gerald (49)  
 (Sp.)  
 Hiramochi, Y. 865 (Lep.)  
 Hirveda, K. 809 903 (Misc.)  
 Hoang Pho, 533 (Lep.)  
 Hoare, W. W. 471 (Oph.)  
 Hoffman, W. A. with Faust, 245 (Hid.)  
 — with — & Jones, 625 (Hid.)  
 — with — & Jauer 344 (Hid.)  
 Hoffmann, C. C. 101 816 (Mal.)  
 Hoffmann, J. M. Mertens W. H. & Snyders  
 E. P. 171 (Fris.)  
 Hoffmann, W. H. (305) (322) (A.F.), 780  
 (Mal.) 839 (Lep.)  
 — & Baer P. R. 851 (Lep.)  
 — & Ramon Baer P. (343) (Lep.)  
 Hoag, M. J. 191 (Am.)  
 Holden, H. F. 330 (Sn.)  
 Holmbeck, H. S. 838 (Lep.)  
 Homma, J. Drucker C. H. & Field M. 773  
 (Hid.)  
 Hombourger, h. with Durand 865 (Fris.)  
 Honora, R. F. with Owen & Sumson, 186 (Am.)  
 van Hoof, L. 303 (Misc.)  
 — with Mouchet Duren Fornara, Clare-  
 bort Henry & Hennard 230 (A.F.)  
 Hoops, A. L. 728 (Mal.)  
 Hopkins, H. O. 116 (Mal.)  
 Hoakha, M., 234 (Y.F.)  
 Houdemer E. with Phleffix, 372 (Sn.)  
 Houslard with Gilbert Andros &  
 Foorent, 163 (Fris.)  
 Howar A. W. M. & Mongden, R., 308 (Oph.)  
 Howson, E. T. & Petrusca, W. P. 217  
 (Misc.)  
 Howard, H. H., Earle W. C. & Macock, H.,  
 739 (Mal.)  
 Hoyt A. Fink R. T. & Thiesen, C. H., 618  
 (Rab.)  
 Hsu S. C., with Yao & Ling 619 *hu* (Hid.)  
 Hu S. with Townsend 437 (Mal.)  
 Hu, S. M. H. 270 647 (Hid.)  
 — with Robertson 99 (Mal.)  
 — & Yen, C. H. 648 (Hid.)  
 Huang A. A. with Yang 469 (Pol.)  
 Huard P. & Rocco, N., 824 (Misc.)  
 Hudson, E. H. 801 (A. & S.)  
 Huff C. G. & Gambrell, E. 119 (Mal.)  
 Hughes, T. P. 253 (A.F.)  
 — with Booser 893 (A.F.)  
 — with Thiesler 890 (A.F.)  
 Hulsenga, L. S. 825 (333) 858 (Lep.)  
 Hulshoff, A. A. 629 (Hid.)  
 — & Elm P. C. (674) (Misc.)  
 Hulet, L. A. with Bremer (470) (Pol.)  
 Hurst, E. W. 175 (Rab.)  
 Huser, A. G. (450) (Pl.)  
 Huser, S. with Ross & Gentry 112 (Mal.)

## I

- Ichihara T. 864 (Lep.)  
 Iglesias D. 83 (N.A.)  
 Ignacio J. with Lagrosa, 808 (Lep.)  
 Ikeda K. (781) (Am.)  
 Iwenta 102 (Mal.)  
 Imagawa, Y. with Kawamura & Im, 578  
 (Fris.)  
 Impallomeni, R. (674) (Misc.)  
 International Convention for Mutual Pro-  
 tection against Dengue Fever Athens,  
 (177) (Fris.)  
 Ioff I. G. 463 (B.R.)  
 — & Argypopolis, A. (674) (Misc.)  
 Irgang S. & Alexander E. R. 820 (Misc.)  
 Ishibashi, T. with Ota, 851 (Lep.)  
 — with — & Sato (563) (Lep.)  
 Ishizuka, H. with Monahan & Miyakura,  
 745 *hu* (Mal.)  
 Ishida S. with Toyama, 544 (Lep.)  
 Iskander F. 773 (Am.)  
 Ismail, A. 785 (Mal.)  
 Ismail L. with Mertens, 492 (N.A.)  
 Issa I. I. with Ashkar (635) (Hid.)  
 Ismajer L. M. 633 *av* (Hid.)  
 Itakura T. 842, 853 (Lep.)  
 Ito T. with Kawamura & Imagawa, 578  
 (Fris.)  
 Iwami M. 704 (Mal.)  
 Iwatsuka, S. with Schmitt 646 (Hid.)  
 Ivy A. C. with Reid, Anderson & Scribble-  
 field, 194 (Dye.)  
 Iyengar K. R. K. with Sakuma & Dow  
 174 (Rab.)  
 Iyengar M. O. T. 736 (Mal.), 844 (Pl.)

## J

- Jackson, C. H. N. 368 (S.S.)  
 Jackson, R. B. 726 (Mal.)  
 Jacco I 724 (S.S.)  
 — with Castellani 181 (Der.)  
 Jamaica 637 (Hel.) 885 (Y. & S.)  
 Jame L. & Anjaleu E. 557 (Fev.)  
 James C. 526 (Misc.)  
 James, J. F. 818 (Mal.)  
 James, S. P. 110 127 (Mal.) 280 874 (Y.F.)  
 — Nicol, W. D. & Shute P. G. 737 (Mal.)  
 Jamieson (196) (Am.)  
 Jamison R. 539 (Lep.)  
 Jamot E. 684 (S.S.)  
 Jana, A. P. (445) (Mal.)  
 v Janco N. & v Janco H. 22 358 702 703 704 (S.S.)  
 — & Novak E. 596 (R.F.)  
 Janer J. L. with Faust Hoffman & Jones 244 (Hel.)  
 Janich E. 669 (Misc.)  
 Jan-Kergulstet A. 847 (Pl.)  
 Jansen, J. 175 (Rab.)  
 Jansko F. 145 (Mal.)  
 Janszka-Krontowska M. C. with Kronowsky Savitaka & Soltermann 569 (Fev.)  
 Jatin, W. Linetzka A. & Grossmann J. 161 (Fev.)  
 Jerte F. 147 426 (Mal.)  
 Jesonon R. 171 (Fev.)  
 de Jesus, P. I. with de Leon & Ramos (532) (Misc.)  
 Jimenez Rivero M. 858 (Lep.)  
 Jobing B. 911 (Misc.)  
 Jole H. 205 (Hel.)  
 Johnston, H. M. with Turner & Saunders 50 (Y. & S.)  
 Johnston, H. M. Jr. 887 (Y. & S.)  
 Jones, C. A. with Faust & Hoffman 625 (Hel.)  
 — with — — & Janer 244 (Hel.)  
 Jonesco D., 610 (Rab.)  
 Jonesco D. 176 *ter* 609 (Rab.)  
 — with Proca & Bobea, 180 618 (Rab.)  
 Jordan, P. 339 *bis* (Lep.)  
 Jorge, M. E. with Marza, (43) (S.S.)  
 Jorge, R., 230 (Y.F.) 844 (853) (Pl.) 874 (Y.F.)  
 Jorikov N. Krasnikova, V. & Rylodnikova, T., 114 (Mal.)  
 Jourdan, 897 (Oph.)  
 Journal of the Indian Medical Association, 8 (Bb.)  
 Journal of the Royal Army Medical Corps, 558 (Fev.) 631 (Hel.)  
 Journal of the Royal Naval Medical Service, 294 (Y.F.)  
 Joyeux, C., Sédan J. & Bamenard, J., 899 (Oph.)  
 Jung Sun, C. with Yao, 726 (Mal.)

## K

- Kagy E. S., with Faust, 100 191 (Am.)  
 Kalabochov N., 849 (Pl.)  
 Kambayashi, T. 184 (Der.)

- Kamimura, T., 636 (Hel.)  
 Kämpfner R. H., with Hinman, 671 (Misc.)  
 Kan Y., 187 (Am.)  
 Kandiah M., with Field 416 (Mal.)  
 Kang, T. I. & Wilson, R. M. 540 (Lep.)  
 Kao Z. M., with Ku 619 (Hel.)  
 Karve J. V. & Sundararajan E. R., 844 (Pl.)  
 Kawahara, S., Yoshida, S. & Okamoto, Y. 568 (Fev.)  
 Kato T., with Hayashi, Matsuoka & Okamoto 169 (Fev.)  
 Kauntze W. H., 844 (Pl.)  
 Kawai, T., Nagayoshi, Y. & Koo C. 187 (Am.)  
 Kawamura, M. 864 (Lep.)  
 Kawamura, R., Imagawa, Y. & Ito T., 578 (Fev.)  
 Kawana, K., with Kondya & Tao (655) (Hel.)  
 Keevill, A. J. 21 (S.S.)  
 Keil, E., 860 (Lep.)  
 Kellin, D., Tate P. & Vincent, M. 912 (Misc.)  
 Kellaway C. H. 374 *ter* 377 (Sn.) 672 (Misc.)  
 — with Freeman, 374 (Sn.)  
 Keller A. E., 258, 648 (Hel.)  
 — & Leathera, W. S. 230 (Hel.)  
 — with — (279) (Hel.)  
 Kelley W. H. & Sydenstricker V. P., 740 (Mal.)  
 Kellogg, W. H. 847 (853) (Pl.)  
 Kemp, H. A., Moorsund W. H. & Wright, H. E., 296 (R.F.)  
 Kendrick, J. F., 258 (Hel.)  
 Kennedy E. with Williams & Freeman, 374 (Sn.)  
 Kennedy W. P., 523 (Misc.)  
 Kerim M. A. 789 (Mal.)  
 Kernkamp Y. with Occhino 56 (Y. & S.)  
 Khakhaleva V. with Okounovski 662 (Misc.)  
 Khalil M. 81 89 (K.A.) 247 624 (655) (Hel.) 368 (Mal.)  
 — & Salah, M., 247 (Hel.)  
 Khambatta, K. D., (456) (Pl.)  
 Kharitonov D. E., 815 (Mal.)  
 Khaw O. K. 629 (855) (Hel.)  
 Kuan, L. P. 576 (Fev.)  
 Kiluth, W. 227 (532) (Misc.) (752) (Mal.)  
 — & Schönhofer F. (147) 420 (752) (Mal.)  
 King, E. F., 478 (Oph.)  
 Kingsbury A. N., 417 (Mal.)  
 Kirpich, S., with Yatsenko & Paretakaya 666 (Misc.)  
 Kiriow Drenowsky A., 746 (Mal.)  
 Kirk, J. B., 64 (Misc.)  
 Kirk, R., (445) (Mal.)  
 Kirchner L., 452 (Pl.)  
 — with Noosten & Vos, 73 (Misc.)  
 Kirwan, E. O. G., 473 (Oph.)  
 Kitabatake, E., (532) (Misc.) (781) *bis* (Am.)  
 Kitchen, S. F. with Boyd & Stratman-Thomas, 738 (Mal.)  
 Kleine F. K. & Krause, M., 297 (R.F.)  
 Klügler I. J. & Aschner M., 163 571 (Fev.)  
 — & Comaroff R., 715 (S.S.)

- Kikunotowa, A. A., 545 (Fev)  
 Klotz, J., with Fox, 545 (Lep.)  
 Knowles, R., 75 (B.R.)  
 — & Bass, B. C., 366 (Alal.), 515 (Mlec.)  
 593 (R.F.) 794 (Mal.)  
 — & Gupta, B. M. D., 222 (Mlec.), 700 (Mal.)  
 Kō, T., 169 (Fev.)  
 Kobashi, S., with Nakamura, 339 (Lep.)  
 Kocchin, D., with Chorine, 791 (Mal.)  
 — with — & Prodhomme, 130 (Mal.)  
 Kold, C. A., McVeth, E. & Bonestell, A., 222 (Mlec.)  
 Koh, T. M., with Rose, (556) (Hel.)  
 Koudama, M. (635) (Hel.)  
 Kojima, T., Yamazaki, S. & Kyu, U. F., 166 (Fev.)  
 Koka, M. T., with van Leeu, 5 (Bd.)  
 Kōke, W. & Hirsch, H., 75 307 (B.R.)  
 Komura, S. & Fujibayashi, M., (45) (S.S.)  
 Komura, Y., Kawana, K. & Tao, S., (656) (Hel.)  
 Komp, W. H. W. & Clark, H. C., 454 784 (Mal.)  
 Koo, C., with Kawai & Nagayoshi, 187 (Am.)  
 Kopaczewski, W., 491 (K.A.)  
 Kopylovskii, L., 605 (Rab.), 879 (Y.F.)  
 — with Nicola, 173, 605 (Rab.)  
 — with — & Marlow, 200 (Y.F.)  
 Korwan, N. T., with Langsdorf-Lavastine & Wurmser, 378 (So.)  
 — with Verne, 378 (So.)  
 Kozlovskii, L. & Artemenko, V., 232 (Hel.)  
 Kosterova, E., 91 (K.A.)  
 Kōtoba, J., with Sager & Fuchl, 24 (S.S.)  
 Koster, C. P. & van den Bergh, L., 680 (Y.F.)  
 Kouri, P., Bannova, J. G. & Aronov, R., 623 bis (Hel.)  
 — & Fermoille Bacardi, J., 623 (Hel.)  
 Kourvenaar, 521 (Mlec.)  
 Kourvenaar, W., Nassland, J. H. & Wolff, J. W., 821 (332 bis) (Mlec.)  
 — & Wolff, J. W., 578, 579 (Fev.)  
 — with —, 579 (Fev.)  
 Krumick, H., with Omerlin, 206 (Hel.)  
 Kramer, H. F., (196) (Am.)  
 Krasikova, V., with Jockov & Rykova, 114 (Mal.)  
 Krause, M., with Klenze, 297 (R.F.)  
 — with Kuznet, 302 (S.S.)  
 Krause, W., (147) (Mal.)  
 Krishnan, K. V., 480 (K.A.), 832 (B.R.)  
 — with Smith & Makenji, 83 (K.A.)  
 Krishnaswamy, T. K., with Menon & Anna malal, 780 (Mal.)  
 Kritschewski, I. L. & Demikowa, L. W., 410 (Mal.)  
 —, Magidson, O. J., Halperin, E. P. & Grigorovskii, A. M., 419 (Mal.)  
 — & Pines, A. I., (782) (Mal.)  
 — & Rabenstein, P. L., 783 (Mal.)  
 Krontowsky, A. A., Janowska Krontowska, M. C., Savitska, R. P. & Solterman, P. L., 569 (Fev.)  
 Krod, H., 297 (R.F.)  
 Krumelch, B., with Grillo, 293 (R.F.)  
 Kue, D. Y., (655) (Hel.)  
 — & Kao, Z. M., 619 (Hel.)  
 Kuba, M., (782) (Am.)  
 Kumm, H. W., 831, 836 (Y. & S.)  
 —, Turner, T. B. & Post, A. A., 860 (Y. & S.)  
 Kunda, M. L., (227) (Mlec.)  
 Kuznet, H. & Krasne, M., 302 (S.S.)  
 —, with Schiffing, Schreck & Neumann, 41 (S.S.)  
 Kutter, S., 145 (Mal.)  
 Kyo, K., 375 (So.)  
 Kyu, U. F., 166 (Fev.)  
 — with Kojima & Yamazaki, 166 (Fev.)

- Labernadie, V., 344 (Lep.)  
 Lacaux, J., 149 (Mal.)  
 Lacour, P. R., 129 (Mal.)  
 Laffier, (804) (A. & S.)  
 Lagros, M., Alonzo, J. M., Tong, J. A. & Parra, A., 547 (Lep.)  
 — & Ignacio, J., 868 (Lep.)  
 — Tong, J. O. & Diabul, D., 806 (Lep.)  
 Lai, D. G., 537 535 (Lep.)  
 Laugel Lavastine, Wurmser, L. & Korwan, N. T., 378 (So.)  
 Laigret, J., 235 bis 257 879 (Y.F.)  
 — & Durand, R., 164, 571 (Fev.)  
 — with Matsui & Dierckx, 244 (Y.F.)  
 — with Nicola, 880 (A.F.)  
 Lal, C., with Smith, 83 (K.A.)  
 Lamb, A. R., 533 (Lep.)  
 Lambert, S. M., 60 (Mlec.)  
 Larnhorn, W. A., 909 (Mlec.)  
 —, with Thomson, 68 (Mlec.)  
 Lampe, P. H. J. & de Moor, C. E., 863 (Lep.)  
 Lamson, P. D., Brown, H. W. & Harwood, P. D., 237 (Hel.)  
 — Molloy, D. M. & Brown, H. W., 606 (Hel.)  
 Landro, F., 785 (Mal.)  
 Landberg, J. W. & Cross, S. T., 641 (Hel.)  
 — with Foster, 258 (Hel.)  
 Lane, C., 74 843, 844 (Hel.)  
 de Lange, C. D., 280 (Hel.)  
 — & Storm, C. J., 418, 736, (750) (Mal.)  
 Langvoo, M., 866 (Oph.)  
 — with Brumpt, 183 (Dw.)  
 Langton, E. A. C., 735 (Mal.)  
 Lapaga, G., 834 (Hel.)  
 Lara, C. B. & de Vera, B., 544, 862 (Lep.)  
 Larpa, D. T. M., 198 (Dys.)  
 — & Sankaran, O. K., 185 (Dys.)  
 Larnet, (147) (Mal.)  
 Lasbrière, P. & Peysson, A., 20, 42 (S.S.)  
 Lashari, D. V., 826 (Mlec.)  
 Landa, E., 197 (Dys.)  
 Larnoy, L., 333, 708 (S.S.)  
 — & Acolet, A., 354 (S.S.)  
 — & Prier, M., 696 (S.S.)  
 Larnon, A. G., 86 (Mal.)  
 Lawson, H. A., with Elton, Castle & Pryor, 263 bis (Hel.)

- Leake, C. D. with Emerson & Anderson 549 (Lep)  
 Leao, A. E. de A. 218 (Misc.)  
 Leao, A. E. A., with Gonraga, 182 (Der)  
 Leaso, J. G. & Parsons, H. T. (532) (Misc.)  
 Leathers, W. S. & Keller A. E. (279) (Hel)  
 — with — 230 (Hel.)  
 Le Chailton, F. & Bourgain, M. 568 (Fev)  
 Ledentu, G. 14 (S.S.)  
 Lee, H. S. 540 (Lep)  
 Lee, Y., 256 (Hel)  
 Leeson, H. S. 804 (Mal)  
 — with Evans, 804 (Mal)  
 Lefrou G & des Esmarts, J. Q. 861 (Lep.)  
 — with — 339 (Lep.)  
 Legendre, F., 144 (445) (Mal.)  
 Léger J. P. 449 (Pl.)  
 Leggate, J., 346 (Lep)  
 — Tjong J. O. & Dhini, D., 868 (Lep)  
 Leiper R. T., 759 (B.R.)  
 Leira, L., 191 (Am)  
 Lesaire & Ribère, 632 bis (Hel.)  
 Le Mout & Piot, 231 bis (Hel.)  
 Lentjes, L. J. M., 169 (Fev)  
 Lents, W. J., with Barnes, Metcalfe & Martindale, 179 (Rab.)  
 de Leon, W. de Jesus, P. I. & Ramos, J. M., (397) (Misc.)  
 Lépine, P. 160 585 (Fev)  
 — & Büfinger F. 181 (Fev)  
 — & Markianos, J., 546 (Lep.)  
 Leproy in India, 836 (Lep)  
 Leprosy Review 328, 536 bis 854 (Lep)  
 Le Roux, J. J. du P. with Wade 544 (Lep)  
 Le Scouérec, 54 (Y & S)  
 Lester H. M. O., 683 (S.S.)  
 Lestouard F. with Donatien, 491 (K.A.)  
 Levaditi, C. 607 (Rab)  
 — & Levaditi, J. 499 (C.Br.)  
 — Schoen, R. & Levaditi, J. 173 (Rab.)  
 — Valaman, A. & Paic, M., 296 (R.F.)  
 Levaditi, J., with Levaditi, C. & Schoen, 173 (Rab.)  
 Le-Van Phang, with Montel & Massari, 55 (Y & S)  
 Le-Van Trien, with Bigot, 345 (Lep)  
 Levine, J. & Marin, R. A. 627 (Hel.)  
 Levit, M. S. with Rubinsaki, 819 (Mal.)  
 Levy G., with Sézary & Bolgert, 342 (Lep.)  
 Lewis, D. J. 41 (S.S.) 134 (Mal.)  
 — with Buxton, 369 (S.S.)  
 Lewis, E. A., 367 (S.S.)  
 Lewthwaite, R. & Savoor S. R. 577 (Fev)  
 Ley J. with Baconville & Titeca, 693 (S.S.)  
 Liberman, C. 62 (Misc.)  
 Li, F., 247 (Hel.)  
 — & Wu S. 661 (Misc.)  
 Li, T. Y. & Thompson, H. G. 623 (Hel.)  
 Liddo S. 197 (Dya.)  
 Lie, H. P. 537 (Lep)  
 Lieurade, L., 19 (S.S.)  
 Lihva, H. 250 (Hel.)  
 Lima, Q. 607 (Rab.)  
 Lindberg, K. (753) (Mal.)  
 Linders, F. J., with Svensson, 220 (Misc.)  
 Lindsay J. W. (915) (Misc.)  
 Linetukaja, A., with Jelin & Grossmann, 161 (Fev)  
 Ling, L. C. with Yao, 726 (Mal.)  
 Ling, S. C. with Yao & Hau, 619 bis (Hel.)  
 Linton, R. W., 763, (772) (Chl.)  
 — & Mitra, B. N. 461 (Chl.)  
 — & Seal, S. C. (772) (Chl.)  
 — Shrivastava, D. L. & Mitra B. N., (462) (Chl.)  
 — Singh, H. & Seal, S. C. 772 (Chl.)  
 Lipatova, T. 454 (Pl.)  
 Lisova, A. I. & Eskin, V. A., 734 (Mal.)  
 Lister S., 66 (Misc.)  
 Liu K. B., (753) (Mal.)  
 Liu, L. S. (753) (Mal.)  
 Lloyd, L., with Boxhall & Happold, 222 (Misc.)  
 Lloyd, W. & Mahaffy A. F. 289 (A F)  
 Loewenstein, E. 550 861 (Lep)  
 Loewenthal, L. J. A., 182, 185 (Der)  
 Logie H. B. 463 (B.R.)  
 Lombardo F., 576 (Fev)  
 Lombolt S. & Engelbreth-Holm, J., 866 (Lep)  
 Long, J. D. 848 (Pl.)  
 — & Mostajo B., 448 (Pl.)  
 van Loon, J. P. (532) (Misc.)  
 López, C., with Steiner 603 (Rab)  
 Lopez Netra, C. (279) (Hel.)  
 Lopez Neyra C. R. & Suarez Peragrin, E., 224 (Misc.)  
 Lorando N., 564 (Fev)  
 Lossev L. 256 (Hel.)  
 Lotsoong, S. with Tchang, 567 (Fev)  
 Loucks, H. H. 619 (Hel.)  
 Lounsbury C. R. 381 (Sn.)  
 Lourie E. M., 117 415 416 (Mal)  
 — Murgatroyd, F. & Yorke, W., 697 (S.S.)  
 Love, J., (147) (Mal.)  
 Low G. C. 278 (Hel.)  
 — & Cordiner G. R. M. 672 (Misc.)  
 — & Fairley N. H. 45 (Sp.)  
 — & Manson Bahr P. H., 274 (Hel.)  
 Lowe, J. 336 550 (555) (Lep) 424 (Mal.)  
 Lowenthal, H. F. & Roberts, R. A. 244 (Hel.)  
 Lutrot, M., 624 (Hel.)  
 Lupa, D., with Slatineanu Balteanu Sibi Nitulescu Franche Cantacuzino Para achivescu & Vett, 469 (Pel.)  
 Lwoff, A., 223 (Misc.)  
 Lynch, K. M. (198) (Am)

## M

- Massland, J. H., with Kouwenaar & Wolff 521 (332 bis) (Misc.)  
 McAlpine, J. G., with Baker & Gill, 564 bis (Fev)  
 MacCallan, A. F. 471 896 (Oph.)  
 McCarrison, R. Sankaran, G. & Bear W. A., 174 (Rab.)  
 McCay F. H. (193) (Am)  
 McClean, S. D. & Marsh, F. 194 (Dya.)  
 McClosky A. J., 71 (Misc.)  
 McClure, R. B. 82 (h.A.)  
 McCoy G. W. & Chesley A. J. (193) (Am.)  
 McCoy O. R. 645 (Hel.)  
 Macdonald A. E. & McKenzie K. G., 899 (Oph.)

- McDonald, W. M. 733 (Mal)  
 Macfarlane, R. G. & Barnett, B. 330 (Sn)  
 — with — 361 (Sn)  
 McGuire, J. P. with Shortt, Brooks & Stephens 610 (Rab)  
 McIlvor, B. with Herms & Bailey 914 (Oph)  
 Mackay, R. (147) (Mal)  
 Mackenzie, D. 533 (Fer)  
 McKechnie, A. G. 616 (Rab)  
 McKenzie, H. G. with Macdonald, 800 (Oph)  
 Mackerras, I. M. 477 (Misc)  
 Macle, F. P. 350 (S.S.) 621 (H)  
 — & Fawcett, H. 46 (Op)  
 Macle, T. T. 44 (Op) 513 (Misc)  
 McKinley, E. B. 64 (Misc) 436 (Lep)  
 MacLeod, J. M. H. 493 (H) 543 (Lep)  
 McLachlan, J. P. 810 (Misc)  
 McMillan, J. 494 (H.S.)  
 McNeill, F. E. & Schwartz, C. 211 (Mal)  
 Macnamara, C. 572 (Fer)  
 McNeil, E. with Hobbs & Bonnett, 222 (Misc)  
 McRobert, G. R. 77 (Misc)  
 Madras, A. (Hel) 433 (H)  
 Maergrath, B. 1 (Misc)  
 de Magalhães, O. (974) (Misc)  
 — with Moreira, 167 (Fer)  
 Magagnoli de Parastolope de l'Institut Zoologique de l'Académie des Sciences de l'URSS 406 (Misc)  
 Magath, T. B. (189) (Am) 860 (Misc)  
 Magidson, O. J. with Kuznetsov, Halperin & Gusev, 410 (Mal)  
 Mahaffy, A. F. with Brewster, Burke & Paul, 220 (V.F.)  
 — with Lloyd, 289 (V.F.)  
 Majewski, C. 477 (Oph)  
 Majid, S. A. with Benton, 616 (Mal)  
 Majumdar, A. R. 484 (B.R.)  
 Malan, B. 194 1.5 64 (Mal) 718 (S.S.)  
 — with Denecke, 423 (Mal)  
 — & Naeck, E. G. 797 (Mal)  
 — with — 800 (Mal)  
 Maldonado, A. (384) (Fer)  
 Maldonado Sampedro, M. (147) (Mal) 439 (Hel)  
 Mallick, A. L. B. (655) (Hel)  
 Malowitschko, E. & Papenko, I. G. (190) (Am)  
 Mamm, A. 70 (Misc)  
 Manabe, H. (777) 64 (Chl)  
 Manabang, C. 863 (Lep)  
 Manca, S. 414 (Mal)  
 Manoeuvre, Y. 605 618 (Rab)  
 Manson, D. 111 133 414 (Mal) 225 (Hel)  
 Manson-Bahr, P. 407 (Mal) (532) (918) (Misc)  
 — with Low, 274 (Hel)  
 Maxwell, R. D. 119 796 (Mal)  
 Mayhew, P. A. 642 (Hel)  
 Marchal, G. Seché, P. & Grigori, A. (279) (Hel)  
 Marchoux, E. 329 (Lep)  
 — & Choisy, Y. 540 (Lep)  
 Marín, R. A. with Lavine, 67 (Hel)  
 Marinaccio, G. & Dragasera, S. 179 617 (Rab)  
 — & Pagon, E. 617 (Rab)  
 Marini, C. with Vialini & Dupont, 805 (Mal)  
 Marino, A. W. M. (189) (Am)  
 Mariotti, E. with Ancone, 794 (Mal)  
 Markianos, J. with Lépine, 546 (Lep)  
 de Marquet, H. 605 (S.S.)  
 Marsh, F. with McClean, 184 (Dya)  
 Martignetti, F. (635) (Hel)  
 Martin & Armand, 631 (Hel)  
 Martin, F. with Gayson & Clark, (322) (Misc)  
 Martin, L. A. with Runc, 506 (Fer)  
 Martin, P. H. 138 (Mal)  
 Martindale, W. E. with Barnes, Metcalf & Lewis, 179 (Rab)  
 Martinov-Béar, M. 649 (Hel)  
 Martin & Zotta, 101 (Mal)  
 Martino, E. 907 (Misc)  
 Marty, M. 18 (S.S.)  
 Martynovskiy, E. 673 (Misc)  
 Martynovskiy, E. (445) (Mal)  
 Masayama, S. 571 (Fer)  
 Mascotta, A. A. (147) (Mal)  
 Mason, M. 78 (B.R.)  
 Masari, P. with Montiel & Le-van-Thang, 53 (V. & S.)  
 Masaru, C. (7) (B.R.) 112, 113 64 (Hel) (227) 574 825 (915) (Misc), 493 (B.R.)  
 — Bourgeois, P. & Guyon-van-Tan, 63 (Mal)  
 Masaruwa, T. with Ota & Sato, 871 (Lep)  
 Mathew, R. 1 905 (Misc)  
 Mathers, V. with Walker, 887 (V. & S.)  
 Mathia, C. 264 (V.F.) (73) (Am)  
 — Demere, C. & Advier, M. 236 (V.F.)  
 — Laigret, J. & Demere, C. 234 (V.F.)  
 — & Mathia, M. 237 (V.F.)  
 Mathia, M. 292, (832) (V.F.)  
 — with Nicolson & Kopyovskiy, 292 (V.F.)  
 Matsuda, S. 177 609 (Rab)  
 Matsunoto, H. with Sasaki & Sugio, 574 (Sa)  
 Matsuda, S. with Hayashi, Kato & Okawara, 189 (Fer)  
 Matthes, H. C. 412 (Mal)  
 Matro, M. (147) (Mal)  
 Matro, M. with Miron, 19 (S.S.)  
 Maxwell, J. L. 860 (Lep)  
 Matrochko, S. 634 (Hel)  
 Mayer, M. 226 (Misc), 481 (H.A.)  
 Mazon, S. 37 47 36 (371), 717 (S.S.)  
 — & Almaraz, P. 37 (S.S.)  
 — & Georral, F. L. 36 (S.S.)  
 — & Jorg, M. E. (43) (S.S.)  
 — & Miyata, J. S. 717 (S.S.)  
 — Basco, G. & Basco, R. 717 (S.S.)  
 — & Romulo, C. (43) (S.S.)  
 Mazzoni, C. (918) (Misc)  
 Meacham, J. E. & Choudhury, M. U. 804 (Mal)  
 Mededeelingen van den Dienst der Volksgezondheid in Nederlandsch-Indië, (22) (Misc)  
 Medella, C. 561 (Fer)  
 Megaw, J. 143 (Fer)  
 Megaw, J. W. D. with Rogers, 131 (B.R.)  
 Meibach, J. (7) (Hb)  
 — & Peter, F. (7) (Hb)  
 Mehta, D. R. 434 808 (Mal)  
 Meighan, S. S. 895 (Oph)  
 — & Peter, F. (7) (Hb)

- de Meillon, B. 133 (Mal)  
 Merr, J. A., with Peaslee, 830 (B.R.)  
 Meisner, H. E., (199) (Am)  
 — & Crabtree, J. A. 107 (Mal)  
 — & Frye W. W., 190 779 (Am)  
 — & Harwood P. D. 638 (Misc.)  
 Melikova, T. A. with Bogojawlenak & Demidova, 482 (K.A.)  
 Mellanby K., 699 (Misc.)  
 de Mello, F., 784 (Mal)  
 Memorandj W., (894) (1 & S)  
 Mendonça, J., (348) (Lep)  
 Menon, T. B. & Annamalai D. R., 273 (Hel)  
 — Krishnaswamy T. K. & Annamalai, D. R., 789 (Mal)  
 Mercer H., with Sicé, 21 349 (S.S.)  
 Merken, G. 724 (S.S.)  
 Merken, P. & Israél, L. 492 (K.A.)  
 Mertens, W. K. with Hoffmann & Snijders 171 (Fev)  
 Mesnard, J. & Delbove P., 157 (Fev)  
 — & Toumanoff C., (753) (Mal)  
 Metcalfe A. N., with Barnes, Martindale & Lenz, 179 (Rab)  
 Metelkin, A., 690 (Misc.)  
 Mettam, R. W. M. with Duke & Wallace 33 (S.S.)  
 Meyer F. (470) (Pel.)  
 Meyer J., with Roubaud 121 (Mal) 449 (H)  
 Michotte Vienna M. with Vellard 380 (Se)  
 Michelson, M. & Nicoloff D., 490 (K.A.)  
 Miles, D. F. 167 bis (Fev)  
 Mihach G. P., 552 (Lep)  
 Miller D. H., with Rhoads, 48 (Sp) 906 (Misc.)  
 Miller, H. M., Jr., 634 bis (Hel)  
 — & Gardiner M. L. 255 (Hel.)  
 Miller R., 45 (Sp)  
 Millscher P., 775 (Am)  
 — with Fulton, 658 (Misc)  
 Milous, M. & Maury M. 18 (S.S.)  
 Milia, S. R., 487 (Pel.)  
 Milne J. C., 96 (Mal)  
 Minamizaki, Y., 619 (Hel.)  
 Minatoya, T., 212 (Bl)  
 Mirec, with Grimes & Cluzet 869 (Lep)  
 Minervin, S. M. Stupitski, P. N. & Tinker J. S., 455 (Pl.)  
 Misset, F. C. 821 (Bl.)  
 Mingazzini, U. (147) (Mal)  
 Mingelen, R. with Houwer 993 (Oph)  
 Minnardi, A., 304 (B.R.) 795 807 (Mal)  
 — with Hackett, 809 bis (Mal.)  
 — & Moore, E. 794 (Mal)  
 Mitchell, E. C. & Gottman, D. W. (753) (Mal)  
 Mitra, B. N., 768 (Chl.)  
 — with Linton, 461 (Chl.)  
 — with — & Shrivastava, (462) (Chl.)  
 Miyahara, H. with Morishita & Ishioka, 745 bis (Mal)  
 Miyara, J. S. with Mazza, 717 (S.S.)  
 Miyara, S., with Mazza, Basso, G. & Basso R., 717 (S.S.)  
 Miyazawa, M. with Nishibe 182 (Fev)  
 Moberg, E., (147) (Mal)  
 Mohr K. T. 207 (Bl.)
- Molser B. 545 (Lep)  
 Moldawskaja Kritschewskaja, W. D. with Sineelnikow Gorchowa, Althausen & Gritzay 792 (Mal)  
 Molina, R. R. with Bachman & Gonzalez 268 (Hel)  
 Mollaret, P. & Stefanopoulou G. J., 292 (1.F)  
 — with — 284 (1.F)  
 — with — & Desnos, 290 (1.F)  
 Molloy D. M. with Lamson & Brown, 635 (Hel)  
 de Monbreun, W. A., 219 (Misc.)  
 Moncrieff A. & Whitby L. E. H., 72 bis (Misc.)  
 Monier H. M., Guy R. & Roe, M. 401 (Mal)  
 — with Saleun 741 (Mal)  
 Monnerot Dumaine (820) (Mal)  
 Monnier E. with Morin, Bader & Moreau 727 (Mal)  
 Monserrat, C. 547 (Lep)  
 Montañes P. 855 (Lep)  
 — & Negro E., (82) (K.A.)  
 Monteiro J. L. 159 580 bis 581 582 (Fev)  
 — with Travassos 581 (Fev)  
 Montel, L., (279) (Hel.)  
 Montel L. R. 344 345 bis 346 (Lep.)  
 Montel, M. 649 (Hel)  
 Montel M. L. R. 545 (555) 547 (Lep)  
 — Mawari, P. & Le-van Phung 55 (1 & S)  
 — & Nguyen Ngoc Nham, (555) (Lep)  
 — & Truong van-Que, 346 549 (Lep)  
 Montel, R. & Truong van-Que (555) (Lep)  
 Montestruc, E. 340 (Lep) 892 (Y & S.)  
 Montpeller J. & Catanel, A., 182 (Der)  
 Montschadsky A. 908 (Misc.)  
 de Moor C. E. with Lampe, 883 (Lep)  
 Moore, M. 218 (Misc.)  
 Moorthy V. N., 654 (Hel.)  
 Morales-Otero P. & Pomales-Lebrón, A. 74 (Misc.)  
 Moreau, P., (445) (Mal)  
 — with Morin Bader & Monnier 727 (Mal)  
 — with Sicé 547 (Lep)  
 Moreira, J. A. & de Magalhães, O., 157 (Fev)  
 Morgan, M. T. 585 (882) (Y.F.)  
 Morin, H. G. S., 430 (753) (Mal)  
 — Bader H. Monnier E. & Moreau, P., 727 (Mal)  
 — & Carton, P. (753) (820) (Mal)  
 Morishita, K., (753) (Mal)  
 — Miyahara, H. & Ishioka, H. 745 bis (Mal)  
 Morrison, J., 764 (Chl.)  
 — Rice E. M. & Haythornthwaite, R. A. 460 (Chl.)  
 Mroder J. (43) (S.S.)  
 Morris, K. R. S., 40 (S.S.)  
 Moschkovsky S. & Barova, L., 409 (Mal)  
 — & Poljakova A. 409 (Mal)  
 Mosna, E., 432 (Mal)  
 — with Misedroli, 794 (Mal)  
 Mostajo, B. with Long, 448 (Pl.)  
 Mostert, H. v. R. 859 (Lep)  
 Mouchet, R. van Hooft L. Duren, A., Fornara, L. Clarebout, G., Henry E. & Henrard C. 230 (Y.F.)

- Mouroud, W. H. with Kemp & Wright, 298 (R.F.)  
 Mouroum, A. \ & Souchkova, E. G. 472 (Oph.)  
 Moutouren, K. 337 (Lep.)  
 Mu, J. 636 (Hel.)  
 Mueller, J. F. (1855) (Hel.)  
 Muech, H. with Boyd & Stratman-Thomas, 405 (Mal.)  
 — with Howard & Earle 739 (Mal.)  
 Muhlen, P. 109 408 (733) (Mal.) 515 (Mal.) (782) (Am.)  
 Muir, E. 341 54\* (Lep.)  
 — & Chatterji, K. R. 539 543 (Lep.)  
 Mukerji, S. with Smith & Krishna, 83 (h.A.)  
 Mukherjee, S. with Chopra & Sen, 780 (Mal.)  
 Mulligan, H. W. 797 (Mal.)  
 — with Benton, 122 (Mal.)  
 Mubremma, J. A. with Boyd, 135 (Mal.)  
 — with — & Carr, 805 (Mal.)  
 Mufioe Ochoa, M. with Strong, Sandground & Reynard, 300 (B.R.)  
 Murashima, T. 193 (Dys.)  
 Muratowa, A. P. 173 (Rab.)  
 Murgatroyd, F. with Lorne & Yorke 697 (S.S.)  
 — Russell, H. & Yorke W. 78 (S.S.)  
 — with Yorke 515 (Mal.)  
 Murphy, R. A. 141 41\* (Mal.)  
 Murray, A. J. 826 (H.)
- N
- Nabeich, P. with Beklemaschew Schipoun & Pulowodowa, 907 (Mal.)  
 Nadler, J. E. Green, H. & Rosenbaum, A. 718 (Mal.)  
 Nagayoshi, I. with Kawak & Ito 157 (Am.)  
 Nagelbach, E. 307 (H.) (445) (Mal.) (864) (S.S.)  
 Nakamura, K. & Kobayashi, S. 330 (Lep.)  
 Nakamura, T. 378 (In.)  
 Nanyama, Rao, I. S. 764 (Hel.)  
 Narihana, N. 254 64 (Hel.)  
 Nash, T. A. M. 39 723 64 (S.S.)  
 Nath, M. C. with Ghosh, 422 (Mal.)  
 Nathan-Lerner, L. 43 (S.S.)  
 — & Gerard, L. 483 (h.A.)  
 — & Gerard-Richard, L. 65 67 57 484 (h.A.)  
 — & Nougata, S. 65 (h.A.)  
 — Nougata, S. & Gerard-Richard, L. 83 (h.A.)  
 Natch, E. G. 116 (Mal.)  
 — with Hegler 77 (B.R.)  
 — & Malanow, B. 800 (Mal.)  
 — with — 77 (Mal.)  
 Narmada, H. E. 200 64 (H.)  
 Nayat, K. K. with Wright & N. vada, 476 (Oph.)  
 Nayudu, T. \ with Wright & Nayar 476 (Oph.)  
 Nechlovitch, M. 331 (Se.)  
 Negru, E. with Montal, 683 (h.A.)  
 Negroni, P. 185 (Dys.)  
 Netts, W. O. & Thomas, A. D. 616 (Rab.)  
 Nelson, E. C. 225 (Mal.)  
 d'Netto, S. G. with Vickers & West, 130 (Mal.)  
 Neuber, E. 648 649 (Hel.)  
 Neumann, H. with Schilling, Schuck & Renart, 43 64 (S.S.)  
 Newman, C. D. & Chalam, B. S. 417 (Mal.)  
 Ngo-Quang-Ly with Dorella, 643, (344) (Lep.)  
 — with — & Tran Van-Tan, 348 (Lep.)  
 Nguyen-van-Lien, with Gellert & Bous, 30 (Lep.)  
 Nguyen-Voc-Nham, with Montal, 683 (Lep.)  
 Nguyen-van-Tan, with Maudslayi & Bourque, 49 (Mal.)  
 Nicholls, L. 783 (Hel.)  
 Nicol, W. D. with James & Shira, 77 (Mal.)  
 Nicolas, C. 546 (Lep.)  
 Nicolas, S. & Hopciownska, L. 172 603 (Rab.)  
 — & Mathis, M. 283 (h.F.)  
 — with Blatmann & Blatman, 741 (Mal.)  
 Nicolle, C. 284 (Y.F.) 660 (Fev.) 896 (Y.F.)  
 — & Grood, P. 657 658 64, 659 (Fev.)  
 — & Lalger, J. 890 (h.F.)  
 — & Sparrow, H. 154, 560 678 (Fev.)  
 Nicotoff, D. with Mikheleca, 490 (h.A.)  
 Nischwitz, O. & d. Todt, R. M. 683 (Mal.)  
 Nitz, C. 660 (Fev.)  
 Njamp, J. A. & Swellengrebel, V. H. 106 (Mal.)  
 Noma, C. & Tramentano, V. 496 (h.A.)  
 Noto, F. L. 184 (Der.) (227) (Mal.) 360 (Hel.)  
 — & Traca, J. A. (227) (974) (Mal.)  
 Nubaba, M. & Myrskova, M. 163 (Fev.)  
 van Nijssen, R. 100 408 742 (Mal.) 4 (Hel.)  
 — & Dewar, J. 308 (B.R.)  
 Nitza, S. (573) (Lep.)  
 Nitzmann, J. with Blatmann, Blatman, Eitz, Pancha, Catacurino, Panchuraw, Vert & Lappe, 460 (Fol.)  
 Nohara, J. O. 343, 344 633 (Lep.)  
 Noeten, H. H. Karsch, L. & Vol, J. J. L. 73 (Mal.)  
 Noronha, A. J. 354 (Hel.)  
 Noshokan, H. with Arny & Casler 27 64 (Mal.)  
 Nouna, V. 776 (Am.)  
 Nougata, S. with Nathan-Lerner & Gerard-Richard, 83 (h.A.)  
 Noory, M. with Blatman, Blatmann, Blatman & Blatmann 163 (Fev.)  
 Novik, E. with von Janod, 606 (R.F.)  
 Novet, D. Broct, G. & Atman, R. (35) (Mal.)  
 Narsing, D. Rao, B. A. & Sweet, W. C. 360 (Mal.)  
 Njamp, J. A. with Swellengrebel, 136 (Mal.)
- O
- Ochima, A. & Karsch, V. 66 (Y & S.)  
 O'Connor, P. W. (532) (Mal.)  
 O'Connor, M. P. 577 (Fev.)

- d'Oelsnitz Bonnet, G & Raybaut, A., 493 (K.A.)  
 — Galavielle, R. & Raybaut A., (493) (K.A.)  
 — & Ronchêac, A. D., 86 (K.A.)  
 Osterlin, M., 250 bis (Hel.)  
 — & Kralnick, H., 236 (Hel.)  
 Office International d'Hygiène Publique, Paris, 499 (Chl.)  
 O'Flynn, J. A., (470) (Fel.)  
 Oginti, K. with Tani, 87 (Y & S)  
 O'Hara, J. A., (147) (Mal.)  
 Ohta, T., (655) (Hel.)  
 Ohmori, N., 670, 913 (Misc.)  
 Ohtawara, T., 864 (Lep.)  
 Ohtsuka, I. with Ozaki, 563 (Fev.)  
 Okamoto, N., with Hayashi, Matsuoaka & Kato, 169 (Fev.)  
 Okamoto, Y., with Kusahara & Yoshida, 566 (Fev.)  
 Okonoevski, J. & Khakhaleva, V., 662 (Misc.)  
 Olavarré, J. & Hill, R. B., 815 (Mal.)  
 — with — (147) bis (Mal.)  
 — with — & Rivera, 814 (Mal.)  
 de Oliveira Castro G. M. & Bier O. (583) (Fev.)  
 Oliver, J. with Bachman, 268 (Hel.)  
 Oliver, W. W., (199) (Am.)  
 Ormston, A. J., 235 (Hel.)  
 Ota, M. & Ishibashi, T., 551 (Lep.)  
 — & Sato S., 338 (Lep.)  
 — — Sato, S. & Ishibashi, T. (555) (Lep.)  
 — — & Masuzawa, T., 871 (Lep.)  
 Otsu, y Setién, A. & Tiant y del Río F. R., 853 (Lep.)  
 Otsu, E. L., 185 (Der.)  
 Otto, I. H., & Tschan Tsching JI., 630 (Hel.)  
 Otto, J. H. (655) (Hel.)  
 Otto, R., 153 (Fev.)  
 Owen, W. B., Honess, R. F. & Simon J. R., 186 (Am.)  
 Ozmin, K., (835) (Hel.)  
 Ozaki, Y. & Ohtsuka, I., 563 (Fev.)

## P

- Pacharian, A., 35 711 (S S)  
 Padovan, S. 897 (Oph.)  
 Paget, H., Trevan, J. W. & Attwood, A. M. P., 543 (Lep.)  
 Pagoria, A. with Caminopetros, Contos & Poulos, 573 (Fev.)  
 Pak, M., with Levaditi & Vaisman, 298 (R.F.)  
 Palak, M., 253 (Hel.)  
 Palikandow H., Serebrennaia, A. I. & Popovich, E. M., 609 (Rab.)  
 Pallock, A., 347 871 (Lep.)  
 — & Poorman, A. 340 (Lep.)  
 Pall, A. N. (915) (Misc.)  
 Pallary P., 227 243 (Hel.)  
 Palmer F. J., 73 (227) (Misc.)  
 Panpana, E. J., 410 (Mal.)  
 Pan, C., 476 (Oph.)  
 Panayotatos A., (583) (Fev.)  
 Pandel, N. G. 569 (R.B.F.)  
 Pandit, C. G. 841 (Pl.)

- Paolo, R., (445) (Mal.)  
 Papanian, R., with Vasilescu (782) (Am.)  
 Paradiso F. & Fiorentino A., 534 (H.R.)  
 Paras, A. with Lagroca, Alonso & Tjong, 547 (Lep.)  
 Parachevescu Z., with Slatineanu Balteanu, Sibl, Nitulescu Franche Cantacuzino, Velt & Lupa 469 (Pel.)  
 Pardini, J. M. 230 (Hel.) 904 (Misc.)  
 Paretakaya, M., with Yatsenko & Kipritch, 606 (Misc.)  
 Paris Eguliaz, H., (43) (S S)  
 Parker R. R. 517 (Misc.)  
 Parmakson, P., 551 (Lep.)  
 Parrot, L., 90 486 bis (K.A.)  
 — & Catanel A. 739 (Mal.)  
 — & Donatien, A. 484 (K.A.)  
 — with Foley 397 (Mal.)  
 Parza, S. 99 (Mal.)  
 Parsons, H. T. with Lease (532) (Misc.)  
 Parvulescu Constantinesco, N. & Boeriu V. 750 (Mal.)  
 Pascal, J. M., 62 (Misc.)  
 Pasco A. M. with Tubangui & Basaca, 234 635 (Hel.)  
 Pasteur F. with Phisalix, 381 (Sn.)  
 Paterson, A. R. 306 (B.R.)  
 Paterson, J. C., 208 (Bl.)  
 Patifo Mayer C. & Garcia Robin, A. (782) (Am.)  
 Paul J. H., with Beeuwkes, Mahaffy & Burke, 232 (Y F)  
 de Paula e Silva G. S., (675) (Misc.)  
 Paulicevich, with Girard 600 (R.B.F.)  
 Paulino, P. with Albert, 636 (Hel.)  
 Pavloff P. 193 780 (Am.)  
 Pavlovsky E. N. & Stein A. K., 672 (Misc.)  
 — — & Bytschkov W. A., 908 (Misc.)  
 Payne G. C. with Rhoads, Castle & Lawson, 263 bis (Hel.)  
 Payne W., with Spies & Chlun, 468 (Pol.)  
 Peaston H., with Gordon & Davey 237 (Hel.)  
 Peat, A. A., with Kumm & Turner 886 (Y & S)  
 Peckolt, W. & Prado A., 145 (Mal.) 657 (Misc.)  
 Pecori, G. & Escalar G. 404 (Mal.)  
 Peel, with Schwetz, 126 (Mal.)  
 Peiping Union Medical College, 676 (B.R.)  
 Peirier J. C. (532) (Misc.)  
 Pell, G. & Benignetti, D. 92 (K.A.)  
 Pellé, A. & Tannou (199) (Am.)  
 Peltier M. with Choacroun, 554 (Lep.)  
 — & Riou M. 890 (Y & S)  
 Pella, V. (199) (Am.)  
 Pella Chavarria, A. & Rotter W. 889 (Y & S)  
 Penna, H. A. 481 (K.A.)  
 Peoples Commissariat for Public Health S. S. R. A. 67 (Misc.)  
 Pepeu, F., 382, 383 (Sn.)  
 Peratoner U. (214) (Bl.)  
 Pereira, O. L. 347 (Lep.)  
 Pereira, P. C. R., 856 (Lep.)  
 Peria, D., 42 362 (S S)  
 Perrot, E. 342 (Lep.)  
 Pervès, (915) (Misc.)  
 Peryassu A., 448 (Pl.)



- Paschilowsky G. V. 338 (Lep.)  
 Passada, S. B. & Meira, J. L. 839 (B.R.)  
 Péter P., with Méhes, (7) (Ed.)  
 Petersen, W. F. with Hoverson, \*17 (Misc.)  
 Petipierre, M. 382 (Sa.)  
 Petrubchava, P. A. 807 (Mal.) 807 (Misc.)  
 Peycelon, A. with Lasebrière, 23, 4 (S.S.)  
 Pflanz, H. C. 68 (Ch.)  
 Phelouka, T. with Caramanopetros, Contos & Pagoula, 573 (Fer.)  
 Phalix & Houdemer, E. 372 (Sa.)  
 Philalix, M. & Pasteur F. 381 (Sa.)  
 Pl. H. T. 474 (Op.)  
 Piazza, G. 834 (B.R.)  
 Pickardt, G. (873) (Misc.)  
 Pierce C. C. 280 (I.F.)  
 Pigulewsky S. W. 713 (Misc.)  
 Piper, A. 168 (Fer.)  
 — & Day, H. 154 561 (Fer.)  
 Pikel, J. Sergiev P. & Tibounskaya, N. 434 (Mal.)  
 Pinotti, L. 50 (Mal.)  
 Pires A. I. with Artachewski, (752) (Mal.)  
 Pinesy A. 484 (K.A.)  
 Pisto, G. de S. (147) (Mal.)  
 Pires, R. E. 440 (Mal.)  
 Pirie, J. H. H. & Grazer, E. 85 (Pl.)  
 Piret, with Le Moult 231 (Hd.)  
 Pischel, D. H. 474 (Op.)  
 Pittaluga, G. 78 (B.R.) 781 (Mal.)  
 Pita-Fernanda, P. & Sauter, J. 800 (Mal.)  
 Planchin, F. C. with Rodrigues, (873) (Lep.)  
 Podoljuz, W. J. with Gersentach, (915) (Misc.)  
 Podyspolkaya, V. & Guedina, M. 223 (Mal.)  
 Poggel, I. 637 (Misc.)  
 Pooderter H. A. 362 (S.S.)  
 Polsson, H. 622 (Mal.)  
 Polakova, A. with Mochkovsky 409 (Mal.)  
 Poffitzer, E. 781 (772) (Ch.)  
 Polowodowa, W. with Beklemaschew Schip-  
 chik & Polowodowa, 807 (Misc.)  
 Pomales-Lebrón A. with Morales-Ojeda, 74 (Misc.)  
 Pons, R. 831 (Pl.)  
 Pons, L. T. & Sachs, A. 177 (Fer.)  
 — with Sherris & Stephens 171 (Fer.)  
 Pootman, A. 551 668 (573) (Lep.)  
 — with Poldrock, 340 (Lep.)  
 Portell, J. (227) (Misc.)  
 Postma, S. with Boudiers & Schuffner (285) (I.F.)  
 Potter, R., with Van den Branden, 333 (S.S.)  
 Poutamäki, M. with Bernard & Brunsow, 482 (K.A.)  
 Poutamäki, V. with Grand, 84 (K.A.)  
 Powell, B. J. 471 (Op.)  
 Prado, A. (227) (Misc.)  
 — & Godinho, R. 733 (Mal.)  
 — with Perckoll, 145 (Mal.) 667 (Misc.)  
 Pratt Johnson, J. 383 (Sa.)  
 Preston, P. G. 632 (Hd.)  
 Price, A. G. (533) (Misc.)  
 Pridge, E. D. 280, 674 (I.F.)  
 Priest M. with Lemaire 694 (S.S.)  
 Proca, G. Böhm, S. & Jomesso D. 180 618 (Rab.)  
 Proceedings of the Royal Society of Medicine, 821 (Bl.)  
 Prodromow, R. 553 (Lep.)  
 — with Chorine & Koechlin, 130 (Mal.)  
 Prodromow, R. O. 864 871 (Lep.)  
 Prömm, A. 634 (Hd.)  
 Priya, R. H. C. 498 (C.B.)  
 Public Health Reports, 446 (Pl.), 561 595 (I.F.) (873) (Lep.)  
 Puerre J. & Fied, H. (533) (Lep.)  
 Puerre, J. with Baudin & Roberto Pao, 881 (Lep.)  
 Pugnache, E. M. with Palawandow & Sene-  
 dretnala, 606 (Rab.)  
 Puntum, V. 806 (Mal.)  
 Puppenko, I. G. with Malowischka, (19) (Am.)  
 Purcell, F. M. 7 (Rb.) 57 (I. & S.)  
 Pusa, (228) (Misc.)  
 Putnam, P. & Shannon, R. C. 593 (T.F.)
- Q
- Quarterly Bulletin of the Health Occupa-  
 tion, League of Nations, 416 (Mal.)
- R
- Rabello, Jr. 80 (K.A.)  
 Radhakrishna Rao, M. V. with Tamm, 741 (Mal.)  
 Raffaele, G. 121 (Mal.)  
 Raftava, P. with Venguekar & Godole, (225) (Misc.)  
 Rapot, C. & DeBoer, P. 157 563 (Fer.)  
 — & Tran-van-Tu, 157 (Fer.)  
 — & Robba, L. A., 112 (Mal.)  
 Ramond, S. & Felfod, E. J. C. 36 (S.S.)  
 Ramond, 19 (S.S.)  
 Raja, K. C. K. E., 460 (Ch.)  
 Rajam, R. V. 497 (C.B.)  
 Rajmeyer, with Schochard, 342 (Lep.)  
 Ramoa, J. (733) (Mal.)  
 Ramoa, J. M. with de Leon, & de Jesus, 572 (Misc.)  
 Ramoa Baez, P. with Hoffmann, (533) (Lep.)  
 Ramon G. W. S. C. 684 (Hd.)  
 Rapiera, J. with Seyberlich, 863 (Pl.)  
 Rao B. A. with Vending & Sweet, 388 (Mal.)  
 — with Sweet, 84 (Mal.)  
 Rao M. A. V. 629 (Hd.)  
 Raubin, A. 664 (S.S.)  
 — with Tareev Bolotina, Gosteva & Epstein, 111 (Mal.)  
 Ratcliffe H. L., 231 (Misc.)  
 Rathery F. Dérot, M. & Costa, M. (485) (K.A.)  
 Rameswaram, A. V. Sekra, K. B. & Venkataratnam, K. 622 (Mal.)  
 — with Venkataratnam, J. S. (Sa.)  
 Ray P. V. 271 (Hd.)  
 Raynaud, A. 168 (Fer.)  
 — with d'Oleims & Brunet, 463 (K.A.)  
 — with — & Calverville, (182) (K.A.)  
 Raymond-Hamet, 444 (Mal.)  
 Raynal, J. 460 (Ch.)  
 Racio A., 283 (I.F.)  
 Rederth, P. 834 (B.R.)  
 — & Ciferri, R. 181 (Det.), 219, 805 (Misc.)

- Reed, A. C., (189) *bis* (Am)  
 — with Anderson, (197) *bis* (Am)  
 Reed, E. U., 500 (Misc.)  
 Reichel, J. & Schneider J. E., 178 *bis* (Rab.)  
 Reichenow E. 34 718 (S.S.)  
 Reichs-Gesundheitsblatt, 178 (Rab.)  
 Reid, P. E., Anderson, M. N., Stubblefield, H. L. & Ivy A. C., 184 (Dya.)  
 Reiner L. & Smythe, C. V. 42 (S.S.)  
 Reiss, F., 535 (555) (Lep.)  
 Reminger P. 617 (Rab.)  
 — & Bailly J., 174 175 177 605 606 618 (Rab.)  
 Renner, N. with Huard, 524 (Misc.)  
 Reports National Quarantine Service (772) (Chl.)  
 Rev Hort Agric Afr N Algiers 682 (Misc.)  
 Rhee, T. with Wavson, 541 (Lep.)  
 Rhoads, C. P. & Castle W. B., 48 (Sp.)  
 — — — Payne, G. C. & Lawson H. A., 263 *bis* (Hel.)  
 — with Crane-Lillie 469 (Pel.)  
 — & Miller D. H., 48 (Sp.) 906 (Misc.)  
 Rhodes, W. F., 581 (Fev.)  
 Ribeiro, L., (535) *bis* 882 (Lep.)  
 Ribère, with Lemaire, 632 *bis* (Hel.)  
 — with Thiodet, 791 (Mal.)  
 Rice, E. M., with Morrison & Haythorn Swaine, 460 (Chl.)  
 Rice, J. B. & Barber M. A., 807 (Mal.)  
 Richardson, F. L., 221 (Misc.)  
 Riding, D., 556 (Fev.)  
 Rieder W., 48 (Sp.)  
 Riebel, M., with Uriarte Calcagno & Ancherar 447 (456) (Pl.)  
 Rieuman, D. & Davidson, H. S. 4 (Bb.)  
 Riley G. E., (147) (Mal.)  
 — Faust, E. C. & Griffiths, T. H. D., 106 (Mal.)  
 Riley W. A., 255 (Hel.)  
 Rios, M., with Blondin, 210 (Bl.)  
 — Gourey N. & Hussenet, S., 112 (Mal.)  
 — with Peltier 890 (Y & S.)  
 Riquex, J. R., 38 (S.S.)  
 Rivera, J. & Hill, R. B., 814 (Mal.)  
 — with — & Olavarría, 814 (Mal.)  
 Roberto Paso, J., with Susini & Puente 861 (Lep.)  
 Roberts, P. W. 89 (K.A.)  
 Roberts, J. I. 574 (Fev.)  
 Roberts, R. A., with Lowenthal 244 (Hel.)  
 Robertson, D. S. with Chang, (196) (Am.)  
 Robertson, M. 223 (Misc.)  
 Robertson, R. C. & Hu S. M. E. 99 (Mal.)  
 Robic, J. with Girard, (456) (Pl.)  
 Robit, L. A. 142 *bis* 400 (753) (Mal.)  
 — with Baglot, 112 *bis* (Mal.)  
 Robin, M., 142 (Mal.)  
 Rockefeller Foundation, 78 (B.R.)  
 Rodenwaldt, R. 270 271 (Hel.)  
 Rodhain, J. & Brutsaert, P., 716 (S.S.)  
 Rodrigues de Albuquerque, A. F., 552 (Lep.)  
 Rodriguez, J. & Plantilla, F. C., (873) (Lep.)  
 Rogers, J. M., with Bercovitz, 233 (Hel.)  
 Rogers, L. & Megaw J. W. D. 151 (B.R.)  
 Romania, C. (371) 717 720 (S.S.)  
 — with Marra, (43) (S.S.)  
 Romanowa, K., with Roskin, 118 (Mal.)  
 Romiti, C., 647 (Hel.)  
 Ronchêse, A. D., with d Oelsnitz, 86 (K.A.)  
 Ronconi, L. 92 (K.A.)  
 Rouse M. 160 161 557 (Fev.)  
 — & Bruynoghe G. 568 (Fev.)  
 van Rooyen, C. E., with Greig & Hendry 129 *ter* 131 (Mal.)  
 Roques, H., 686 (Oph.)  
 Ros, M. with Monier & Guy, 401 (Mal.)  
 Rose G., with Chen, 635 (Hel.)  
 — & Koh, T. M., (656) (Hel.)  
 Rosenbaum, A., with Nadler & Green, 216 (Misc.)  
 Rosenholz H. P. & Scherbina, L. I., 597 (R.F.)  
 Roskin, G. & Romanowa K. 118 (Mal.)  
 Ross, H. with Black, 552 (Lep.)  
 Roth, H. 645 (Hel.)  
 Rotter W. & Chavarria, A. P., 181 (Der.) 489 (K.A.)  
 — with Peña Chavarria, 889 (A. & S.)  
 Roubaud, E. 442, 814 (Mal.)  
 — & Mezger J., 121 (Mal.) 449 (Pl.)  
 Roukhadze N. P. (753) (Mal.)  
 Roule S. with Scault, 819 (Mal.)  
 Roussel, J. N. 870 (Lep.)  
 Roy A. C. with Chopra & Gupta, 412 (Mal.)  
 — with — & Ganguli, 787 (Mal.)  
 Roy D. N. (675) (Misc.)  
 Royal College of Physicians of Edinburgh, (915) (Misc.)  
 Roreboom, L. E. 134 (Mal.) 594 (Y.F.)  
 — with Shah & Del Rosario 425 (Mal.)  
 Rubino M. C. 340 (Lep.)  
 Rubinstein, P. L. with Kritschewski 793 (Mal.)  
 Rudneff G. P. 849 (Pl.)  
 Ruge, H., 408 (Mal.)  
 Rugina, I. with Slatineanu, Cinca, Balteanu Alexa, E. Alexa, I. & Francke, 411 (Mal.)  
 Rubinsidi S. V. & Levit, M. S. 819 (Mal.)  
 Ruiz, P. M. 83 (K.A.)  
 Russell A. J. H., 761 *bis* (Chl.) 841 (Pl.)  
 Russell F. F. 513 (Misc.)  
 Russell H. with Murgatroyd & Yorke 26 (S.S.)  
 Russell, P. F. 97 *bis* 401 402 *bis* 432, 435 726 (Mal.) (675) (Misc.)  
 — & Beissas, F. (753) 803 (Mal.)  
 — & Eaton, L. S., 144 (Mal.)  
 — & Santiago, D. 440 (Mal.)  
 Rybinsky S. (147) (Mal.)  
 Rykovičkova, T. with Joukov & Kraselkovi, 114 (Mal.)  
 Rylie G. A. 346 (555) (Lep.)
- 8
- Sabri, I. A., (782) (Am.)  
 Sacha, A. 296 (R.F.) 572 (Fev.)  
 — with Poole, 172 (Fev.)  
 Sainte-Marie, F., 492 (K.A.)  
 Salanton, J., with Brumpt & Duvoir (279) (Hel.)  
 Salto, M. 627 (Hel.)  
 Sáiz Moreno L. 616 (Rab.)  
 Salah, M., 530 (Misc.)  
 — & Hassan, A. 248 (Hel.)  
 — with — 821 (Hel.)  
 — with Khalil, 247 (Hel.)

- Salern, H. H. 911 (Misc.)  
 Salern, G. & Mosler H. M., 741 (Mal.)  
 Sánchez, J. A. (146) (Mal.)  
 Sanderson, I. with Buchanan, 818 (Misc.)  
 Sanderson, J. H. with Strong, Dequaert & Medes Ochso, 300 (B.R.)  
 Sangreth, L. V. with Velasco & Zentao 179 (Rab.)  
 Santhar, G. & Beer W. A., 607 (Rab.)  
 ——— Iyengar K. R. h. & Beer W. A. 174 (Rab.)  
 ——— with McCarron & Beer, 174 (Rab.)  
 Sankaran O. K. with Laaga, 183 (Dys.)  
 Santiago, D. with Russell, 440 (Mal.)  
 Santos, I. 840 h. (Lep.)  
 Saray, S. 895 (Oph.)  
 Sardito & Setchala, J. B. 237 (Lep.)  
 Sarnoff, T. 81 (K.A.) (225) (Misc.)  
 Sarsch, D. V. 220 (Misc.)  
 Sato, S. with Ota, 338 (Lep.)  
 ——— with ——— & Ishibashi, (335) (Lep.)  
 ——— with ——— & Masumura, 871 (Lep.)  
 Satyanarayan, A. (148) 818 (Mal.)  
 Saunders, G. M. 883 887 (A. & S.)  
 ——— & Turner T. B. 794 (Mal.)  
 ——— with ——— 883 (A. & S.)  
 ——— with ——— & Johnston, 50 (A. & S.)  
 Saunders, P. T. 47 (Hid.)  
 Sauter, J. (148) 751 (Mal.)  
 ——— & Cordolan, S. 408 (Mal.)  
 ——— with Giffard, 403 (443) (Mal.)  
 ——— with Pitti Ferrando, 400 (Mal.)  
 Savino, E. 447 h. (H.)  
 Savitska, H. P. with Arontowicz Janina Arontowska & Solterman, 609 (Fev.)  
 Savor 8 R. with Lawthwaite 577 (Fev.)  
 ——— & Velasco, R. 199 (Fev.)  
 Scaduto P. (666) (Hid.)  
 Schard, J. W. 726 (Mal.)  
 ——— F. H. & Soustone, C. V. 908 (Misc.)  
 Schenbra, F. V. 40 (Mal.)  
 Schertusa, L. I. with Rosenholz, 897 (R.F.)  
 Schilling, C. 714 h. (744) (S.S.) 874 (A.F.)  
 ——— with Schreck, H. Neumann, H. & Kuerst, H. 43 h. (S.S.)  
 Schipura, V. with Beklemashev Pokowdova & Habelock, 807 (Misc.)  
 Schlesinger W. 408 (Mal.)  
 Schloberger H. (873) (Lep.)  
 ——— & Schaffner H. 704 (S.S.)  
 Schöffner J. E. with Rischel, 178 h. (Rab.)  
 Schoen, R. with Levadit, C. & Levadit, J. 173 (Rab.)  
 Schodid, R. O. 494 (H.S.)  
 Scholer H. 583 (R.F.)  
 Schottens, R. T. 771 772 (Chl.)  
 Schönholzer F. with Kuhn, (H7) 420 (735) (Mal.)  
 Schone D. (355) (Lep.)  
 Schorts, E. with de Beck & Swellingrebel, 197 (Mal.)  
 Schreck, H. with Schilling, Neumann & Kuerst, 43 h. (S.S.)  
 von Schreckmann, W. (915) (Misc.)  
 Schöffner R. with Schloberger 704 (S.S.)  
 Schöffner W. with Sejdere & Postma, (294) (A.F.)  
 Schöffner, W. A. P. with Rhoad & Sjöden, 283 (A.F.)  
 Schottman, S. with Fernandez, 809 (Lep.)  
 Schottman, W., 798 (Mal.)  
 Schuler, R. & Leubold, S. 840 (734)  
 Schurwitz, B. & Abrams, J. E., 543 (Hid.)  
 Schwartz, J. L., (523) (Misc.)  
 Schwartz, E. C. with McNabb, 111 (Mal.)  
 Schwetz, J. 4\* (S.S.) 125, (443) (Mal.), 226, 236 (Misc.) 883 (S.S.)  
 ——— & Baumann, H., 113 (Mal.)  
 ——— & Piel, 128 (Mal.)  
 Scorge, V. J. 821 (Hid.)  
 Scorer E. H. (853) (Hid.)  
 Scott, A. V. with Fan, 483 (K.A.)  
 Scott, H. H., 150 (B.R.)  
 Scott, L. C. with Piment & Swartwelder 777 (Am.)  
 Seal, S. C. 708 (Chl.)  
 ——— with Linton, (772) (Chl.)  
 ——— with ——— & Smith, 772 (Chl.)  
 Semanov, C. V. with Schuler, 804 (Misc.)  
 Seibert, W. H. with Badger, 863 (Lep.)  
 Seiden, J. 807 (Oph.)  
 ——— with Joyeux & Essner, 899 (Oph.)  
 Segerdahl, E. (229) (Misc.)  
 Seguy, E. (229) (Misc.)  
 Selma, K. B. with Rastagueras & Votkataram, 622 (Hid.)  
 Sel, M. I. 431 (K.A.)  
 Selhorst, A. W. 591 89\* (Y.F.)  
 Selwyn-Charles, P. S. 887 (S.S.)  
 Sen, B. with Chopra, 111 (Mal.)  
 ——— with ——— & Ganguly 113 (Mal.)  
 ——— with ——— & Mahabier, 780 (Mal.)  
 Sen, P. 803 (Mal.)  
 Sen, S. with Chopra, (198) (Am.)  
 de Sena, M. (535) (Lep.)  
 Senkewitch, M. A. with Thoker, 608 (Oph.)  
 Serbrenskaya, A. L. with Palamov & Pugatch, 809 (Rab.)  
 Serlettus, O. 882 (Fev.), (737) (Mal.)  
 Sergeant Edm. Sergeant, E. & Catland, A. 120 (Mal.)  
 Sergeant, E. 120 81 (Mal.)  
 ——— with Sergeant, Edm. & Catland, 120 (Mal.)  
 ——— & Tyne, F. 812 (Mal.)  
 Serper P. G. 818 (Mal.)  
 Serper P. with Piel & Tabornara, 434 (Mal.)  
 Seybert, A. & Rastora, J., (837) (Hid.)  
 Shary A. Lévy G. & Buiert, M. 312 (Lep.)  
 Shastri, M., 263 (Hid.)  
 Shastri Moh. A., 821 (Hid.)  
 Shih, A. S. 118 (Mal.)  
 ——— Roerboom, L. E. & Del Rosario, F. 423 (Mal.)  
 Shilova, E. S. 472 (Oph.)  
 Shimon, R. C., 440 (Mal.)  
 ——— & Pettison, P. 583 (A.F.)  
 Sharp, L., 201 (Lep.)  
 Sharrock, G. C., (765) (Am.)  
 Sharrard, G. C. with Trumble, 845 (Hid.)  
 Shih, H., 5 (Hid.)  
 Shipson, E. A. & Vickery D. (759) (Mal.)  
 Shorrt, H. E. & Brooks A. G. 807 (Rab.)  
 ——— McGinn, J. P. Brooks, E. & Berphens, E. D. 810 (Rab.)

- Shortt, H. E., Poole, L. T. & Stephens, E. D 171 (Fev)  
 — with Sinton, 491 (K.A.)  
 Showers, E. M., with Hinshaw 188 (Am)  
 Shrewsbury J. F. D., 530 (Misc.)  
 Shrivastava, D. L., 768 (Chl.)  
 — with Sinton & Mitra, (462) (Chl.)  
 Shute, P. G. with James & Nicol 737 (Mal.)  
 Sibl, M., with Slatineanu Balteanu Nitru Iescu Franche, Cantacuzino Paraschivescu, Veit & Lupu, 469 (Pel.)  
 — with — Francke M. Veit, E. Lupu, E. & Paraschivescu Z., 747 (Mal.)  
 Skaut, G. 113 (Mal.)  
 — & Roule, S. 819 (Mal.)  
 Slot, A., with Bertrand & Babet 349 (S.S.)  
 — & Merdier H., 21 349 (S.S.)  
 — & Moreau P. 547 (Lep.)  
 Stevens, O., 633 (Hel.)  
 Stierschmidt, W. 696 (S.S.)  
 Silevarts, C. (853) (Pl.)  
 de Silva, S., 407 732 (Mal.)  
 Silverman, D. N., (199) bis (Am)  
 Shera, I. L., with Epstein, 158 (Fev)  
 Silverthorne, N. & Brown, A. 663 (Misc.)  
 Silvestri, R. 792 (Mal.)  
 Smee, A. T. W. with Blaise, 746 (Mal.)  
 Smee, F. A., 904 (Misc.)  
 Smoot, J. R., with Owen & Homess, 188 (Am)  
 Smoot, S. K. (189) (782) (Am.)  
 Smock, G. E. 489 (h.A.) 658 (Misc.)  
 Smolnow S. I. Moldavskaja Kritachow skaja, W. D., Gorchowa, E. L., Althausen, D. S. & Gritzay A. A. 792 (Mal.)  
 Singer E., 596 (R.F.)  
 — & Fischl, V. 355 703 (S.S.)  
 — with — 353, 701 708 (S.S.)  
 — Kotrba, J. & Fischl, V. 24 (S.S.)  
 Singh, H., with Linton & Seal, 772 (Chl.)  
 Singh, S., with Williamson, 413 (Mal.)  
 Sina, S. N., with Struthers, 430 (Mal.)  
 Sinton, J. A., 441 788, 797 (Mal.)  
 — & Ghosh, B. N., 127 (Mal.)  
 — & Majid, S. A., 816 (Mal.)  
 — & Melligan, H. W., 122 (Mal.)  
 — & Shortt, H. E., 491 (h.A.)  
 Sivanala, J. B., with Sardjito, 337 (Lep.)  
 Skorodumov A. with Dobradin, 451 (Pl.)  
 Sivortsov A., 630 (Hel.)  
 Slatineanu, A. & Balteanu J. with Sibl, M. Nitulescu, J. Franche, M., Cantacuzino I., Paraschivescu, Z. Veit, E. & Lupu, D., 469 (Pel.)  
 — Croca, M., Balteanu, I. Alexa, E. Alexa, I., Francke M. & Rugina, I. 411 (Mal.)  
 — Nicolau, S. & Balmas, G. 741 (Mal.)  
 — & Sibl, M. with Francke M. Veit, E. Lupu, E. & Paraschivescu, Z. 747 (Mal.)  
 Slot, J. A., (470) (Pel.)  
 van Slype, W., (445) (Mal.) 604 (S.S.) 645 (Hel.) 822 (Bl.)  
 — with Bouvier 668 (Misc.)  
 Smith, E. C. & Elmes, B. G. T. 522 (Misc.)  
 Smith, E. C. T., 116 (Mal.)  
 Smith, L. E. with Campbell Sullivan & Halber 683 (Misc.)  
 Smith, M. A., 372 (Sn.)  
 Smith R. O. A., Krishnan, K. V. & Makerji S. 88 (h.A.)  
 — & Lal, C. 83 (h.A.)  
 Smithers, D. W., with Dixon, 631 (Hel.)  
 Smythe, C. V., with Reiner 42 (S.S.)  
 Snijders, E. P., (49) (Sp)  
 — with Dhont & Schuffner 288 (Y.F.)  
 — with Hoffmann & Mertens, 171 (Fev)  
 — Postmus & Schuffner (293) (Y.F.)  
 Soegiri, 917 (B.R.)  
 Soesilo, R., with Walch, 726 (Mal.)  
 Soetjahjo & Gan Sing Bio, 3 (Bb)  
 Sokolov B. with Yakimoff (675) (Misc.)  
 Solana, F. & Gutiérrez-Solana, (873) (Lep)  
 Solterman, P. L., with Krontowsky Jarimir aka Krontowska & Savitska, 569 (Fev)  
 Sollhi, A. 890 (A. & S.)  
 Solotnitsky J. N., 473 (Oph.)  
 de Sommerville, E. T. W., with Dias, Bonacci, Aldao & Barba 511 (Misc.)  
 Somi, R. L. 747 (Mal.)  
 Soper F. L. (595) 878, (882) (A.F.)  
 Sorge G., 534 (B.R.)  
 Sorley J. T., 871 (Lep)  
 Soru E. with Dambovicanu, 461 (Chl.)  
 Souchard, L. 342 (Lep.)  
 — & Ramiljan, 342 (Lep)  
 Souchkova, E. G., with Mourzinn, 473 (Oph.)  
 Soule M. H. (553) bis 867 (Lep)  
 Soulié, P., with Marchal & Grigaut (279) (Hel.)  
 Souter J. C. 185 (Der)  
 South African Institute for Medical Research, 66 (Misc.)  
 Southern Medical Journal 105 (Mal.)  
 de Souza Araujo H. C., 549 (Lep)  
 Sparrow H., 567 (Fev)  
 — with Nicolle 158, 590 578 (Fev)  
 Spät, W., (583) (Fev)  
 Spector B. K. & Buky F., 189 (Am)  
 — Foster J. W. & Glover N. G. 773 (Am)  
 Spies, T. D. Payne, W. & Chinn, A. B., 468 (Pel.)  
 Spink, W. W., 268 (Hel.)  
 Spitzer 342 (Lep)  
 Stabler R. M., with Arnett, 188 (Am.)  
 Stahovsky 473 (Oph.)  
 Stannus, H. S. (915) (Misc.)  
 Stefanopoulos, G. J. & Mollaret P. 284 (Y.F.)  
 — with — 292 (Y.F.)  
 — — & Deones, E. 290 (Y.F.)  
 Stein, A. A., 544 887 (Lep)  
 — & Steperin M. I. 333 (Lep)  
 Stein, A. K. with Pavlovsky 672 (Misc.)  
 — with — & Bytchikov 908 (Misc.)  
 Steiner A. & López, C. 608 (Rab)  
 Stejskal, K., (754) (Mal.)  
 Steperin, M. I., with Stein 338 (Lep)  
 Stephens, E. D., with Shortt, McGuire & Brooks, 610 (Rab)  
 — with — & Poole, 171 (Fev)  
 Stephens, J. W. W., 200 bis (Bl.)  
 Stern R. O. with Findlay 593 (Y.F.)  
 Stendel, E. (43) (S.S.) (533) (Misc.) 822 (Bl.)  
 Stévenel, L., 548 (Lep)  
 Stewart C. M. with Gilbert, 873 (Misc.)  
 Stewart, F. H., 867 (Oph.)  
 Stewart, M. A., 667 (Misc.)  
 — & Boyd, A. N. 665 (Misc.)

- Biles, C. W. & Baker, C. E., 759 (B.R.)  
 van Stockum, M. J. 612 (Rab.)  
 Stoker, W. J. 444 (Mal.)  
 Storm, C. J., 447 (Mal.)  
 — with de Lamer, 415 725 (753) (Mal.)  
 Strachan, P. D. 329 (Lep.)  
 Strasburger, W. I. 609 (S.S.)  
 Stratman-Thomson, W. A. 733 (Mal.)  
 — with Boyd, 404 405 (Mal.)  
 — with — & Hutchins, 736 (Mal.)  
 — with — & Macnab, 404 (Mal.)  
 Struss, M. B. 15 (Misc.)  
 Street, G. M. (675) (Misc.)  
 Strickland, C. & Gibson, D. 140 (Mal.)  
 Strong, R. P. Sandgreen, J. H. Bequaert,  
 J. C. & Muller Ochoa, M. 300 (B.R.)  
 Strong, P. S. with Culbertson, 360 (S.S.)  
 Strubbe, E. A. & Senha, S. N. 430 (Mal.)  
 Stubbins, H. I. with Reed, Anderson &  
 Ivy 184 (Dys.)  
 Sturges, P. N. with Macerum & Tucker  
 453 (Pl.)  
 Suarez Peregrin, E. with Lopez Vera, 224  
 (Misc.)  
 Sauer, R. M. & Costa Mendry O. (675)  
 (Misc.)  
 Subrahmanyan, S. 413 (Mal.)  
 Sugo, A. with Suzuki & Matsumoto, 378  
 (So.)  
 Sullivan, W. N. with Campbell, Smith &  
 Haller 663 (Misc.)  
 Sumner, P. 573 (Lep.)  
 Sundarajan, E. R. with Harve 844 (Pl.)  
 Sushin, M. Roberto Paso, J. & Purate, J. J.  
 661 (Lep.)  
 — Vaccarezza, R. F. & Alvarado, C. A.  
 537 (A.P.)  
 Suzuki, C. Matsumoto, H. & Sugo A. 376  
 (So.)  
 Suzuki, A. 163 (For.)  
 Swenson, R. with Linders, F. J. 220 (Misc.)  
 Swetswelder, J. C. with Fawcett & Scott, 777  
 (Am.)  
 Sweeney, M. A. with Walker (555) 864 (Lep.)  
 Sweet, W. C. 94 (Mal.)  
 — & Durckes H. A. 269 (Hel.)  
 — with Vining & Rao, 309 (Mal.)  
 — & Rao, B. A. 94 (Mal.)  
 Swellengrebel, N. H. with de Buck, 157  
 (444) (Mal.)  
 — with — & Schoutz, 157 (Mal.)  
 — & Nykamp, J. A. 156 (Mal.)  
 — with — 136 (Mal.)  
 Sweeney W. M. with Atchley 223 (Misc.)  
 Swynerton, C. F. 35, 366 (S.S.)  
 Sydenhacker, V. P. with Kelley 740 (Mal.)  
 von Swetzkof, S. 666 (Misc.)  
 von Sult, A. 867 (Oph.)
- T
- Taba, S. with Army (1930) (Am.)  
 Takano, S., 767 (Chl.)  
 Takamori, L., 187 (Am.)  
 Talbot, 473 (Oph.)  
 Takahara, W. H. & Takahara, L. G., 425 427  
 (Mal.)
- Tampl, H., 843 (Pl.)  
 Tanaka, M., 780 (Am.)  
 Tang, P. F. 472 (Oph.)  
 Tanganyika Territory 367 (S.S.)  
 Tangredi, G. (782) (Am.)  
 Tam, T. & Oguti, K., 57 (T. & S.)  
 Tansoo, with Prid, (190) (Ath.)  
 Tao, C. S. with Y. A. Chen & Wang, 819 (Hel.)  
 Tao S. with Homiya & Kawano, (833) (Hel.)  
 Tao, S. M. 803 (Misc.)  
 Tarasow, W. 233 (Hel.)  
 Tarrow, E. M., Boletina, A., Gamba, A.,  
 Raskin, A. & Epstein, E., 111 (Mal.)  
 Tartaglia, P. 81 (B.A.)  
 Tate, P. with Kamba & Vincent, 913 (Misc.)  
 — & Vincent, M., 419 421 (Mal.)  
 Taylor, F. H. 690 (773) (Misc.)  
 Taylor, H. W. Y. 903 (Misc.)  
 Taylor, J. & Ahuja, M. L., 767 (Chl.)  
 Tchang, J. & Latsang, S., 367 (Per.)  
 Tegoni, G. with Ascoli, B. W. (445) (Mal.)  
 Teichler, G. 622 (Hel.)  
 Thayer, T. E. H., 49 (Sp.)  
 Theiler, M. & Hughes, T. P. 860 (T.F.)  
 — & Whitman, L. 874 880 (I.P.)  
 Thelmer, 214 (B.)  
 Theodor, O. 461 (B.A.)  
 — with Adler 447 (B. A.)  
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BUREAU OF HYGIENE AND TROPICAL DISEASES

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# TROPICAL DISEASES BULLETIN.

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VOL. 32.]

NOVEMBER 1935

[SUPPLEMENT

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MEDICAL AND SANITARY REPORTS  
FROM  
BRITISH COLONIES, PROTECTORATES  
& DEPENDENCIES FOR THE YEAR 1933  
[FIFTH ANNUAL ISSUE.]

Summarized by H HAROLD SCOTT

M.D., F.R.C.P., D.P.H., D.T.M. & H.

*Director of the Bureau.*

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Issued under the Direction of the Honorary Managing Committee of the  
BUREAU OF HYGIENE AND TROPICAL DISEASES  
Keppel Street, London, W C 1  
1935



[Supplement to the *Tropical Diseases Bulletin* 1935, November]

# MEDICAL AND SANITARY REPORTS FROM BRITISH COLONIES PROTECTORATES AND DEPENDENCIES FOR THE YEAR 1933

[FIFTH ANNUAL ISSUE]

Summarized by H HAROLD SCOTT

## WEST AFRICA

### COLONY AND PROTECTORATE OF NIGERIA (1933)

The Colony and Protectorate of Nigeria is the largest of the British West African possessions its approximate area, including the area of the Cameroons under British Mandate being 372,674 sq miles, or more than three times that of the United Kingdom. It is bounded on the west and north by French territories, on the north-east by Lake Chad, on the east by the Cameroons and on the south by the Gulf of Guinea.

The financial depression has necessitated curtailment of all but the most urgently needed developments of the medical service and also reduction in the medical personnel. Now is the harvest being reaped of the seed sown through the foresight of those who arranged in past years for the training of African dispensers nurses and sanitary inspectors. When those who are now in training at the Medical School become qualified medical assistants the relief and benefit will be much enhanced since they will be able to act as house officers at hospitals and so mobilize the European staff at present much confined to hospital practice at the expense of district work.

*Vital Statistics* —The non-European population given is that of the 1931 census namely 19,928 171. Registration of births and deaths is compulsory only in the Lagos area, hence the figures for Lagos and Ebute Metta only are given here as reliable. The estimated population (of these two) was 155 664 (140 000)† amongst them were 3,882 (3,863) births or 24.9 (27.5) per mille of the total, 3 030 (3 035) were in Lagos and 852 (828) in Ebute Metta. Deaths in Lagos numbered 1 779 (1 460) in Ebute Metta 377 (359) together 2,156 (1,819) or 13.8 (12.9) per mille.

Deaths under one year totalled 533 (393) or 137.3 (101.7) per thousand live births a large increase. In Lagos there were 435 (323) and in Ebute Metta 98 (70) or infant mortality rates of 143.5 (106.4) and 115.0 (64.5) respectively.

The European population at the end of the year was estimated as 4 729 (4 375) and 30 (21) deaths occurred among them a rate of 6.5 (4.8). The total resident European officials numbered 2,095 (1 709) with an average resident of 1 586 (1 641) 100 (114) were invalided and 5 (5) died. Neurasthenia, 23 cases, was the chief cause of invaliding malaria and blackwater fever (7 and 4 respectively) 11 coming next. Of the deaths one was suicidal one due to blackwater fever and one

† The second number in brackets, refers throughout the Supplement to the figures for the preceding year which are given for comparison.

each to septicaemia (cause and nature not stated), pulmonary embolism and cystitis. Seventeen (27) non-official Europeans were invalided, three on account of malaria and two for tuberculosis. 12 (16) died, three from typhoid fever two from pneumonia.

Of African officials 61 (33) were invalided the causes were very varied, 37 in number the chief being defective vision, 7 cases, myocarditis 4 and tuberculosis two. There were 36 (33) deaths, acute lobar pneumonia accounting for 7 septicaemia for 5 and broncho-pneumonia for four.

The average daily strength of the Nigeria Regiment, R.W.A.F.F., was 3,079. 20 (16) died, a rate of 6.4 (5.2) per mille and 66 (95) were invalided. The average daily strength of the Police Force was 3,564. 35 (30) were invalided and 33 (35) died.

Further details of the births, birth-rates, stillbirths, deaths and death-rates are given in the subjoined tables with figures for the preceding year in brackets for comparison —

*Births and Birth Rates and Stillbirths*

Estimated Population	Province or District	
	Whole of Nigeria	Lagos area including Ebute Metta
Europeans and Whites	4 120 (5,442)	†1,069 (1,209)
Other non-natives and Africans	19,928,171 (19,822,729)	†135,664 (140,000)
Live Births		
Europeans and Whites —		
Male	19 (16)	3 (2)
Female	23 (9)	3 (4)
Total	42 (25)	11 (6)
Rate per 1 000 population	10.16 (4.6)	10.23 (5.0)
Other Non-Natives and Africans —		
Male	—	2,003 (1,909)
Female	—	1,879 (1,873)
Total	—	3,882 (3,882)
Rate per 1 000 population	—	24.63 (27.6)
Stillbirths		
Other Non-Natives and Africans —		
Male	—	75 (66)
Female	—	45 (47)
Total	—	118 (136)
Rate per 1 000 population	—	0.842 (0.971)

1931 Census figures.

† Estimated population at mid-year 1933.

## Deaths and Death Rates

Deaths	Provinces or District			
	Whole of Nigeria including Lagos Area	Southern Provinces	Northern Provinces	Lagos area including Ebute Metta
(Population)	†4 130 (5 442)	†1 662 (2 408)	†1 399 (1 825)	†1 069 (1 209)
Europeans and Natives —				
Male	36 (22)	15 (7)	9 (6)	12 (9)
Female	8 (5)	2 (2)	3 (2)	3 (1)
Total	44 (27)	17 (9)	12 (8)	15 (10)
Crude rate per 1 000 living	10.65 (4.96)	10.22 (3.73)	8.57 (4.3)	14.03 (8.2)
Other Non Natives and Africans —				
Male	—	—	—	1 179 (1 032)
Female	—	—	—	977 (787)
Total	—	—	—	2 156 (1,819)
Crude rate per 1 000 living	—	—	—	13.85 (13.00)

† Estimated population at mid year 1933

*Maternity and Child Welfare.*—Seven candidates gained the Grade I certificate and six that of Grade II of the Midwives Board. The former receive 2½ years training at the Government Maternity Hospital, Lagos and may practise anywhere in Nigeria the latter undergo training of at least 6 months at mission maternity centres and are registered for practice in their local areas.

Maternity work in Lagos has increased to such an extent that a ward previously occupied by children had to be utilized. In 1933 normal labour cases numbered 463 and abnormal 77 and 141 antenatal cases were admitted to the wards.

At the Lagos Town Council Child Welfare Centres 3 955 (3,231) children were on the registers and attendances numbered 7,995 (7 174). The Council employs ten African health visitors under the supervision of the Medical Officer of Health and a nursing sister. In the township there were 3 893 (3,899) births and 106 (141) born outside were attended. 5 172 following up visits were paid to 691 sick children attending the clinics.

New Maternity Hospitals at Aba and Calabar will be ready for occupation in 1934. At Ijebu Ode 102 (47) women were admitted to the maternity ward of the hospital and 1,236 (539) attendances at the Child Welfare clinic were recorded. At the Aba clinic 1,215 babies made 6 713 attendances. The Native Administration established a Child Welfare centre at Abeokuta and the large number of 126 525



attendances were recorded during the year there were another 1,895 at a sub-centre. Admissions to the women's wards of the National Administration hospital at Ibadan numbered 491 and 2,071 received out-patient treatment. At Katsina 432 were admitted as in-patients. *School Hygiene*—The Government middle schools are inspected medically and school clinics exist in Lagos, Abeokuta, Ibadan and Port Harcourt. At the Lagos clinic 3,450 cases were treated during the year and a clinic for ophthalmic patients is held twice weekly. A course of lectures on anatomy, physiology, first aid and elementary hygiene was given for teachers.

*Labour*—The plantations in the Cameroons are visited regularly. At Ibadan is a large oil palm plantation the hygienic conditions are of a high standard, housing and sanitation are good and there is an excellent hospital. Since 1930 banana cultivation has been much developed in the Ilko area and bush-clearing for this will drive away tsetse—an important factor in the prevalence of sleeping sickness.

All plantations have hospital or dispensary accommodation. Companies with several plantations usually have one main hospital and at the individual plantations a subsidiary hospital or dispensary. The Planters Union employs a private practitioner who is in medical charge of most of the plantations in the Victoria division. The labourers are given a ration and most of them have their own small farms and grow supplementary foodstuffs. Housing is not of a high standard the walls are of local timber and palm mats or bark, and the roof of palm mats. A European sanitary inspector has been posted to this area to give advice and to try to improve the present poor state of general sanitation. Attention has been paid to the sanitation of the tin-mining camps on the Bauchi plateau and the gold areas at Mima.

*General Sanitation*—The common mode of *sewage disposal* in smaller stations is the *salga* (covered pit) in larger stations and many towns by bucket latrines and subsequent disposal in deep fly-trapped pits. A water-carriage system has proved very successful at Enugu colliery camps the same method has been installed at the African Hospital, Onitsha, and the new maternity centre at Aba. Since the introduction of a water-carriage system into Lagos, the old sanitary tramway and tipping jetty have been done away with and a tipping dump and distributor have been erected, and the sewage is discharged in about 30 feet of water some 250 feet from the shore. There is to be further extension and the sewage will drain to two outfalls. Matters have been so arranged that when a complete sewage system is proceeded with most of the work now proposed can be incorporated with it.

Reclamation by controlled tipping of *refuse* was carried out in certain low-lying areas of Lagos, fly-breeding being kept under by spraying with arsenic-sugar mixture and by trapping. The question of *water supplies* is very important in view of the prevalence of guinea-worm and schistosome infestation. Improvements or new works are in progress at Abeokuta, Benin City, Calabar and Ife and investigations undertaken to improve the supply of several other towns, notably Ibadan, Port Harcourt, Ilorin, Zaria, Jos, Ijebu Ode and Iseyin. Chemical treatment at the Iju (Lagos) waterworks has made it possible to increase the rate of filtration through the existing filters and water of such pH value is delivered as will reduce the corrosive action in the mains.

*Food*—The work of the Dietetics Committee and of the Dietetic Pathologist for the Northern Provinces was mentioned in last year's report (this *Bulletin* 1934 Supp pp 6\* & 11\*). A similar committee has been formed for the Southern Provinces. Benefit has already resulted from the adoption of new diet scales for schools and prisons as recommended by the Dietetics Pathologist. The symptom-complex of retrobulbar neuritis sore tongue and stomatitis described by Dr Fitzgerald Moore and due probably to deficiency in protein and vitamin B is widespread among children.

There is to be a new and up-to-date abattoir in Lagos (Apapa) and a cattle pound large enough to harbour the weekly cattle supply.

As regards *Housing and Town Planning* a new lay-out is in progress at Bida and a large area has been cleared round the hospital at Sokoto. At Port Harcourt insanitary quarters occupied by casual labourers have been demolished and housing conditions improved.

*Training of Sanitary Personnel*—The school building for the training of Sanitary Inspectors at Kano was completed in June but was not equipped till the end of the year. It is intended for both Government and Native Administration pupils. A similar school but for the latter pupils only was opened at Ibadan in April with 13 students the number later rose to 25. There is systematic teaching with practical demonstrations by means of models and a good museum is being got together. Sanitary Inspectors were trained as usual in Lagos twelve obtained the certificate of the Royal Sanitary Institute of London.

*Hospitals Dispensaries Clinical Returns*—At 12 European Hospitals with a total of 145 beds, in patients numbered 1 007 (974) and out-patients 3,982 (4 105). In the Northern Provinces were 27 African Hospitals of which 10 were of B type *i.e.* modern hospitals to which European Nursing Sisters are posted and where training of junior African nurses is carried out. 9 of type C *i.e.* modern hospitals but without European Nursing Sisters and 8 type D or Bush hospitals. These together had a complement of 1,373 beds and to them 19,581 were admitted as in-patients and 133,561 were treated as out patients.

In the Southern Provinces there were 39 African Hospitals 11 of type B 24 of type C and 4 of type D with a total of 1,853 beds in-patients numbered 22,620 and out-patients 443 190.

The above figures are taken from the returns in the various tables in the text of the report European in patients are given as 1 030 (1 010) and out-patients 6 058 (5 912) and non European as 45,233 (41 577) and 570 607 (541,517) respectively.

There were 222 (197) Dispensaries of which 96 (86) were in the Northern Provinces and 122 (108) in the Southern 4 (3) were in the Colony. The following give the numbers in each Province I Northern Provinces. Adamawa 8 Bauchi 6 Benue 11 (9) Bornu 9 (5) Ilorin 7 Kabba 8 (6) Kano 10 (9) Biger 10 Plateau 10 Sokoto 11 (10) Zaria 6.

II Southern Provinces. Abeokuta 8 Benin 20 (17) Calabar 15 (12) Cameroons 6 (4) Ijebu Ode 7 Ogoja 10 (9) Ondo 9 Onitsha 7 (6) Owerri 18 (15) Oyo 17 Warri 5 (4).

The main diseases treated at the Dispensaries were Yaws 107 720 ulcers 63,396 helminth infestation 47 186 chronic rheumatism 45 718 malaria 34,922 and scabies (craw craw) 34 173. The total number

treated was 619 188 (367,882) nearly 70 per cent. increase. In fact, in the dispensaries of the Southern Provinces alone the number treated, 366,931 was only a little below last year's total for all the Provinces.

The Missions have 74 stations in the Northern Provinces and 41 in the Southern where medical work is performed. At the former there are ten doctors and 29 holding dispenser's permits and 14 doctors, 41 dispensers at the latter. In the Northern Provinces the number of cases treated was 56 696 and attendances totalled 781 125 and in the Southern 57,568 cases and 229,957 attendances (and the latter figures are in four instances incomplete returns).

The position with regard to Mental Asylums is still unsatisfactory. No true Mental Hospital exists in Nigeria, nor is there any officer in Government employ specially trained in mental diseases. There was on foot a scheme for building a large asylum for the Southern Provinces at Abeokuta, but this is in abeyance. The existing asylums at Ibadan and Calabar are quite filled. parts of the prisons at Lagos and Lokoja are reserved for lunatics and at the Native Administration prisons are sections reserved for lunatics usually outside the main prison compound.

**Malaria**—Hospitals figures are given as follows—European cases 928 (876) no fatalities non-Europeans 34,594 (32,895) cases, 36 (35) deaths. In addition there were 12 (15) European cases of *Malaria* *fever* 1 (1) death and 17 (10) non-European cases, 4 (2) deaths. In the tabulated returns of 267 Europeans treated as in-patients all were subtertian of 674 out-patients 661 were subtertian, 12 benign tertian and one not defined. Of non Europeans 1,881 in-patients included 1,879 subtertian and only one each of benign and quartan and there were 32,712 out-patients all subtertian.

As regards preventive measures drainage operations begun in certain large centres—Abeokuta, Ibadan, Enugu and Onitsha—were maintained and extended temporary measures generally were carried out as far as funds would allow.

**Enteric fever** cases were few as is usual in Nigeria. There were 15 Europeans 11 of them with *Bact typhosum* infections one each with *Bact paratyphosum* 4 and B 2 were not defined. Of non-Europeans there were 25 cases 7 undefined, 13 typhoid and 5 paratyphoid A. European patients treated in hospital for *dysentery* numbered 43 one not defined, 29 were amoebic and 18 bacillary. There were 73 out-patients 5 not defined, 53 amoebic and 15 bacillary together 121 cases, 82 amoebic 33 bacillary 6 not defined. Non-European in-patients numbered 1 089 and out patients 3,591. The type was defined in 873 of the former 820 were amoebic and 53 bacillary. Among 2,835 out patients whose infection was determined 2,772 were amoebic and 63 bacillary.

A large outbreak of *cerebrospinal fever* occurred in a remote district of Adamawa Province and 418 fatal cases were recorded. Last year in the Jenarea of the same Province there were 146 cases and 113 deaths.

Schick tests were carried out on infants, school children and a few adults in Lagos. These served to show that most persons develop an immunity about the age of 10 years. More are to be tested in 1934. No cases of the disease are reported in the tabulated returns.

In the Southern Provinces 1 494 (977) cases of *smallpox* and 234 (241) deaths were reported a case fatality of 15·6 (24·8) per cent. More than one-third occurred in Ijebu Province where there was a widespread outbreak. Other outbreaks took place in the Province of Abeokuta Oyo, Ondo and Benin but these were soon brought under control. In Lagos itself 59 (10) cases 10 (3) fatal were reported. 489,845 (537,245) vaccinations were performed. In the Northern Provinces epidemics occurred in Bauchi, Zaria and Kano Provinces. Employment of women vaccinators proved successful there were 14 in Kano alone. 195,951 vaccinations were performed.

There was no case of *plague* human or rodent notified throughout the year nor any outbreak of *relapsing fever* in any part of Nigeria. No indigenous case of *yellow fever* was seen. One a European came from the French Niger Colony and died in Kano Hospital. Regulations are to be brought into force in 1934 to enable travellers entering Nigeria by land from an infected local area to be placed under surveillance, in accordance with Article 61 of the International Sanitary Convention.

*Leprosy*.—The average population at leper settlements was 4,860 (3,561). There are nine of these in the Southern Provinces and Colony with a combined total of 969 six in the Northern Provinces with 841. Four medical missions in the Southern Provinces had 2,307 patients (included in these is one at Itu the largest in that it has itself 1 583) and five in the Northern Provinces had 743. Another 1,827 received treatment at Native Administration Dispensaries. In the table of returns of non-European cases 375 were treated as in patients and 2,593 as out-patients there were 68 deaths.

The general information as regards *tuberculosis* is not accurate and in only one or two of the larger centres are accurate returns available. Notified deaths from this disease numbered 149 (179) of which 124 (131) were from the pulmonary form and 14 (19) from generalized tuberculosis. In the tabulated returns 571 non Europeans received in patient treatment 381 of them for pulmonary disease and 621 were treated as out-patients 463 pulmonary or together 1 192 cases 844 pulmonary. Only 6 are entered in the European returns 4 pulmonary one intestinal and one glandular.

On *trypanosomiasis* much field work has been done and in the Gadau laboratories research has been continued. The report of the Tsetse investigation is dealt with in detail elsewhere in this *Bulletin* (Vol. 32 p. 685) and only brief notice is needed here. Experiments have been carried out to determine the value of tartar emetic in bovine trypanosomiasis, in natural direct infection with *T vivax* and by *Stomoxys* and in cyclical infection with *T vivax* and *T congolense*. It was shown that this drug did not sterilize the animals and therefore does not produce a permanent cure. The state of premunition set up is transient and the drug has to be repeated. Work on the histopathology of bovine trypanosomiasis was continued. The characteristics of 17 Nigerian strains of the polymorphic trypanosomes have been investigated and the effects of cyclical transmission on these characteristics.

An extensive outbreak of infection was discovered among the Abua clan in the Ahoada division of Owerri Province. Investigators were sent from headquarters at Gadau to work in the area. Survey teams examined 228,925 persons in the Northern Provinces and diagnosed 22,583 cases (9·8 per cent. incidence) and of 16 101 examined in the

treated was 619 188 (367,852) nearly 70 per cent. increase in fact, in the dispensaries of the Southern Provinces alone the number treated, 366,831 was only a little below last year's total for all the Provinces.

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**Veneral Diseases**—At Government hospitals 16 288 (19 481) patients were treated for syphilis and at dispensaries 19 349. For gonococcal infections 15 180 (12,975) at hospitals and 14 160 at dispensaries. In the tabulated returns non European in patients numbered 4 172 of whom 2,254 were suffering from syphilis 1,593 from gonorrhoea, 287 from soft chancre and 39 from granuloma venereum. Out-patients numbered 23,268 of whom 13 698 were for syphilis 13 440 for gonorrhoea, 1 113 for soft chancre and 17 for granuloma venereum.

Note may be made here of eight patients with *Climatic Bubo*. Examination of the glands revealed the typical histological picture but none of them gave a positive response to Frei's test.

On account of yaws 86 748 (80 675) were treated at hospitals and 107,720 at Native Administration dispensaries. The campaign against yaws in the Bamenda division of the Cameroons Province has progressed and in March the scheme was extended to the Bansa division of the Province. Each village headman sends one person to the base hospital to be trained in giving injections of sobita these men return to their villages. At the end of 1933 forty-one were employed in Bamenda division and five in Bansa.

**Helminthiasis**—In the Southern Provinces infestation by ascaris and hookworm appears to be universal. *Loa loa* occurs in Warri and Benue Provinces and in Southern Cameroons especially round Kumba. *Dracunculus* is rare east of the Niger except at Abakaliki elsewhere it is fairly common. *Taenia* infestation occurs mainly in Hausa communities. *Schistosomiasis* is not common in the Southern Provinces but frequent in those districts of the Northern Provinces which have been investigated the urinary form is the commonest but the rectal is also seen. The fruit bark and roots of the desert date *Balanites aegyptiaca* have been found by ARCHIBALD to be lethal to schistosome carrying molluscs and these trees have been planted round a village pond near Katana and experiments are to be made to test the efficacy of this.

Ascaris is not common in the Northern Provinces, but *T. saginata* infestation is very general owing to the custom of the natives of eating beef after mere surface grilling.

Five cases of rabies were reported two of them fatal. In one of the last treatment was started 14 days after the bite (which was on the face) and symptoms appeared 15 days later i.e. four weeks after the bite. Another boy bitten by the same dog was treated at the same time and did not develop the disease. The second fatal case was admitted 5 weeks after a bite on the wrist symptoms declared themselves 18 days after treatment was begun i.e. 7½ weeks after the bite and death took place in 48 hours.

Canine rabies was reported from Lagos and many parts of Nigeria. 10 Europeans and 39 non Europeans received prophylactic treatment. At the laboratory 38 brains were examined two from human cases one from a cat and 35 from dogs both the human brains one cat's and 16 dogs showed Negri bodies.

Mice have been substituted for rabbits in rabies work they are more economical and have been found to give more definite histological results.

**Laboratory work**—One pathologist was engaged during the first half of the year on dietetic research two others on schistosomiasis and

Permanent *drainage* work has been carried out in Oboasi, Kumasi, Tamale and Takoradi and improvements in the last three and in Accra and Tarkwa. *Clearing* of grasslands in and around town areas is carried out as far as funds permit. Water retaining rot-holes and foci of trees—particularly the flamboyants and small cassias—require constant care. Mosquito breeding was rife in the water retained by the large boat-shaped leaves in the abandoned sisal plantation in Accra. Rural sanitation has suffered of late years, especially in Ashanti. When money was plentiful the chiefs and people readily hired labour for building latrines clearing bush, etc. Now little is done. Latrines have fallen into ruin and refuse and rubbish is deposited around villages and small townships. The whole question of rural sanitation is under the consideration of the Government.

During 1933-34 a Senior Health Officer was available for regular visiting in the mines areas. The death rate for the total labour force employed in this industry namely 16 450, was only 9.1 (11.5) per mille.

*Food*—The sanitary state of the markets in the larger centres is well maintained the sheds where meat is sold are fly-proofed, and some of those for bread. There are no dairies in the Gold Coast. Markets and stores are visited regularly and food for sale is carefully inspected. In spite of the not too-well balanced diet deficiency diseases are not common.

*Training of Sanitary Personnel*.—The School for Sanitary Inspectors at Accra is to continue its activities which had to a great extent fallen into abeyance. Training of village overseers at Kumasi was maintained throughout the year. The Town Councils of Accra, Cape Coast, Sekondi and Kumasi train their own municipal inspectors.

*Hospitals Dispensaries Clinical Returns*.—The subjoined table, compiled from the report, shows the Hospitals, European and African, the numbers of beds available and the dispensaries.

Province	European Hospitals		African Hospitals			Dispensaries
	No.	Beds	No.	Beds	Cots	No.
Eastern	1	15	11	300	67	13
Central	2	10	5	141	6	7
Western	2	26	4	90	4	5
Ashanti	1	13	4	182	25	4
Northern Territories	1	6	6	109	3	7
British Togoland	—	—	2	37	—	3
Total	7	73	32	919	105	39

There are also a European Contagious Diseases Hospital with 4 beds and 9 African with 90 beds. The Maternity Hospital has already been mentioned.

There is also a Central Asylum at Accra but the accommodation is far from adequate. There were 382 (375) resident patients at the end of the year in a building designed to house a maximum of 232.

More accommodation is to be provided in 1934 but what is needed is the erection of a properly designed Mental Hospital.

At the three largest townships Accra Sekondi and Kumasi in-patients totalled 7,286 (7 329) of whom 6 674 (6 798) were Africans and 612 (531) were Europeans. At the Accra Hospital African in-patients numbered 3 020 (3 349) and out patients 13 473 (13 197) at Kumasi Hospital 2,204 (2,334) in patients and 13 645 (13 927) out patients. The fall in the totals of the latter are ascribed to the facts first that some private medical practitioners have opened dispensaries at and around Kumasi and have thus relieved pressure on the hospitals, and secondly the drop in profits from agricultural products has resulted in many patients being unable to afford the cost of transport from up-country districts to Kumasi.

In the Table of Return of Diseases and Deaths the total number treated as in patients was 23,225 of whom 21 429 were medical 1,222 at welfare centres and 574 at contagious diseases hospitals. Out patients totalled 227 601 of whom 188 635 were medical 38 742 at welfare centres and 224 at contagious diseases hospitals. Among the 38,742 treated as out patients at the child welfare clinics the chief diseases were malaria 12,265 yaws 4,834 and respiratory affections 3,864.

The Travelling Dispensaries have not been functioning owing to the reduction in funds available for medical services.

The Nurse Dispenser training scheme was detailed in last year's report (see this *Bulletin* 1934 Supp p 15\*) and need not be again described. There is no doubt that rural dispensaries in charge of dispensers with a training in nursing duties fill a much needed want.

Missions are taking an increasing part in the medical work of the Colony and grants-in-aid are given to them to this end. The clinic operated by the White Fathers at Navrongo was no longer needed when the hospital was opened, but they have started work in another part of the district which cannot be reached by the Medical Officer stationed at Navrongo.

Malaria occurs all the year round but many severe cases are seen during the dry season perhaps chills light up infections acquired during the rains. The disease was prevalent among the staff European and African and the prisoners at the Central Prison Sekondi. The prison is low lying and mosquito breeding in the district is rife steps have been taken to mitigate this evil.

Cases recorded numbered 25,584 (20,340) or 102 (85) per thousand of all cases. In the tabled return in patients (including 12 with black water fever) totalled 2,783 and out patients 22 801. The type of infection was differentiated in 2,374 of the former and 9 625 of the latter. Among the 11 999 there were 11 360 or 94.7 per cent. *P. falciparum* 595 or 4.9 *P. vivax* and 44 or 0.4 per cent. *P. malariae*. Two cases of infection by *P. ovale* were seen in Kumasi one patient had never been outside the Gold Coast, the other was a West Indian woman who had lived in Kumasi for more than 5 years. Both were mild cases and responded well to quinine.

Four hundred and eighty five deaths were registered as due to malaria.

The splenic index among children is stated for four important centres. At Kumasi among 1 417 examined the rate was 23.5 per



cent. among 1,588 at Accra 19.6 (last year 15.6) among 338 at Cape Coast 29.2 (20.5) and among 112 at Takoradi 20.0 (24.7) per cent. The variation in the index is wide as regards age thus, at Kumasi in those under 5 years the rate was 52.0 from 5-8 years 30.5 from 8-12 years 28.0 and thereafter a big fall, 12-16 years 16.5 and over 16 years only 9.8 per cent.

During the rains *A. gambiae* and *A. funestus* are almost everywhere in the coastal belt in the areas of light forest and the plains. They breed in the exposed and lightly shaded waters.

There were 18 (13) cases of *blackwater fever* 8 (11) fatal. Eight (5) were Europeans and 4 (0) died 3 (3) among Syrians 1 (1) fatal, and 7 (5) Africans, 3 (0) fatal.

During 1933-34 little in the way of permanent antimalaria drainage was undertaken, but progress was made at Obuasi, Tamale and Takoradi. Earth drainage has been provided at several places—Accra Koforidua, Kumasi Obuasi, Takoradi, Tamale and Tarkwa. Efforts are being made to substitute more permanent works in place of costly recurrent oiling. Antimalaria measures taken in hand during the year may be summed up in the words of the report—

(a) The drainage of low-lying areas liable to swamping by graded earth drains fed by open or subsoil, herring-bone collaterals.

(b) The filling of pools and swamps, or depressions liable to swamping when filling material is available. Indestructible refuse covered with a good top-dressing of earth or incinerator ash is often used for this purpose.

(c) The treatment of standing water of limited extent, which it is impossible to drain and the filling-in of which would take a long time, with oil or Paris green.

(d) The delumination of the edges of lagoons and the rough training of streamways.

(e) The provision of contour-drains and vertical drainage where such methods are practicable.

(f) The stocking of suitable collections of water with larvae-eating top-minnows.

(g) The clearing of grass and bush in the vicinity of houses.

(h) The treatment of cases of malaria at hospitals, infant clinics and dispensaries &c the sterilisation of the blood of the infected in so far as this is possible.

(i) Education in methods of personal protection against mosquito bites & the use and care of the mosquito-nets, the wearing of mosquito-boots etc. and the advantages to be derived from the taking of prophylactic quinine.

One hundred and twenty nine (78) cases of *enteric fever* were notified and 14 (4) deaths. In the tabled returns *dysentery* accounted for 366 in patients and 1 039 out-patients, together 1 435. The nature of the infection was determined in 896 and of these 705 were amoebic and 181 bacillary or 79.5 and 20.5 per cent. respectively.

*Plague* was absent from the Colony though its presence and endemicity in the adjacent country especially the French Territory to the north, is a constant menace and every care is taken 77 033 rats were destroyed and a proportion of them examined bacteriologically but none was found infected. A reserve stock of vaccine is kept at Accra in case of emergency. One case of *smallpox* was notified from Tarkwa district Western Province early in the year and towards the end an outbreak occurred in the Ho district of Togoland. Thirty-six cases

were seen 10 ended fatally. Lanthanated lymph from the Lister Institute was used for 377 768 (372,190) vaccinations.

There was no epidemic of *relapsing fever* but two deaths were registered. Most cases were reported from Kumasi amongst casual and itinerant labourers. Most were among the Boweris and Zabramas tribes from the French Territory. Disinfestation stations are established at Kumasi and Tamale in Northern Territories and there immigrant labourers are shaved and bathed and their clothing disinfected. Twenty thousand were dealt with at Kumasi during the year.

*Yellow fever* appeared in certain localities. There were 7 reported cases, 4 fatal. Three of the cases all fatal were in Europeans none occurred among Syrians. In centres where control over the breeding of domestic mosquitoes is possible *Aedes aegypti* can be kept down. If sporadic cases occur the infection is not likely to become epidemic, but the presence of other less readily controlled possible vectors is a matter of concern especially *C. thalassius* a common seaboard mosquito throughout the Gold Coast. Preventive measures comprise —

1. Organized inspection of all premises in large centres all premises are seen every 7-10 days.

2. Arrangements whereby European officials live in well-organized residential areas, and encouragement of European trading firms to acquire building plots or take existing bungalows in these areas for their European staffs.

3. Advising all Europeans to be inoculated against yellow fever when on leave in England.

4. Checking the diagnosis by protection tests.

*Leprosy*—Five thousand lepers were mentioned in the previous report but this is believed to be an under estimate and the incidence is thought to be in the neighbourhood of 2 per mille. Settlements are maintained at Accra, Ho, Kumasi, Navrongo, Sekondi and Yendi. At Ho the chief settlement there were 375 (329) patients. Lepers are urged to enter one of these settlements but will rarely do so until in an advanced stage when their relatives or friends refuse any longer to look after them. Treatment in the settlements is by moogrol, hydno-carpus oil and alepol. Definite improvement was noted in some of the earlier cases. The inmates at Ho come from Togoland and the Trans-Volta districts. Those who are able bodied make their own farms and various trades are carried on such as weaving, carpentry, shoe making, wood-carving and pottery.

Notifications of *tuberculosis* numbered 1 193 (1,227) and 649 deaths were recorded or 10.1 per cent of deaths registered. Of a total of 1 193 patients mentioned in the table of diseases 1 006 or 84.3 per cent. were pulmonary cases. It is believed to be increasing in distant areas where there is no registration and most of the labour in the Gold Coast is drawn from such localities and the infected labourer acts as a focus for further spread on his return home. The causes of the high death rate are as elsewhere overcrowding, under-nourishment, exposure, deficient dietary, low resistance and the spitting habit. Preventive measures must include improved housing conditions, extension of lay-outs in townships and rural areas and education.

*Trypanosomiasis* surveys showed a high infection rate in certain areas in the Protectorate of the Northern Territories and North

Togoland. During the year 117 (45) deaths from this cause were registered, 69 of them in Kumasi. In the tabled returns 1 186 cases are given as under treatment, 741 as in-patients and 445 as out-patients.

In the report a brief history of this disease up to 1933-34 is given before treating in more detail of the year under review. During the past decade there has been, except in 1927-28, an uninterrupted rise and latterly the increase in cases and deaths has been more marked. In 1924-25 28 cases no deaths, were reported, then in successive years 37 cases (5 deaths) 67 (11) 59 (4) 94 (18) 121 (23) 224 (16) 250 (28) 685 (45) in 1932-33 and 1 179 cases, 77 deaths in 1933-34.

Infection is rare in the coastal zone only 7.1 per 10 000 persons treated in the forest belt this increases to 84.6 and in the savannah belt to 87.3 per 10 000. In both coastal and forest areas a certain number are immigrants from endemic, or epidemic districts in the Northern Territories of the Gold Coast or from French Territory. The Northern Territories and neighbouring regions are almost certainly responsible for most of the cases.

Investigations of recent years point to the north of the northern section of Togoland under British Mandate (Mamprusi) as the most heavily infected area in the Gold Coast. Investigation by the French points in a similar manner to Togoland. Thus, at Dokpoug in the Mango Province between Bogon and the frontier of British and French Territory in Northern Togoland, 87 per cent. of those with enlarged glands have trypanosomes in the gland juice. A hyperendemic zone has been found in the region of Pagouda Lama Kara Koumea. Of a population of 160 000 one-fourth has been examined of these 40 000 ten thousand or 25 per cent. were found suffering from trypanosomiasis. In Northern Mamprusi the waterways are restricted mainly to the Red and White Volta and Tamme rivers and the people live in large villages, so that conditions are less favourable to the presence of tsetse. Examination of the gland juice of 300 persons in Bende, Nakpanduri and Yumoo in the hyperendemic area of Mamprusi under Mandate revealed 18.12 and 7 per cent. respectively in the three towns. Towards the end of 1933 a temporary field hospital was established at Nakpanduri, as being the centre of the hyperendemic area.

In South Mamprusi, especially that under mandate, there are many small waterways which in the dry season become only pools, the people are scattered among numberless small farms and the bush is of the open savannah type. In parts of this district out of a population of 12,000 examination was made of 4 500 and only 48 or about one per cent. of those suspected proved positive the disease was, however hyperendemic in part of the new Southern Mamprusi district, where 4 per cent. were found infected.

*Glossina palpalis* is the chief vector but *G. tachinoides* is also to be reckoned with. The former is found near fords and river crossings, along banks of rivers and at pools and water-holes in the courses of dried-up rivers. Other species prevailing are *G. longipalpis*, *G. morsitans*, *G. submorsitans* and, rarely *G. medicorum*. Other forest species have been described, namely *G. caliginosa*, *G. fusca*, *G. nigrofusca* and *G. pallicera*, but they are of little importance compared with *G. palpalis*.

Regarding prevention, efforts have been made to render conditions in the areas affected less favourable for the breeding of tsetse by means

of clearings. The Laws provide for a clearing of 30 yards along banks of streams adjoining the water supply and crops may not be grown within 100 yards of houses in villages. (The French authorities, it is said carry out no clearings.) In Ashanti the size of the area to be cleared is not defined, but clearings 50 yards in extent have to be maintained round villages.

In Mamprusi as far as possible the area round all water holes in the territory affected was cleared for a distance of 50 yards. Further clearings were made for 100 yards on either side of the main road crossings over streams and for 50 yards round villages.

Elsewhere except at Sunyani, work consisted for the most part in treating those infected. In Sunyani experiments were undertaken in connexion with trapping the fly. At first the Swynnerton trap and a modification of it were used later one devised by Dr MACPHERSON and his staff. The following table gives a comparison between the numbers of cases treated in various representative hospitals five years ago and now. It is very instructive —

Hospital	No. of cases treated		Incidence per 10 000 of all causes	
	1928-29	1933-34	1928-29	1933-34
Accra	7	33	3.7	9.8
Kumasi	26	363	11.8	258.1
Sunyani	1	73	10.3	99.6
Tamale	1	101	1.1	48.3

Dr SELWYN-CLARKE summarizes in the following words the present situation in this respect —

"It is not possible to indicate to what extent the apparent increase has resulted from (i) focussing attention in recent years on the disease (ii) detaching officers whose principal duty has been to search for cases and lastly (iii) the unabated immigration from French territory—part of which is known to be heavily infected—of labourers many of whom have contributed to the numerous cases of death from the disease recorded during the year. The majority of cases seen are adult males of whom a large proportion are immigrants.

Investigations suggest that the northern portion of Togoland under British mandate (Mamprusi under mandate) is a hyper-endemic area with an infection rate in the neighbourhood of 11 per cent.

"The Sunyani District of the Western Province of the Colony of Ashanti is another region where the infection is known to have existed for many years. Cases have also been reported where infection was believed to have occurred on the outskirts of Kumasi in the centre of forest belt of Ashanti.

Cases occurring in the coastal belt of the Colony proper are believed to be to a very large extent imported.

*G. palpalis* is the principal vector although there is a possibility of *G. tachinoides* being of some importance in the Protectorate.

A combination of Bayer and Tryparsamide appears to give the most satisfactory results.

"The danger of a patient who only submits to one or two injections and then ceases to attend for treatment and thus becomes a potential carrier of an arsenic fast strain is a very real one and efforts were made to induce cases to remain for a course of at least seven injections. Blood sterilisation

is expensive and does not prevent a second infection if a patient, after being cured, returns to the place where he was infected—nothing having been done in the meantime to abolish or diminish the breeding of tsetse.

A hospital camp with trained staff has been established at Nkpanandiri (Mamprusi under mandate) for the treatment of cases in that hyper-endemic area.

The need for clearing and its annual maintenance is emphasised.

The consensus of opinion favours clearings for fifty (preferably one hundred) yards round water-holes or along the banks of rivers where water is drawn one hundred (preferably one hundred and fifty) yards on either side of main road crossings on rivers or fords and a quarter of a mile on either side of ferries.

Clearings of fifty yards round villages possess a definite value. Dr Batchelor states that all trees should be felled within the limits of the cleared area for the clearing to be really effective. The Governor is promising that the Medical Department should receive the fullest support and co-operation from the Political officers, ruled that large trees were not to be felled at present, that a clearing of fifty yards to be extended ultimately to one hundred yards was to be made round villages, principal water-holes and fords or river crossings, and that cattle kraals (since cattle attracted flies) should be kept outside instead of in the middle of villages.

*Cerebral diseases.*—In the clinic at Accra, new cases numbered 1,064 and the total patients treated 1,977.

Yaws with 60,394 cases, was the chief disease treated. Among 39,742 out-patients at infant clinics 12.5 per cent. were cases of yaws. The number has decreased during the past four or five years, but an increase is expected as the standard of rural sanitation has fallen.

*Helminthiasis.*—Ankylostome infestation is common but rarely causes clinical manifestations. Ascariasis is met with almost everywhere the incidence is greatest in the young. Taeniasis is common, especially in Northern Territories and parts of Northern Ashanti where lack of firewood renders proper cooking of meat impracticable. In the same localities Dracontiasis also occurs. Schistosomiasis prevails in Akuse (Eastern Province) Oda (Central Province) and Sunyani in Western Ashanti. Six hundred cases of the last were treated, most infestation by *Sch. haematobium*.

Laboratory work at Accra was almost entirely confined to routine examinations of material from the Gold Coast Hospital, the Maternity Hospital, the Princess Marie Louise Hospital and Welfare Centre and from stations scattered over the Colony. Other work included bacteriological analyses of water, post mortem examinations, etc. Wassermann reactions numbered 2,764, blood specimens for parasites 5,384, faeces 4,198 and water samples 251.

*Bact. paratyphosus C* was isolated three times from bodies after death, also the *Salmonella* Dublin type from two patients with continued fever. This has been isolated in Europe from cases of calf dysentery and is important in that it may perhaps be conveyed in cows' milk.

Strains of *C. diphtheriae* were isolated from four patients, 3 African and 1 European. These cultures are to be tested for type. 3,884 faeces were examined for dysentery. *E. histolytica* was found in 55, *Balantidium coli* in 8 and *Bact. dysenteriae* Flexner was isolated 24 times among 304 samples of faeces submitted to cultural examination, Schmitz bacillus four times and Sonne twice.

At the Chemical Laboratory 1 728 (1,859) samples were dealt with 1 099 of them were for the Customs.

Expenditure for all branches of the Medical Department including Medical, Health and Laboratory services was estimated at £288 514 but the actual expenditure was only £278 124 (£285 110) or 12 1 (10 7) per cent of the total expenditure of the Colony This does not include the cost of buildings such as hospitals dispensaries etc. nor public works such as water supplies and town improvements

### SIERRA LEONE (1933)

The Colony and Protectorate of Sierra Leone has an area of nearly 28 000 sq miles, a little less than that of Scotland The sea coast is 210 miles long and extends from Kiragba on the border of French Guiana to the Mano River on the border of the Republic of Liberia.

**Vital Statistics**—In the Protectorate where 95 per cent. of the population live registration of births and deaths is compulsory for non-natives only As a result of recent consultations between the Provincial Commissioners and the Paramount Chiefs requests may follow asking for compulsory and free registration for the natives.

In the Colony including Freetown and Cline Town among an estimated midyear population of 99,239 (97 921) there were 2,328 (2,439) births a rate of 23·4 (24 8) per mille deaths numbered 2,205 (2,404) or 22·2 (24 5) per mille infant deaths 540 (567) gave an I.M.R. of 232·1 (232·4)

In the registration districts in the Protectorate of which there are five in the Northern Province and sixteen in the Southern births totalled 358 and deaths 309 there were 50 infant deaths or 139·6 per thousand live births.

The population given as that for the Colony excluding Freetown is 41 064 [this figure has remained unchanged for the past 5 years] registered births numbered 948 (1 163) or 23·0 (28 3) per mille, deaths 976 (1 004) or 23·7 (24 4) infant deaths 223 (219) or 235·2 (188 9) per thousand live births. The principal causes of death were bronchitis and pneumonia 122, dysentery and diarrhoea 76 and malaria 65 but very few are medically certified only 9 2 and 2 respectively For Freetown itself the vital statistics are probably fairly correct. The population at midyear was estimated as 58 175 (56,857) 1,378 (1,276) births were registered during the year giving a rate of 23·6 (22·4) deaths 1,229 (1 400) give a death rate of 21·1 (24·6) Just under 30 per cent. of deaths are registered on medical certificate, hence the causes of death are by no means accurate but among those given may be noted 108 from malaria 53 (38) from tuberculosis of which 38 (11) were medically certified, 30 from dysentery and 4 from enteric fever The infant mortality rate for Freetown has fallen considerably from 272·7 to 230·0 This decline may be due in part to more accurate registration of age since this is checked by reference to the birth certificates which are asked for before deaths of infants and young children are registered in part no doubt to the activities of Health Visitors and Infant Welfare clinics.

Maternal mortality 6 (6 certified) give a rate of 4·3 per thousand total births but some of the uncertified deaths under the heading of

malaria may have been cases of puerperal sepsis. One of the certified deaths was due to post partum haemorrhage two to puerperal septic aemia and one to eclampsia.

*European Officials* totalled 218 (240) average resident 155 (176). Seven (6) were invalided and 1 (0) died. Of those invalided two were on account of pulmonary phthisis and one for blackwater fever the death was due to broncho-pneumonia. *European Non-officials* totalled 400 (434) average resident 285 (292) 7 (11) were invalided, one on account of blackwater fever one for dysentery two for tuberculosis (one pulmonary one arthritic) 3 (6) died, one from dysentery.

*African Officials* numbered 960 (900) of whom the average resident were 950 (880) 10 (4) were invalided two for pulmonary tuberculosis, and 4 (5) died, one from pneumonia, one from typhoid fever. The average strength of the *African troops* was 374 (370) 403 (380) were on the sick list during the year a very marked reduction from 1,279 the number for 1931. The health of the *African Police* is stated to have been satisfactory there was a marked decrease in the number reporting sick and there were no deaths. The health of the prisoners at Freetown Prison was generally good. A score or so of cases of "epidemic oedema" were found in the second quarter of the year and 8 were admitted to hospital all recovered.

*Maternity and Child Welfare*—In the Maternity Ward of the Connaught Hospital 281 (240) births took place and there were two (2) maternal deaths, one from pneumonia and pyelitis and the other from pyaemic abscesses of liver and kidneys. At the Antenatal Clinic, Campbell Street 567 women were registered 494 were pregnant and 200 of them were delivered at the Connaught Hospital. To the 567 on the register a total of 4,248 visits were paid. A Postnatal Clinic was started on 1st July and held weekly thereafter. It was intended primarily for the surveillance and treatment of patients who had been confined in the Connaught Hospital. During the six months 131 new cases attended.

Infant Welfare work was carried on at three centres—Connaught Hospital the Princess Christian Mission Hospital, and at Campbell Street. Each of three Health Visitors has assigned to her a city ward for which she is responsible she receives weekly from the Registrar of Births a list giving the names and addresses of all newly registered births. She visits and urges attendance at the infant clinics of any child under 3 years of age and at the post natal clinic of all the mothers.

The report deals with the clinics at the Connaught Hospital and Campbell Street the third is under the care of the Medical Officer at the Mission Hospital. Children attending the clinics numbered 764 (806) 60 (27) of them were less than a week old. This is indicative of increased interest in the clinic but it is not desirable that mother and child should go out so early in the puerperium. As births are rarely notified before the fourth day it is clear that some mothers are out before being seen by the Health Visitor. At the Connaught Hospital Clinic 377 new cases and 4,524 old attended, together 4,901 at Campbell Street 387 new and 5,780 old or 6,167 in all. The Health Visitors saw 748 newly born and paid 4,838 visits.

Medical inspection of Schools was carried out by the Acting Medical Officer of Health in Freetown in spare time 244 children were examined, 56 had malaria parasites in their blood and 52 had defective teeth.

*General Sanitation*—In Freetown *sewage disposal* is carried out largely by cesspits in congested areas these are situated too close to dwellings or kitchens. In European houses and some of the better class African houses the pail system is used the contents being emptied into the sea or Otway pits or disposed of by shallow trenching. A few private houses have septic tanks. At Bonthe which is almost at sea level pails are used covered pit latrines (Salga) not being feasible. In Protectorate villages the surrounding bush is mostly utilized. In the larger villages and towns cesspits. In low lying swamp areas e.g. Makeni, these pits have to be very shallow because of the danger of infecting wells used for domestic water supply. *Refuse* is collected from bins and taken by lorry to Cline Town and thence by railway trucks to Allen Town 12 miles from Freetown, and tipped there. At Bonthe concrete dustbins are used the contents being dumped into the lagoon. Some of the refuse is used to fill borrow pits. As regards *water supplies* surveys were made by the Chief Sanitary Superintendent in eleven health areas in the northern Province and particular attention was paid to protection of existing supplies from wells springs or streams. The Scarries River was also surveyed to ascertain whether an adequate supply could be obtained for the town of Kambila. This survey was made in the wet season a second is to be carried out in the dry season.

*Food*—The diet of the native is adequate and well balanced rice is the staple article but is aided by garden produce such as cassada sweet potatoes, coco-yams plantains bananas ground-nuts garden-eggs, ochros and tomatoes, spinach and palm oil. Fish is obtainable and, on special occasions meat and poultry. Every animal for food is inspected both before and after slaughter. It was found necessary for part of the year to post a Sanitary Inspector to supervise the grazing lands near Freetown to prevent the spread of anthrax and the removal of diseased animals for disposal in rural districts. There are seven public markets in Freetown which are inspected daily by Sanitary Inspectors and twice a week by European Sanitary Superintendents.

*Housing and Town Planning* are controlled by the Public Health (Protectorate) Rules

*Labour*—The main industry is agriculture carried out by individual farmers whose families do the work. More and more Kroomen are obtaining employment on ships calling at Freetown. All Kroo boys and passengers embarking are examined and vaccinated unless they show signs of smallpox or marks of recent vaccination. Seven hundred Protectorate labourers obtained regular employment at the Development Company's iron ore works at Marampa and Pepel 420 with the Goldfields Company at Maranda, 1 748 at Marong and 450 at the newly discovered diamond mines in the Kono District. The pay ranges up to 1s. a day but this appears to be sufficient for even where work is always obtainable the men knock off at frequent intervals for a day or two and they prefer to pay rent and join in the social life of the villages rather than live in the quarters provided for them. Overcrowding is common and difficult to combat because the Public Health Ordinance does not cover inspection at night when the overcrowding is greatest. There are no building societies in Freetown but in August 1933 a Municipal Housing Scheme was passed to create a fund from which advances might be made for the following purposes (a) erection of new buildings (b) completion extension or reconstruction of existing



buildings (c) repair or re-conditioning of existing buildings (d) painting and decorating of new or existing buildings (e) installation of electric light or power in new or existing buildings (f) any other works for improving such premises.

*Hospitals Dispensaries Clinical Returns*.—At the Connaught Hospital in-patients numbered 2,268 (2,628) maternity cases 382 (344) so stated in the report but under the heading of Maternity and Child Welfare 281 (240) births took place in the Maternity Ward of this Hospital] new cases among out-patients numbered 17,313 (12,019). To the Nursing Home of the European Hospital there were 112 (92) admissions. There are permanent hospitals at Makeni in the Northern Province and at Bo in Southern Province at the former there were 318 (271) in-patients and 1 429 (1,936) new out-patient cases at the latter 279 (249) and 2,473 (2,073) respectively. Three Mission Hospitals are subsidized by Government and a grant-in-aid is given to the Princess Christian Mission Hospital.

There are 8 Government Dispensaries in the Colony and ten in the Protectorate, in charge of senior dispensers, assisted by "hospital boys." These dispensaries are inspected once or twice a month by the District Medical Officer.

The Hospital and clinical returns may be summed up as follows — European in-patients numbered 123 (97) 114 (96) from the Colony and 9 (1) from the Protectorate European out patients 408 (798) 313 (641) in the Colony 85 (155) in the Protectorate. African in-patients totalled 5 140 (5,263) 2,964 (3 151) in the Colony 2,178 (2,112) in the Protectorate out-patients 91,969 (82,231) 38,524 (35 734) and 53,445 (48,497) in the Colony and Protectorate respectively.

Among those applying for treatment 7 655 (5,891) were suffering from yaws, 6,548 (4 859) from malaria 5 777 (5,312) from rheumatism, apart from 1,802 (1 616) with arthritis [not otherwise specified].

*Malaria*.—Eighty-six (104) Europeans were treated for this, most of them in the Colony there were no deaths. Among Africans there were 6 482 (4 755) cases and 6 (6) deaths, together 6,548 (4,859), as stated above. Of these 4,321 (3 680) were not classified, 37 (41) were cachectic and 8 (2) were cases of blackwater fever. Two of these last ended fatally one European and one African. Of the remaining 2,182 (1 136) 513 (66) or 23.5 (5.8) per cent. were benign tertian, 1,563 (1 036) or 71.6 (91.2) per cent. subtertian and 106 (34) or 4.8 (7.9) quartan. The type distribution it will be seen has varied considerably from that of the previous year. Benign tertian has increased nearly sevenfold quartan has more than trebled and subtertian shows a 50 per cent. increase. Regarded as percentages, the rise in benign tertian and fall in subtertian nearly balance, the difference being made up by a rise in quartan infection. The differences between these proportions and those given in the specimens examined at the laboratory at the Connaught Hospital are worth noting. Of blood smears there, 3 018 were from Africans and 380 from Europeans. In 759 of the former and 94 of the latter malaria parasites were found and of the 853, 554 or 64.9 per cent. were *P. falciparum*, 298 or 34.9 *P. malariae* and only one, a European, showed *P. vivax*. Blood from 153 school children revealed parasites in 37 or 24.1 per cent. 16 with *P. falciparum*, 17 *P. malariae* one with both these two with crescents and one with quartan gametocytes.

In Freetown 2,856 (1 546) cases were recorded and 108 (196) deaths and from outstations 3 592 (3,311) cases. Samples of larvae found in pools, gutters and earth drains varied relatively from the findings of the last year viz *Anopheles* 39 (41) *Aedes* 125 (83) *Culex* 40 (4). But a number of Sanitary Inspectors belonging normally to the staff at Freetown were removed for varying periods to cope with smallpox in the Protectorate and it was not possible to control properly the work of sanitary labourers.

In Freetown 108 638 (99 138) compounds were inspected [? inspections of compounds were made] and 271 larvae were identified *Aedes* predominated largely with 238 *Anopheles* only 7 4 003 tree holes were stopped and of 209 samples of larvae found in them 191 were *Aedes* 18 *Culex* no *Anopheles*. Much tree-clearing is needed in Freetown pawpaw mango and cotton trees are liable to hold water as also do the holes made in palm trees by tapping *Eucalyptus* silky oak or neem could be planted in their place if shade were wanted.

Of 482 samples of larvae in Hill Stations 415 were *Aedes* *Anopheles* was found once only most were found breeding in tree holes and a considerable amount of felling and bushing was done the latter especially around the Nursing Home where the growth of bush hid borrow pits which were formed when the roads were constructed.

There was one (0) European case of *enteric fever* 3 (13) with 3 (3) deaths from typhoid among Africans 2 cases and 1 death from paratyphoid fever were registered in Freetown. The prevalence of this group is believed to be small, but only in Freetown do facilities for diagnosis exist. There was an increase in notifications of *dysentery* 500 (330). There was no fatal case among Europeans. At the reporting stations 253 (307) cases and 81 (95) deaths were registered these figures are said to be of little value as many sufferers do not attend for treatment and registration of deaths is optional and practically non-existent for natives in the Protectorate. In the tabled return of diseases and deaths 499 Africans were treated for dysentery of these 133 were not defined 366 were differentiated 354 were amoebic and only 12 bacillary a ratio of 30 to one.

No cases of *plague* were recorded. Of 4 900 rats caught 156 were examined by the Pathologist, but none was found infected.

The smallpox outbreak of 1932 extended during 1933 probably owing to undetected cases carrying infection from the Karene and Bombali districts into Koinadugu and from the north western part of Kailahun into the Kono district. Thence it spread south and west into Kenema and Bo districts. Altogether there were 2,378 cases discovered, 473 in the Northern Province of the Protectorate 1,873 in the Southern and 32 in the Colony districts. Two hundred and eighty-eight deaths occurred a 12.1 per cent. fatality 57 141 vaccinations were performed. To safeguard Freetown from infection from the Protectorate all persons arriving by rail or sea were vaccinated unless they showed signs of recent vaccination or of smallpox.

Fewer cases of *leprosy* were reported 206 (244) and 2 (2) deaths occurred. Until a proper survey of the Colony is undertaken no statement regarding incidence is of much value but it is apparently fairly common in the Colony and Protectorate. There were 258 (228) cases of *tuberculosis* reported among Africans and 29 (10) deaths. These figures are no true guide as to incidence or fatality. Four

*Dysentery* in the amoebic form accounted for 54 (59) cases and the bacillary for 2 (1) only in Bathurst Hospital, 18 of the former and two of the latter were treated.

Two cases of *smallpox* were among the out patients at the Bathurst Hospital there was no *yellow fever* or *plague* seen throughout the year.

*Leprosy* notifications numbered 30 (192) but many have escaped record. 610 (580) cases of *trypanosomiasis* were treated in Bathurst and Georgetown, but it is believed that there is no real increase among the out-patients at the Victoria Hospital were 377 cases. There were five deaths from this disease during the year but the impression still holds that infection is not acquired in Bathurst because no tsetse has been caught or even reported in the town. A large area between the town and the nearest swamp lands is kept clear of growth.

At the *Laboratory* Victoria Hospital, 768 examinations were made 112 were blood films and *P. falciparum* was found in 27 207 were faeces and hookworm ova were found in 31 *Ascaris* in 29 and *E. histolytica* in 26 43 were juice from gland puncture for trypanosomes and 17 of these were positive.

*Expenditure* on the Department totalled £22,034 (£21,461) or 12.2 per cent. of the total actual expenditure of the Colony.

# EAST AFRICA

## KENYA COLONY AND PROTECTORATE (1933)

Kenya Colony and Protectorate is in Eastern Equatorial Africa. It is bounded on the north by Abyssinia and the Sudan on the west by Uganda, on the south by Tanganyika Territory and on the east by the Indian Ocean and Italian Somaliland. The total area is 224 960 sq miles and is divided into nine Provinces Nyanza, Nzola, Turkana Rift Valley Masai, Kikuyu Ukamba the Coast, and the Northern Frontier Provinces. Its capital is Nairobi and Mombasa the principal port.

*Introductory remarks*—The Advisory Committee appointed to consider the question of expenditure in the Colony came to the conclusion that some attempt should be made to reduce the expenditure of the Medical Department to a considerably lower sum the draft estimates had totalled £220,370. The Committee recommended a discontinuance of the organization of the Department into Medical and Sanitation Divisions and that the posts of Deputy Director in each branch should be replaced by one Deputy Director of Medical Services.

In order that senior members of the Headquarters staff may keep themselves informed of local needs and progress travelling is necessary and a central professional headquarter staff of three is minimal even then it was found impossible to complete the program of tours which had been proposed at the beginning of the year.

In urban areas the responsibility for providing the medical and public health staff and preventive services is gradually being devolved on local authorities but in the Native Reserve areas there are no adequate local authorities and therefore a large medical organization has to be built up. The chief objects of these local services are —

“1. To advise the local public health authority i.e. the District Commissioner with regard to the promotion and safeguarding of the public health.

“2. To advise individuals with regard to hygiene and sanitation that is, to engage in health propaganda and to endeavour to educate the community with regard to personal and domestic hygiene and sanitation.

3. To provide medical relief.

In nearly every Administrative district in Native Reserves there is a Secondary Health Centre which may comprise one or two Medical Officers a hospital of 30–100 beds, one, or two European Nursing Sisters, simple laboratory facilities African Hospital and Laboratory Assistants, Dispensers and Health Workers a European Sanitary Inspector and African Sanitary Assistants. There are also several Primary Health Centres formerly little more than dressing stations, but now consisting of good dispensary buildings with houses for dressers. Moreover the type of dresser has improved and the Jeanes school is training health workers to go into the villages to teach hygienic methods of life. In many of these centres there is accommodation for those who are seriously ill to stay pending their removal to a hospital and at two Primary Centres are African midwives and facilities for receiving maternity cases. All Primary Centres are visited at least once a month by a Medical Officer.

The Medical Staff has been reduced during the year by one Senior Health Officer one Medical Officer one laboratory assistant and five clerks.

*Vital Statistics.*—Europeans are given as 17,281 and Asiatics and Arabs as 56,903, these figures being stated as those of the 1931 census, and the Africans as over 3 millions." [Elsewhere Europeans are given as 16,812 and the statement that no figures are available beyond the 1931 census. Asiatics are there given as 39,644 and Arabs and others as 17,491 the last two together totalling 57,135 not 58,903 as above. Africans are there given as 3,017,117 (3,007,645)]. Births among Europeans numbered 315 or 18.7 per mille, and deaths 109 or 6.5 per mille. Asiatic births were 367 or 9.2 and deaths 420 or 10.6 per mille on the 39,644 of the 1931 census.

The report states, although it gives the above figures, that registration of births and deaths is still unsatisfactory so much so as to be valueless for comparative purposes except as regards Nairobi. For that town the following returns are made. The crude death rate, all cases 17.8 (13.5) the recorded (? corrected) rate 11.0 (11.0) that for Europeans 7.1 (5.6) for Asiatics 14.8 (13.5) and for Africans 15.0 (10.7).

Other vital statistics are given for the Masai tribe (see below).

European officials numbered 1,756 (1,919) with an average of 1,340 (1,497) resident. 5 (6) were invalided and 3 (3) died. The causes of invaliding are not stated. From the table of sickness returns the deaths were seen to be due to pleurisy and empyema, to paralysis (? cause of this) and to injury. Non-European officials totalled 2,457 (2,797) average resident 2,100 (2,314). 7 (5) were invalided none (5) died.

The report contains an interesting account of the health of the Masai tribe who inhabit a block of country measuring some 15,000 sq. miles, comprising mountains, hills and wide plains—"a fine country with a fine climate its only drawback some lack of permanent waters. The tribe numbers about 50,000 most are semi-nomadic, living by their cattle sheep and goats and moving from place to place as the grazing fails. A few have become agricultural and have settled down.

Nearly 5,000 of them were examined—848 older men, 348 warriors, 1,460 adult females and 2,399 children. The following table gives the results of this examination but the criteria by which the standards of nutrition were gauged are not stated.

NOURISHMENT POPULATION MASAI PROVINCE.

Nourishment	Various age and sex groups						
	Adult Males	Moran	Adult Males and Moran	Adult Females	Male Children	Female Children	Babies
Good	60	84.5	63	61	40	73	85
Fair	46	14	34	35	49	25	13
Poor	4	1.5	3	4	3	2	1

Haemoglobin percentages for adult males adult females warriors children male and female and babies are given in another table. These are not reproduced here because the method of estimation is not mentioned nor is the normal for the tribe known.

A table of figures of vital statistics based on the answers on interrogation of married women is given but is difficult to evaluate. Thus births recorded including miscarriages were 3 105 no word is said as regards the period which this covers it cannot be for the year because the succeeding figure is Average number of births per woman 3.4. Three hundred and forty-one specimens of faeces from school children were examined about two-thirds were positive for helminth ova ascaris ova were found in 39 per cent. those of *Taenia saginata* in 29 ankylostome in 2 per cent. only. These results were obtained by single examinations the percentages would undoubtedly be higher if more were made.

The health returns of the Wadigo a coastal tribe were referred to in last year's report [see this *Bulletin* 1934 Supp p 32\*]. Then, however the figures were for a period of six months only in the present they are for the 12 months October 1932-September 1933. The population was estimated as 28,819 (25 744). Births numbered 1 623 or 60.5 (61.8) and deaths 550 or 20.5 (20.9) per mille. Infant deaths 174 give an I.M.R. of 107.2 [elsewhere the number is given as 180 or 110.7] per thousand live births. Nearly one third of the deaths occur in the first year of life. Maternal mortality was 10 in 1,283 births in 9 months or 7.7 per thousand.

The causes of death were malaria 63 or 11 per cent. of total deaths and diseases of the digestive system (including dysentery) 96 or 17 per cent. The latter is too vague a group to be of statistical value. The tribe also suffer from anaemia, ascribed to helminthiasis malaria and dietetic imbalance. Haemoglobin as estimated by home standards is given as 75 per cent. or less [whether it is safe or even correct to estimate by home standards (which incidentally are not themselves stabilized) is a debatable point] but the method used is not stated.

There follows a discussion of the results of examination of the Masai and Digo people in relation to the state of Public Health of the Colony as a whole but reliable data are so few that no conclusions of value can yet be drawn.

**Maternity and Child Welfare**—This work is carried out by three agencies the Government Medical Department, the Mission Societies and the Lady Grigg Welfare League. Three Missionary Societies receive Government grants as do the three branches of the Welfare League—the African Maternity Centre and the Indian Maternity Home in Nairobi, and the African Centre at Mombasa.

There are three centres in Nairobi and attendances totalled 33,325 (40,292) house visits 4,373 (3 646) at three Mombasa centres 28 163 (30,388) and 17 969 (12 750) respectively and at two centres in Eldoret 9,278 (10,831) attendances and 4 704 (6 001) house visits i.e. at the urban centres attendances totalled 72,766 (81,511) and house visits 27 066 (22,397).

As regards rural districts maternity and child welfare work is carried out at all native reserve hospitals having European nursing sisters and at two out-dispensaries in South Kavirondo African midwives have been posted and beds provided for maternity cases. The services

of more African midwives could be utilized and it would be well to establish small maternity training centres in connexion with all native reserve hospitals.

At the African Maternity Centre in Nairobi 304 labour cases were conducted and 12 African midwives were in training, 8 qualifying during the year. At the Indian Maternity Home 173 cases were taken, 7 midwives were under training two qualified. At the African Maternity Centre Mombasa 36 confinements were conducted.

*School Hygiene*—There is no School Medical Service. A certain amount of medical inspection is made by District Medical Officers when they are able to find time.

*General Sanitation*—There has been no change in methods of sewage or refuse disposal, in drainage, in water supplies, etc. and the labour conditions remain as before. Routine inspection of food is carried out and a new slaughter house on modern lines was erected in Nairobi. No Sanitary Inspector was available for routine inspection of imported foods.

Dr PATERSON gives a general account of the food of the native, explaining its deficiency in quantity, its want of balance, its poor quality owing to ignorance of husbandry and of methods of preparing food on the part of the native. In Africa all children according to Dr PATERSON are wrongly fed from birth to adult life and judging by the results of examining members of the Masai and Wadigo tribes more than one third are underfed. They are further handicapped by the fact that the pregnant mothers deliberately starve themselves for three months before delivery with a view to having a smaller child and thus an easier parturition.

With a view to extending knowledge of hygiene and sanitation pamphlets in English and Swahili were issued and a "Development Exhibit" was staged at the Agricultural and Horticultural Society's Show in December which portrayed the African village of the future—a demonstration of the Government's development policy for the agricultural native reserve.

No major housing schemes have been adopted in urban areas during the year. In Native Reserves improved houses were erected and the movement for better houses is growing.

At the Jeanes school systematic training of Africans to become Dispensary Health Workers was continued.

*Hospitals, Dispensaries, Clinical Returns*—The end in view has been to provide for every 100,000 population a hospital of 100 beds with two doctors and nurses and 6 to 10 out-dispensaries with a few beds for emergency, a trained African Hospital Assistant and an African midwife. There were to be 1,911 Government provided beds and 310 by Missionary Societies, together 2,210 beds in the Native Reserves. At the end of 1933 there was only about half that number, namely 866 provided by Government and 268 by Missions, or 1,134 in all. There are in addition 800 beds available for Africans in the towns and in the Northern Frontier and Turkana Districts *i.e.*, 1,932 beds for about three million persons, an average of one bed to 1,590 inhabitants. So great was the overcrowding that many beds had to accommodate [save the mark] two patients and many others slept

on the floor. Steps are being taken by Government to provide additional wards as funds permit at the Mental Hospital the present wards are inadequate.

Medical training was carried on at the Native Hospital Nairobi. A Departmental Committee decided that if the object of training was to produce capable male nurses the theoretical instruction as given ought to be reduced, as the standard was rather that for medical students than for nurses while the practical side should be more developed.

Training of African laboratory assistants, compounders and health workers was carried out at the Laboratory the General Dispensary and the Jeanes School respectively.

New cases treated at Government Hospitals Hospital Dispensaries and Out-dispensaries totalled 1 112,864. The total treated as given in a detailed table, was over 1 600 more than this. Thus

European In-patients		European Out patients	Asiatic and African In-patients	Asiatic and African Out patients	Out Dispensary patients
1932	2,375	1 595	31,382	261 795	646 033
1933	2,182	1 327	36 443	300,277	774 302

These figures give a total of 38 625 (33 757) in patients 301 604 (283,388) out patients and 774,302 (646 033) dispensary patients, a grand total of 1 114 531 (943 178).

There are three Church of Scotland Mission Hospitals with a total of 245 beds these Missions treated 2,675 in patients 43 941 out-patients, 38 418 out-dispensary patients and 374 confinement cases. At two Church Missionary Society's Hospitals with 169 beds 1 743 received in patient treatment 15,816 out patient 13,871 out-dispensary and 130 confinements were attended. At a Seventh Day Adventist Hospital 70 beds in-patients numbered 626 out patients 27,578 out-dispensary patients approximately 5 000 and confinement cases 91. These together give a total of 484 beds 5 044 in patients 87,335 out patients, 55,289 out-dispensary patients and 505 confinements. Last year the total of beds was 327 in patients numbered 2,959 out-patients 28,248 and a further 24 017 received out-dispensary treatment.

**Malaria**—The total treated for this infection at hospitals and dispensaries exclusive of out-dispensaries was 22,069 (18 562). The infecting parasite was determined in 8,861 (8,817) of these 4 738 (5 134) or 69.0 (75.3) per cent. were subtertian 1,330 (807) or 19.4 (11.8) benign tertian and 783 (876) or 11.6 (12.8) per cent. quartan. At the laboratory malaria parasites were found in 922 smears among nearly 9 000 examined. *P. falciparum* was found in 812 or 88.0 per cent. *P. vivax* in 57 or 6.4 and *P. malariae* in 53 or 5.7. At the Mombasa Clinical Laboratory 887 were positive among 5 169 specimens. Of these 812 or 91.4 per cent contained *P. falciparum* 11 or 1.2 per cent.



P virar 44 or 4.9 P malariae and 20 or 2.3 per cent. contained more than one type.

*Blethunder fever* cases numbered 23 (52) a reduction nearly to half, but deaths were 9 (2) nearly a tenfold rise in fatality rate.

An experiment was carried out to determine whether quinine or cinchona febrifuge might profitably replace quinine in treatment it was found that there was little to choose between them and therefore no change has been made.

No new preventive work of importance has been undertaken. Routine investigations have been carried out by the Government Entomologist and minor measures such as drainage, conservation of small water supplies, etc. in the native reserves. In connection with malaria control, routine collections of larval and adult mosquitoes have been made in Nairobi and control by Paris green at Kisumu. The lake shore with its papyrus and grass, is responsible for much breeding of *A. funestus*. Permanent stone facing is to replace the watercourses in and outside the township being dealt with. Malaria operations were found to increase breeding facilities for *Anopheles*, especially *A. costalis*. Work in Kitui was begun in June and surveys and control in Digo Reserve and Mera have been continued. Testing of antimalarial oils have terminated and the following conclusions have been drawn —

1 In Paraffin (Kerosene) Borneo and Persian Fuel oils and Solar oil, there is a loss of weight through volatilisation upon exposure to atmospheric conditions. Paraffin loses very heavily. Solar slightly. Loss increases with a rise of temperature. But there appears to be little, if any direct correlation between such loss of weight and toxicity of vapours, since Borneo fuel and Solar vapours killed larvae almost as quickly as that of paraffin.

2 Larvae in contact with oils are immobilised and die more rapidly than when exposed to their vapours only. It is suggested that oils, particularly Fuels and Solar, depend for their action mainly upon actual penetration of larval spiracles.

3 Fuel and Solar oils appear to be better spreaders than Paraffin, and the addition of the latter in small quantities to either of the former decreased their spread.

4 Increase of temperature or exposure to sunlight, improved the kill value of oils in contact with larvae. Solar and Fuels of low volatility probably owe their increased action to a lowering of surface tension and viscosity and a rapid penetration of spiracles.

5 Small dosages of oils are unsatisfactory. They do not last. In the field dosages of 18 to 20 gallons per acre are necessary if the periods of every seven or eight days. Heavier dosages are necessary if the periods between successive applications are longer than this.

6 Tests of oil fractions ("cracked" oil) indicated that material distilled off below 270°C. is generally poor in lethal properties. Elimination of this material from Anti-malarial oils would increase efficacy.

7 The best ones (fractions) tested, showed a specific gravity of 0.85 and over medium to light viscosity and a relatively high surface tension in one. They were all of a light wine to dark port in colour. It seems therefore that the important larvicidal properties of these oils depend upon the presence of certain quantities and qualities of residue produced by distillation above 270°C.

8. Borneo Fuel appears to be slightly superior to Persian

\* 9 A mixture of Fuel 10 parts and Solar oil 1 part is recommended as a substitute for the Fuel and Paraffin mixtures now in use

*Enteric fever*—123 (153) cases were treated and 20 (20) ended fatally a fatality rate of 16.2 (13.0) per cent. In the tabulated return 91 cases were admitted to hospital from the general native population 81 were typhoid, 2 paratyphoid A 3 paratyphoid B 5 were not differentiated. At the Laboratory 224 (339) sera were tested and over two-thirds of those positive agglutinated *Bact. typhosum*. At the Mombasa laboratory 94 among 159 tested reacted positively with *Bact. typhosum*.

There was a large increase in the number of notifications of *dysentery* 1,624 (594) but the death rate was lower 2.5 (4.2) per cent. the actual number being 41 (25). The increase (170 per cent.) is stated to have been general not due to any particular outbreak. The nature of infection was distinguished in 962 (287) 744 (235) or 77.3 (81.9) per cent. were amoebic and 218 (52) or 22.6 (18.1) bacillary. In the tabled returns among 110 Europeans admitted for dysentery the distinction was made in 90 79 were amoebic and 11 bacillary. Among natives 847 were differentiated 638 were amoebic and 209 bacillary or 75.3 and 24.7 per cent. respectively. Examinations carried out on specimens obtained at the European Hospital Nairobi showed that amoebic infection was more common than has been suspected. As regards the bacillary form of 125 stools examined at the Laboratory 53 positive results were obtained 28 of the organisms isolated belonged to the Flexner group 10 were *Bact. dysenteriae* Shiga 3 the Sonne and 2 the Schmitz organism and 10 were *Shigella B*.

*Plague* cases were less 163 (218) and most were in the Keruguya area of the South Nyeri Reserve of the Kikuyu Highlands as in the previous year only 41 occurred in the old endemic areas of the Kavirondo district. Mombasa and Nairobi remained free from the disease. Among the subjects of research were experiments to compare the Haffkine broth vaccine cultivated at 37°C. with that at the Nairobi standard temperature of 30°C.

Few rats were trapped during the year only 6,700 and of these a small proportion, 481 or 7.1 per cent. were examined none was found plague-infected.

Three cases of *smallpox* were recorded two in Mombasa early in the year one of them imported. The third occurred near Voi about a hundred miles inland from Mombasa. From information received later it appeared that infection was in December 1933 introduced into the eastern part of the northern Frontier District and was present among the nomadic Somali tribes there. In preparation of lymph the system of frequent rabbit passage was continued and a potent lymph was produced. Even when kept for three weeks at the coast with no other precautions than placing it in a drawer or cupboard, it gave uniformly successful results. Three hundred and forty three cases of *chickenpox* were recorded among the general native population.

*Pneumonia* accounted for 1,830 (1,383) admissions to Government Hospitals among these there were 421 (311) deaths a case fatality of 23.0 (22.8) per cent. Among the general native population, 1,517 received in-patient treatment for pneumonia, 1,255 were entered as the lobar form (see also later under Research).

*Relapsing fever* returns were practically doubled, 171 (90) cases being recorded.

*Leprosy* patients are reported as 432 (591) treated and tuberculous 969 (886) but in the tabulated returns native tuberculous in-patients numbered 711 of these 472 or 66·4 per cent. were cases of the pulmonary form.

*Sleeping sickness* cases numbered 28 (65). The Entomologist reports that clearings at Kaniadoto were continued three clearings have been completed at Seme (Central Kavirondo) and four are in progress at Kadimu. A case of sleeping sickness occurred in a European, a member of a hunting party visiting the Mara River. *Glossina palpalis* and *G. fuscipennis* have been reported in this area, but no infection. Whether this was due to northward movement of *G. palpalis* from the Gori River the result of increased road transport or to the penetration of *G. morsitans* from Tanganyika is not known. Clearing of fords and watering places continues and experiments on elimination of tsetse by trapping have been made.

*Veneral diseases*—Syphilis cases numbered 23,347 (21,299) in the list of cases among the native out-patients were 5,968 treated for venereal diseases 4 600 of these were on account of syphilis, 1,239 gonococcal infections and 70 soft chancre. V D clinics were held at Mombasa weekly at each of five centres and at Nairobi, four centres. Men are dealt with at three clinics weekly at Nairobi and at one at Mombasa.

*Yaws* cases totalled 61 172 (80,126). It is the general opinion among Medical Officers that the incidence of yaws is falling, while that of syphilis remains but little changed.

The returns of *Helminthiasis* show an increase of 4 000 or so on last year's figure 30 412 (28,083) [so stated in the present report, but see this *Bulletin* 1834 Supp. p. 39\*]. In the Native In-patients table of 2,929 treated, those with ascaris headed the list 1 084 ankylostome being next 896 and Taenia 689. Among native out-patients 27 631 were treated for helminthic infestation. [The relative numbers cannot be stated here as the table is obscure, e.g., ankylostomiasis is entered as 696 cases, Diseases due to Intestinal Parasites 2,068, Cestoda (Taenia) 18,296, Ascaris 6 416]. At the Laboratory 6,802 specimens of faeces were examined. Taenia was the commonest finding 1 153, ankylostome 836, Trichuris 759 and Ascaris 658. At the Mombasa Clinical Laboratory of 3 657 specimens 2,533 showed helminthic ova or protozoa, or both. Here ankylostome was the commonest 1,528, Trichuris next 1 077 Ascaris 830 Taenia only 361.

*Medical Research Laboratory*—Much of the work of Dr R. P. COMBICK and his staff has received mention under the foregoing, in connexion with malaria enteric fever dysentery smallpox etc. A few more remarks are, however called for. The Kahn test is used in place of the Wassermann for practically all sera sent for diagnosis of syphilis. The Wassermann is used for cerebrospinal fluids and occasionally as a check on the Kahn test. The total number is given as 7,496 (1,968) [but by the detailed table the former should be 2,646], 14 or more than half were positive. Vaccines were prepared and kept (enterica, plague, rabies, gonococcus, catarrhalis, staphylococcus and streptococcus. The Bacteriological Section dealt with 3 035 cases, 1,894 being for microscopical and 1 041 for cultural

examination Twenty-six samples of water were tested some for checking the efficiency of chlorination in Nairobi and other centres. The medico-legal serology work has been taken over by the Government Analyst.

One subject of research referred to under Pneumonia calls for greater detail. In 482 instances since the end of 1929 typing of Pneumococci has been attempted the relative percentages were Type I 13.8 Type II 5.7 Type III 5.7 Group IV 74.8. Of 224 since August 1932 Type I 17.2, Type II 7.9 Type III 7.5 Group IV 67.4. One hundred and fifty three of Group IV cultures were further relegated to type 18.9 per cent. were still unclassified. Type III cases in natives were characteristically fulminant the sputum being at times suggestive of pneumonic plague and death might occur as early as 48 hours after onset of symptoms.

The following note on technique may be useful to other workers and is, therefore given here —

Much experience has been gained during the past sixteen months of the method devised in 1931 for the use of saline suspensions of surface cultures of pneumococci on blood-agar for serological work, including preparation of specific type sera as well as the typing of cultures. Such suspensions are very strongly specific and when preserved with formalin they keep their specific antigenic properties unimpaired for an indefinitely long period. The pneumococcus cultures which fail to respond to any of the type-sera in hand are kept as killed formalinised suspensions to be tested by sera subsequently prepared and thus the laborious and uncertain business of maintaining a collection of living pneumococcal cultures in their specific S state is avoided.

Other research work included analyses of locally grown foodstuffs.

Dr PATERSON suggests as a useful subject for research an investigation on a wide front regarding African mentality and the physical basis of the African mind and also the processes of African physiology under African conditions. He refers to papers by F. W. VINT *The Brain of the Kenya Native* (published in *Journal of Anatomy* Jan. 1934) and by H. L. GORDON *Amentia in the East African* (*Eugenics Review* Jan. 1934) [A report on data regarding this and cognate subjects is being brought together by Dr E. B. WORTHINGTON in a Scientific African Research Survey].

Attention may be drawn to the following publications during the year by members of the Laboratory staff —

- ROBERTS J. I. & TONKING H. D. A Preliminary Note on the Vector of Tropical Typhus *East African Med J* Vol. 9 p 310  
TROWELL, H. C. & DE SMIDT F. P. G. Observations on Dysentery in Nairobi. *Ibid* Vol. 10 p 285

At the Mombasa Native Hospital Clinical Laboratory 12,775 (12,028) specimens were examined.

*Expenditure*—The revised sanctioned expenditure was £215 168 [elsewhere given as £215 116] (£219 757) and the actual expenditure totalled £199,568 (£197,260) [but in last year's report the latter figure was given as £197 653]. The estimated expenditure was 6.6 (6.7) per cent. and the actual 6.2 (6.0) per cent. of the expenditure of the Colony and Protectorate.

## UGANDA PROTECTORATE (1933).

The Uganda Protectorate lies in the northern part of the Great Lakes region of Africa. It has no sea coast, being bounded by the Anglo-Egyptian Sudan on the north, Kenya Colony on the east, Lake Victoria Nyanza and the Tanganyika Territory on the south, and the Belgian Colony on the west. The area of the Protectorate is estimated at 94,204 sq. miles, including 13,616 sq. miles of water. (The area of England without Wales is a little over 50,000 sq. miles.) The headquarters are at Entebbe and the chief commercial towns are Kampala and Jinja. All three are on or near the north shore of Lake Victoria.

For financial reasons a reduction of departmental activities was necessary and maintenance of separate health organizations in the various districts was impossible. Nevertheless development of sanitary services in the districts being essential, the District Medical Officers had to develop rural sanitation as well as carry on their curative work. For this they had to tour their districts more frequently and intensively which, in turn, necessitated leaving their stations for longer periods. To provide for efficient running of the station hospital in the absence of the Medical Officer it was decided that this could best be effected by the posting of European Nursing Sisters to district hospitals. The rural sanitary organization was helped by the appointment of three additional Sanitary Inspectors.

One of the main features of policy was to improve the environment of the child i.e. to provide better housing better water-supplies, to cleanse the villages and improve the methods of conservancy hence in the forefront of the scheme was the erection of model dwellings, model latrines and model shops at Government centres for the local people to see and copy. Next was the provision of antenatal centres for supervision of the mother during pregnancy and maternity centres to help her through the dangers of parturition. Thirdly centres for post-natal advice and provision for examination and treatment of school children, for there is much preventable disease existent in the children at school age (v.l.)

Two research conferences have been held in Uganda, one dealing with the tsetse and trypanosomiasis investigation, and one with general medical research, to avoid overlapping of work in the East African territories to formulate an agreed program of research and enable workers to meet and discuss the different aspects of their work.

*Vital Statistics*—The population is estimated at 3,538,557. The number does not include 65,758 in Karamoja, because no vital statistics were submitted from that district.

Live births numbered 100,484 a birth rate of 23.3 (28.1) per mille the rate was highest in the Northern Province, 33.8 (34.5) and lowest in Buganda Province 20.2 (19.2). Stillbirths, 4,290 give a rate of 40.9 (44.6) per thousand total births. Deaths, 63,215 give a death rate of 18.4 (18.3). 16,139 died under one year i.e., 160.8 (173.1) per thousand live births. Maternal deaths numbered 1,237 or 11.6 (11.5) per thousand total births (that is, including stillbirths). The infant mortality rate was highest in the Northern Province 206.1 (223.3) lowest in Buganda Province 105.5 (90.6).

European officials numbered 508 (542) the average resident being 387 (442). One (5) was invalided the cause being phthisis, none (1) died. Of Non-official Europeans 1,811 (1,896) attended Government

Hospitals 7 (12) died the causes being plague in two cases and blackwater fever in one.

*Asiatic officials* numbered 346 (352) of whom 286 (293) were resident on an average of these 6 (4) were invalided and 1 (2) died.

*Maternity and Child Welfare.*—In a summary antenatal cases are entered as 12,110 (7 254) women admitted to hospital for confinement 853 (786) and babies brought to child welfare clinics 1,916 (1,264)

The decision to give greater prominence to child welfare work was arrived at because investigation had shown that the health of the children in general was not what it should be and while a child was under supervision the mother and friends who accompany her receive practical advice in preventive measures and though intended primarily for the good of the individual child the work affects a far wider circle.

Special child welfare clinics were therefore started at several stations and were generally combined with centres for antenatal advice and treatment. Such clinics have been functioning for 2-3 years at certain sub-dispensaries in the Masindi District of the Northern Province. At Entebbe one was opened in October and by the end of the year 830 women had attended for antenatal treatment and 229 children had been brought for advice. A clinic was also opened in Jinja and at each session some 30 new cases appeared, another was opened at Fort Portal. The Government Native Hospital at Masaka alone had 1,344 women attending and 430 confinements took place there. The following figures show clearly the benefits of this work. Among 391 who had received antenatal supervision there were no maternal deaths and only two infants died whereas of 45 admitted for confinement who had had no such supervision there were 7 maternal deaths and 5 children died.

At the Lady Coryndon Training School 30 students were in residence during the year and 9 passed the Government qualifying examination. Midwives trained at this school are also working under Government on the Seto Islands and in Jinja district others are being supplied for Holma and Entebbe. At the Nurses Training College Ndeje the first examination under the new scheme for fully qualified native female nurses was held. The syllabus is that of the General Nursing Council for England and Wales. The course is one of three years 2½ being spent at Ndeje and 6 months at surgical work at Mengo. Six candidates passed and five of them have entered the Maternity Training School. The aim is to attain State Registration of Nurses (male and female) in Uganda, after a qualifying examination held by a Government Board.

At the Central Institution Nambembo there were 1 440 (1 475) new cases 4,844 (5 083) total attendances and 744 (726) babies seen. Admissions to the clinical wards attached to the Training School numbered 688 (656) there were 310 (292) confinements and 14 (12) maternal deaths. Practically all those dying had had native medicine prior to admission and came late for treatment. At 23 Country Centres 1 460 confinements took place and 1,393 living children were born 109 were stillborn there were 10 maternal deaths.

At the Nsambya Maternity Training School 25 students were in training and 11 passed the Government examination. One hundred and ninety-two confinements took place, 11 children were stillborn

and there were 3 maternal deaths. Four hundred and sixty-five attended as out patients for antenatal advice. At 20 Country Centres 1,216 confinements took place 4,852 attended the antenatal clinics and 1,282 the child welfare clinics.

During the year a small ward for young children has been opened at Nsambya attached to the private hospital. Child welfare has not made much progress at Nsambya. Mothers living at a distance are naturally disinclined to carry a plump and healthy-looking baby several miles for advice and they present themselves only when symptoms of illness appear. Two new centres have been opened. A permanent maternity hospital has been built at Namulyango and is being equipped and a centre has been started at Ngoma and already 40 or more come twice a week for ante- and post-natal instruction.

*School Hygiene*—Medical officers periodically inspected the schools in their districts and periodical clinics for school children were held in some schools and hospitals. The Senior Health Officer reported on the examination of 260 children at Jinja he found that all of them presented symptoms in some form chiefly of hookworm, syphilis, trachoma, malaria, skin affections and general malnutrition. Of 157 children of one school 68 per cent. were suffering from malaria, 59 from ankylostomiasis, 47 per cent. were syphilitic, 34 had trachoma, 38 were anaemic and 11 per cent. showed sore throats, enlarged tonsils, etc.

Dr KAUNTZE states —

School medical work is a branch of preventive medicine which can be developed rapidly in a native territory such as Uganda. Its effects are obvious and gratifyingly rapid so that even the most unsophisticated of African parents are able to appreciate the appearance of their children before and after the receipt of treatment for any of the common debilitating diseases. Allied to infant and child welfare work, school medicine forms the most important part of the responsibilities of a Government medical service and is the branch most prolific in direct results."

*General Sanitation*—Little advance was made in any large township regarding the disposal of refuse and sewage drainage or scavenging.

What could be done was done with the limited funds provided, but until money becomes available to finance efficient water borne sewerage systems and storm-water drains, little progress can ever be reported."

*Food*—Few cases of deficiency diseases were seen, probably because the harvest of 1932 had been good. Seventy two cases of xerophthalmia were seen at Luzira Prison all responded rapidly to cod-liver oil and spinach. Water-borne diseases were not frequent, but much of the ill-defined disturbances met with may be attributed to polluted water supplies.

Government-controlled *labour camps* were inspected regularly there are no good permanent quarters for labourers, but the health conditions and general sanitation were satisfactory.

*Hospitals Dispensaries and Clinical Returns.*—There are altogether 1,520 beds available and 30 185 (24,072) patients were admitted during the year out patient attendances totalled 3 045 074 (3 016,851). New cases numbered 743 719 (684,835) of whom 2,416 were Europeans, 7,379 Asiatics and 733 924 Africans.

Of 86 sub-dispensaries open or under construction in 1933 two were closed during part of the year. At these institutions 467,831 new cases attended and total attendances numbered 1 404,375.

Malaria showed a slight increase on the preceding years returns namely 48 702 (47,950) cases 57 (50) deaths. In 8,211 (7,286) the type of infection was determined and 1 087 (1 097) or 13.2 (15.1) per cent. were *P. vivax* 805 (327) or 9.8 (4.5) *P. malariae* 6 045 (5 498) or 73.6 (73.5) *P. falciparum* and 277 (364) or 3.3 (4.9) per cent. were mixed infections. Some 40 000 were diagnosed clinically.

In the districts of the Eastern Province there was a large increase in the number of those diagnosed clinically. Of a total of 14,861 (10 672) there were only 1 614 (1 080) in which the nature of infection was determined. Of these 276 (123) or 17.1 (11.4) per cent. were benign tertian, 53 (53) or 3.2 (4.9) quartan 1,283 (895) or 79.5 (82.9) subtertian and 2 (9) or 0.1 (0.8) per cent. mixed infections. 13 230 (9,583) were cases of clinical malaria.

One hundred and forty-six (125) cases of blackwater fever were reported, 41 (40) died. Of 80 admitted to Government Hospitals 10 died. Three cases none fatal occurred in natives of the Protectorate. Of the above total (146) 70 occurred in the Eastern Province 59 in Buganda 15 in the Northern and 2 in the Western Province. The incidence per mille of the Asiatic and European population was 12.3 (11.2) 7.6 (5.9) 9.2 (8.6) and 2.5 (1.2) for the same Provinces respectively.

Mosquito surveys were undertaken at Bukalasa Experimental Station and at the Luzira Central Prison and resurveys of Kampala and Jinja. Reclamation of swamps comprising the Jinja lake front was continued and half a mile of embankment completed.

Enteric fever.—Forty three cases 18 deaths were reported by Government medical officers. 39 of the patients were Africans and 31 of them infections by *Bact. typhosum*. 11 died. Six others suffered from Paratyphoid B infection and 2 died. There was a large increase of cases in Kampala 42 (12) and the case mortality has risen from 18.1 to 37.2. Of dysentery 3 117 (2,665) cases were recorded and 25 (26) deaths. Nearly half were treated at dispensaries in the Northern Province. The nature of infection was differentiated in 872 of these 446 (51.1 per cent.) were amoebic and 426 (48.8) were bacillary. Of 511 treated as inpatients in hospitals 76 were undefined. Of the remaining 435 there were 217 amoebic and 218 bacillary.

At hospitals and dispensaries 82 (235) cases of cerebrospinal fever were treated during the year and of these 14 (24) were fatal. Most were reported from the hospitals at Mbarara (49) and Kigezi (29). An outbreak was reported from the Mwirasandu mine in the southern part of the Mbarara district and spread locally. Two hundred and seventy cases and 107 deaths are known to have occurred outside hospitals and dispensaries during one week in December 90 notifications were received.

Plague cases numbered 858 and deaths 833 (990). As in previous years all the Eastern Province districts except Bubulu were attacked. The Western Province was free and in the Northern only Lango was involved. It occurred in the Buganda districts notably in Mengo and Entebbe.

In the report on the research work at the Laboratory it is stated that autopsies carried out on a number of patients with pneumonic symptoms who died shortly after admission to hospital revealed a type of true pneumonic plague. The post-mortem appearances were



those of grey hepatization. Virulent *P. pestis* was isolated from all those cultured, absent from the healthy parts of the lungs and from the heart blood and spleen. Many of the patients gave histories of one to two weeks illness. Apparently the organism was one of low virulence giving rise to a highly localized form of pneumonic plague. Of 18 autopsies on cases of this disease only three showed what has been regarded as the characteristic picture—scattered areas of haemorrhagic oedema of both lungs with numerous organisms in the spleen and the blood.

Measures employed in past years for combating outbreaks of plague were continued and extended much of the routine work was delegated to the trained African staff with good results. Native Governments endeavoured to enforce regulations for keeping the huts and their surroundings clean but their efforts were largely stultified by the apathy of those concerned.

In Buganda *R. rattus* is the chief domestic rodent occasionally *Graphiurus murinus* or *G. abyssinicus* is seen. *A. cleopis* predominated on rats found in the towns *A. brasiliensis* on those in the rural area. In the Eastern Province both species were seen on rats in the towns, the latter exceeding the former.

*Relapsing fever* maintained its incidence, with 1,387 (1,336) cases, but the fatality rate was less 14 (19) or 1.0 (1.4) per cent. The distribution was 930 cases in the Western Province, 448 in Buganda P 5 and 4 in the Northern and Eastern Provinces respectively. There were no cases of *smallpox* recorded 86 000 vaccinations were performed.

*Typhus fever*.—Notifications numbered 140 (120) and deaths 19 (9). Eight cases among immigrant labourers were treated at Mulago Hospital and 2 at Mbarara the rest were at Kabale and all the fatal cases occurred there. The disease was endemic in the Kabale area throughout the year but did not spread to any serious extent possibly because of the paucity of non-immune persons, since they all harbour lice and many of the lice caught on those in good health proved to be infective.

It is impossible to satisfy the demands for relief of *leprosy* from the money set aside for this purpose in the estimates. At a meeting of the British Empire Leprosy Relief Association Uganda Branch, held in June the policy was adopted that each Native Government should hold itself responsible for the lepers in its own district.

At Government Hospitals 2,227 (2,174) lepers were seen and at the Church Missionary Society's Leper Colony at Kabale the number of patients increased from 275 to 474. One hundred and forty were treated as in-patients and 340 as out patients at the Nyenga Leper Hospital and many leper children were dealt with at the Society's Hospital at Humi.

A start was made to establish a Colony at Bulaba in Busoga its purpose is to accommodate all the Busoga lepers some 3 000 in a colony which will be to a large extent self-supporting.

Treatment at Government Hospitals has been reported as yielding discouraging results no considerable improvement can be attributed to the use of *Hydrocarpus* preparations and better results are obtained by placing the patients in sound hygienic conditions and giving them good food.

**Tuberculosis** 807 (687) cases were reported and 68 deaths. The Medical Officer at Ankole considers it a serious disease among the Banyankole in whom it progresses rapidly to a fatal termination. The Veterinary Department propose an investigation to determine the relationship (if any) between tuberculosis in Ankole cattle and disease in the people of the district.

**Trypanosomiasis.**—New cases numbered 693 (536) and there were 109 (85) reported deaths 11 in hospitals 88 in districts but the latter is probably not accurate as post mortem examinations were not made and records are kept only by the chiefs. The new cases were thus distributed West Nile area 495 (317) Lake Edward-George area 130 (144) Gulu area 31 (35) Chua area 23 (29) and Victoria Nyanza 14 (11). With the exception of two patients from Tanganyika Territory infected with *T. rhodesiense* all the above were *T. gambiense* infections. The general impression is that the disease is not of a virulent type at present. This gains support from the fact that only three deaths occurred last year among the 144 new cases in Lake Edward-George area and none among the 130 in the year under review. Again only 11 deaths occurred among the cases treated in hospitals and these were usually advanced.

A little more detail may be given of the different sleeping sickness areas—

**West Nile area.**—Amongst a population of 250 427 there were 654 (398) cases in all 495 (317) new and 159 (81) old. In Arua and its sub-dispensaries 48 (29) new and 30 (14) old in Aringa 404 (264) new and 93 (59) old at Junam 43 (24) new and 36 (8) old. The increase in new cases is due in part at least to more intensive supervision and following up of patients who had ceased to attend.

There is no immediate cause for alarm but a menace exists in the fact that many of the people when herding their cattle or goats, or going to draw water penetrate to uncleared river banks and when hunting or fishing they deliberately frequent places which are supposed to be closed and which are infested with *G. palpalis*. Seventy deaths are attributed to trypanosomiasis but the reliability of this figure is dubious, for the rate is the lowest of any district in the Protectorate although this district contains by far the largest proportion of persons harbouring the *T. gambiense*.

**Gulu area.**—Amongst a population of 101 060 there were 371 (447) cases 31 (35) new and 340 (412) old. At Gulu and its dispensaries (Acholiand) 9 (14) new and 26 (25) old at Moyo and its dispensaries (Madi) 22 (21) new and 314 (387) old. The disease in this area, failing introduction of fresh infection is well in hand. Thirty three deaths were reported and this is believed to be fairly correct.

**Chua area.**—Amongst 82,574 inhabitants there were 43 (47) cases 22 (29) new and 21 (18) old, seen at Kitgum Hospital and dispensaries only one death occurred.

**Victoria Nyanza area.** 17 (7) cases 14 (7) new and 3 (—) old 4 of the new cases were thought to have contracted the infection in Kenya. At Masaka Hospital the two cases of *T. rhodesiense* infection were diagnosed.

**Lake Edward-George area.**—Population 195 419 148 (153) cases 130 (144) new and 18 (9) old were seen at Fort Portal and its dispensaries. All were from infected areas of Busongora south Toro

district adjacent to the Belgian Congo. Although most of the patients were Congolese or persons who had visited the infected areas of the Belgian Congo nevertheless the disease has gained a footing in Busongora and sporadic outbreaks are to be expected.

As regards preventive measures, clearings were maintained at all scheduled landings, river crossings and watering places in Sleeping Sickness areas throughout the Protectorate. The policy of following up cases of trypanosomiasis and endeavouring to ascertain exactly where the infection could have been acquired has been more generally adopted. Attention was directed to rendering patients non-infective by immediate treatment with Bayer 205.

In the Gulu area resettlement of certain districts was extended without any increase in the number of cases of the disease. In the Lake Edward-George area the investigating Medical Officer found many new cases and the recommendation was put forward that certain clearings should be made and closer administrative supervision exercised. Cases continued to be reported after the Medical Officer had ceased his investigation as already mentioned many undoubtedly were infected in the adjacent endemic areas of the Congo.

The following control measures were formulated by the Governments of Tanganyika Territory and the Uganda Protectorate to prevent natives infected with *T. rhodesiense* in the former from crossing over into the latter —

(a) Tanganyika Territory was declared an infected area under the Uganda Infections Diseases Ordinance and the passage into Uganda was prohibited of all persons except Europeans and Asiatics with their servants, and Africans whose sanitary guarantees were acceptable.

(b) The Tanganyika Government undertook to issue passes to natives for entrance into Uganda only to those who were not inhabitants of a sleeping sickness area or any area likely to become infected or who did not have to pass through any such area on their way to Uganda. No passes were to be issued to inhabitants of certain specified areas except in cases where such natives had been under medical observations in a fly-free area for a period of not less than two months and who did not have to pass through a fly area to reach Uganda.

(c) The Tanganyika Government agreed to undertake investigations into sleeping sickness conditions in certain areas which, if infected, could constitute a real danger to Uganda.

(d) The Tanganyika Government agreed to close all ferries on the inter-territorial boundary except those mutually agreed upon and passage was to be refused to any native prohibited from entering Uganda under the terms of the above proposals.

(e) Objections could not be maintained by the Uganda Government to the issue of temporary passes by the Native Authorities of Tanganyika Territory for natives to cross that part of the Kagera River lying entirely in Tanganyika Territory provided that such passes should not be valid for travelling in Uganda and that the Uganda Government should be responsible for the control of the whole of the boundary in respect of natives crossing this boundary for the purpose of paying visits and in respect of natives who entered or attempted to enter Uganda from Tanganyika without authority.

(f) The Uganda Government withdrew its opposition to the re-establishment of the fishing industry in the Kagera River.

The numbers treated for venereal diseases and yaws have generally increased the figures being syphilis 72,218 (68,432) gonorrhoea

10,702 (10,591) in 1931 the number of gonorrhoea patients was returned as 8,931 Yaws 49,546 (43,773)

*Helminthic infestation* is widespread particularly ankylostomiasis. In some districts Busoga, for example the incidence approximates 100 per cent, and is an important factor in causing general debility. Other helminths less commonly met with are *T. solium*, *T. saginata*, *A. lumbricoides*, *D. medinensis*, *S. haematobium* and *S. mansoni*. The last has a peculiarly limited distribution. No case was found in Busoga, on the shore of Lake Victoria among shore-dwellers or reclamation labourers but some were found among shore-dwellers near Entebbe. Nevertheless no *Planorbis* or *Bulinus* on the Entebbe shore, common though they are in Lake Victoria, was found to harbour cercariae. Patients therefore probably contracted the infection from some infested swamp or waterhole in their vicinity and not directly from Lake Victoria. Support for this view is obtained from the fact that sporadic cases of schistosomiasis are not uncommon throughout Uganda.

*Dracunculus medinensis* is almost confined to the dry more northerly portion of Uganda where drinking water is obtained from shallow wells or stagnant rain-water pools.

The following are figures recorded for the various helminthic infestations. *Ankylostomiasis* 1,021 (774) cases 17 (7) deaths. Infestation is very widespread (as stated above) and these low figures indicate how few of those infested exhibit definite symptoms of a degree necessitating application for treatment. *Cestode* infestation, 2,957 (2,621) cases, mostly (1,070) from Mbarara. *Ascaris* 1,481 (1,765) chiefly in the Western Province. *Dracunculus* 1,402 (1,478) in Madi 441 in Kitgum 345 Gulu 272 and Arua 115. *Schistosomiasis* 81 cases recorded from Government Hospitals but infestation by *S. mansoni* was reported from Entebbe (20 cases) Sorobi (30) Gulu (18) Kitgum (30) while 57 were unspecified namely 45 from Butiaba, 7 from Lira and 5 from other places—a total of 155 cases.

Mention may be made of *anthrax*. Only four cases were reported from Government Hospitals but in November an outbreak started in the Ankole district and by the end of the year there had been 62 cases 9 of them fatal.

*Laboratory*—The special investigation into cases of pneumonic plague has been mentioned above. Apart from this the work was mainly of the usual routine clinical pathological nature. 4,267 stools of Africans were examined for worm ova. 1,923 or 45 per cent. showed *Ancylostoma*, 307 *Trichuris*, 80 *Ascaris*, 78 *Taenia* and 1 *Sch. mansoni*. 4,281 urines were tested and in one case a patient exhibiting enteric fever like symptoms *Bact. enteritidis* was isolated. Serological tests included 13,714 by the Kahn method and 917 by the Wassermann. *C. diphtheriae* was isolated from a child with croup. True diphtheria is rare in natives of Uganda and no previous instance of isolation of a virulent diphtheria bacillus from them is on record. 6,639 dark ground examinations were made and 730 sputa examined.

The Chemical Department investigated the cause of corrosion in the steel pipes of the Kampala water supply. This was found to be  $\text{CO}_2$  in the water and lack of homogeneity in the steel.

The report of the Government Entomologist is dealt with elsewhere in this Bulletin (see p. 673).

*The Uganda Medical School Mulago*—Education of an African Medical Assistant on the same lines as a doctor as contrasted with the training of a medical attendant as a nurse, was begun in 1923. The Medical School was built in 1928 and the Students Hostel in the following year. The Hospital has 288 beds with ample material and accommodation for teaching. The Hostel accommodates 20 students. The course of training is altogether five years: the first two years are spent in preliminary training at Makerere College. In the third year Anatomy, Physiology and Pharmacy are taught at the School, the students still residing at Makerere College. In their fourth year they are transferred to the Hostel and spend the time in studying Pathology, Bacteriology, Parasitology, Pharmacy and Therapeutics for the Final Examination Part I and this and the fifth year are given up to Medicine, Surgery, Midwifery and Gynaecology with Medical Jurisprudence for Part II of the Final.

At the end of 1932, 15 had qualified. 10 were admitted to appointments in the Civil Service. 5 were still on probation. Seven completed their preliminary studies. 6 passed the examination in Anatomy and Physiology. 7 presented themselves for examination in Pathology and Therapeutics. 3 passed in the former and all in the latter. 4 went in for the Final examination, and one passed in all subjects (see also this *Bulletin* 1933 Vol. 30 p. 639 for report on the examinations).

*Expenditure* on the Department totalled £144 15s or 9·4 per cent. of the revenue of the Protectorate.

The following is a list of scientific papers published during 1933 by members of the Medical Staff—

BARNETT R. E. Epidemiological Observations on Plague in the Lango District of Uganda.—*East African Medical Journal*, 1933, Jan. Vol. 10, No. 6, pp. 160-160.

GIBBONS E. G. Eggs of Some Ethiopian Anopheles Mosquitoes.—*Bulletin of Entomological Research*, 1933, July, Vol. 24, Pt. 2, pp. 257-262.

— The Domestic Anopheles Mosquitoes of Uganda.—*Annals of Tropical Medicine & Parasitology*, 1933, Apr. 10, Vol. 27, No. 1, pp. 15-25.

— Studies on Ethiopian Stratioides. *Simulium damnosum*, Thee. *Transactions of Royal Entomol. Society London*, 1933, June 30, Vol. 81, Pt. 1, pp. 57-81.

GIBBONS E. G. & LOWENTHAL L. J. A. Cutaneous Onchocerciasis in a *Simulium damnosum* Infested Region of Uganda.—*Annals of Tropical Medicine & Parasitology*, 1933, Vol. 27, Pt. 4.

HOLLIDAY M. A Case of Toxic Albuminuria of Pregnancy in a Mpregna. *East African Med J*, 1933, Vol. 10, pp. 149-151.

LOWENTHAL L. J. A. On the Probable Inclusion of Several Diseases in the title Money Foot.—*Annals of Tropical Medicine & Parasitology*, 1934, Vol. 28, pp. 47-58.

— The Significance of Colour Changes in the African Skin. *East African Med J*, 1934, Vol. 11, pp. 124-131.

OBSERVATIONS ON HEALTH IN RELATION TO DIET IN H.M. UGANDA CENTRAL PRISON. (a) Diet and Morbidity by J. P. MITCHELL. (b) The Ocular Manifestations of Vitamin A Deficiency by H. B. OWEN. (c) A New Cutaneous Manifestation in the Syndrome of Vitamin A Deficiency by L. J. A. LOWENTHAL.—*East African Med J*, 1933, v. 10, pp. 28-39.

## TANGANYIKA TERRITORY (1933)

Tanganyika Territory consists of that part of former German East Africa which is administered under a Mandate by His Britannic Majesty. It lies between the Great African Lakes and the Indian Ocean and adjoins Kenya and Uganda on the north the Belgian Congo on the west N Rhodesia and Nyasaland on the south west and Portuguese East Africa on the south-east. The total area is about 365 000 sq miles. Dar-es-Salaam is the capital and chief port other important towns are Tanga, Tabora, Dodoma, Moshi and Arusha.

The native population is mostly made up of tribes of mixed Bantu race. Some 1 150 000 acres are under cultivation non natives grow sisal fibre and coffee maize and cotton and the natives grow cotton rice millet and ground nuts. Three million acres are forest land nearly 4 000 sq miles are included in the Government Forest Reserves.

No important changes were effected in the Medical Service during the year. A Medical Officer took over the new hospital at Musoma built by the Native Authorities the Medical Officer at Mahenge was transferred to Lindi and a Senior Sub-assistant Surgeon put in charge of the Mahenge Hospital. Certain alterations already begun at Sewa Hadji Hospital, Dar-es-Salaam were completed. Dr D. E. Wilson who was in charge of the Vaccine Lymph Institute Mpwapa went on leave the personnel was too limited for a relief to be appointed so large quantities of lymph were prepared and sent to Dar-es-Salaam the Vaccine Institute being temporarily closed.

The trained African Sanitary personnel was composed of 15 Urban Inspectors and 5 on probation. One hundred and twenty district inspectors were employed. 44 of these have passed a further test and are now members of the African Civil Service. The remaining 76 have passed the examination for District Inspector but not yet that of the efficiency bar.

Tribal Dispensaries controlled and financed by the Native Administration do much useful work. In the Lake Province the experiment of combining the work of the District Sanitary Inspectors and that of the Tribal Dressers was tried. Sanitary Inspectors were given instruction in medical work at the Mwanza Native Hospital and Tribal Dressers were instructed in practical rural sanitation at the Health Office. If successful this experiment will be extended to other areas. Three hundred and nine Tribal Dispensaries were open during 1933 and attendances at them totalled 402 011 (374 014) eight more dispensaries are to be opened in 1934.

*Vital Statistics*—There has been no change in the estimated population as recorded in the Medical Report for the past three years viz 5 022 640 and no reliable statistics relating to birth death and infant mortality rates are available at present. Among the general European population there were 53 (68) deaths.

European Officials totalled 1 132 (1,387) and the average resident 727 (815). Four (6) were invalided, two on account of neurasthenia one for new growth (this man died in England later) and one for pleurisy. Eight (3) died two of these were suicides, another was accidental five died from disease one from encephalitis lethargica and one each from bronchopneumonia haemoptysis, septicaemia and acute oedema of larynx [no details or primary causes are mentioned of these last three symptoms]

*Asiatic Officials* numbered 1,336 (1,653) the average resident being 870 (1 166) 8 (8) were invalided and 2 (3) died. The causes of death are not stated merely "heart failure" and "embolism."

The Medical Officer of Health Dar-es-Salaam, gives the birth- and death-rates for the town. The birth-rate for Europeans has gone up nearly fourfold 8.0 (2.1) and the death-rate is lower 5.3 (3.6) the Asiatic birth- and death-rates were 26.8 and 10.1 respectively and the death-rate for Africans 17.2. No birth-rate is given for the last and in the absence of any definite figures of the births or deaths, or of the population on which the rates are based very little information of value can be gleaned.

The same remarks will apply to the returns by the Medical Officer of Health of Tanga here the birth-rate of Europeans is given as 4.0 and the death-rate as 17 per thousand. Asiatic and African death-rates were 12 and 20 respectively.

*Maternity and Child Welfare Work* is carried on by Government and by missionary societies. Clinics at Tabora and Mwanza have been absorbed in the general work of the hospitals their returns are, therefore not included in the following summary. Patients admitted to clinics for confinement numbered 2,673 (2,344) and another 66 (190) were attended outside. New cases numbered 68,417 (82,069) of whom 25,483 (35,283) were mothers and 42,932 (46,806) were children attendances totalled 778,714 (723,164). Admissions to the main clinic, Dar-es-Salaam, numbered 260 of which 171 were women. In all, 2,975 women and 5,853 children new cases attended, total attendances being 10,150 for women and 28,536 for children. At the Tanga centre the number of new cases rose by 177 per cent. to 5,812 (2,095). The clinic building was destroyed by floods in February and premises had to be rented a new and better building is hoped for in 1934.

*General Sanitation*—The essential sanitary services have been maintained, but it has not been possible to continue with the scheme for the drainage and sewerage of Dar-es-Salaam and Tanga. The water supply of Dar-es-Salaam has been bacteriologically examined each week schemes have been formulated for introducing modern plants in Moshil, Morogoro and Tabora and for extensions in the two former of these and in Dar-es-Salaam. Further a scheme has been drawn up for a piped supply to Arusha.

No revision courses for Urban or District Sanitary Inspectors have been held this year. Pamphlets have been circulated dealing with malaria, quinine sleeping sickness maternity and child welfare, and posters on plague smallpox sleeping sickness, malaria, ankylostomiasis, tuberculosis, cleanliness, housing, water insect vectors, etc.

*Hospitals Dispensaries and Clinical Returns*—At the end of the year 92 trained African dispensers were in the employ of the Department. Twelve dispensers attended the usual revision class and another 12 have been under training at the Sewa Hadji Hospital.

In-patients at hospitals totalled 90,680 (29,250) and out-patients 514,187 (479,517). *Malaria* cases numbered 35,926 (32,245) and among them 45 (53) were fatal. Among the total in 27,210 the infection was defined 24,970 or 91.8 per cent. were subtertian, 2,115 or 7.8 per cent. benign tertian and 125 or 0.4 per cent. quartan. There were 642 European cases, the plasmodium being differentiated in 541 of these 516 or 85.4 per cent. were subtertian, 24 or 4.4 per cent. benign

tertian and only one quartan. *Blackwater fever* cases were fewer than last year 37 (93) with 9 (25) deaths. Sixteen of the blackwater fever patients were Europeans and 5 died.

No entomologist has been appointed to the main unit in Dar-es-Salaam but the staff continued the work of recording anopheline breeding places and investigating the infection of local species. Determination of the parasite rates in the native population has been completed, but the results are not given in the annual report. The anopheline control measures hitherto performed by the Health Office have been taken over by the Malaria Unit.

Creeks round Dar-es-Salaam have been surveyed, projects for improvements and estimates for carrying them out were being prepared. Concrete drains were in process of construction in Gerezaani creek and earthworks in Mumbazi creek to confine the Mumbazi River and seepage from the banks on the town side to definite channels. This has eliminated certain breeding sites of long standing and has had its effect doubtless on the malaria incidence though this is difficult to estimate because of the exceptionally low rainfall. Dr R. Nixon reported that in Dar-es-Salaam the malaria incidence was less from the same cause—low rainfall—but this led also to failure of crops and consequent malnutrition.

An interesting experiment was carried out on the islands of Ukerewe and Ukara in Victoria Nyanza which are but a few miles apart. Of the inhabitants in Ukerewe examined [the number is unfortunately not stated] 15 per cent. had palpable spleens and 30 per cent. showed malaria parasites. On Ukara the corresponding figures were 54 and 62 per cent. The haemoglobin percentage was under 70 in nearly half the cases (44 per cent.) in Ukerewe but in only 20 per cent. in Ukara. Hookworm is common in the former rare in the latter.

Anti mosquito work in Mwanza was continued and 3 461 collections of larvae were found of these 10.6 per cent. were *Aedes* and 33.6 per cent. *Anopheles*.

Dr B O WILKIN Medical Officer of Health Moshi carried out a malaria survey with the Malaria Research Unit of Tanga and found a high rate of infection, especially in the areas of Njoro Juu and Njoro Chini. Early zoning of the township is an essential preliminary to improvement.

*Yellow fever*—A survey was undertaken to ascertain whether any areas presented evidence of previous infection. One hundred and fifty-nine samples of blood were taken. From Mpwapwa (Central Province) 28 Mwanza 25 and Tinde 28 (Lake Province) Iketemia (Tabora District) and Kigoma (Western Province) 28 and Dar-es-Salaam (Eastern Province) 26 lastly a specimen of blood was taken from a European official who had had an attack of fever with jaundice in Nigeria. These samples from widely separated parts of the Territory were sent to the Rockefeller Foundation specialists in New York. One hundred and forty-six arrived fit for examination. The European gave a negative as did all but one of the natives this was a man in Mwanza who had never left the district. Seven months later a second specimen of this man's blood was taken but this time gave entirely negative results. Owing to the surprise aroused by the first positive another batch of 25 sera was obtained from this district and 24 from the Bukoba district of the same Province but none proved positive.



It may be reasonably concluded that there was some mistake in the first, a false positive, and that there is no evidence to show that yellow fever exists or has recently existed in Tanganyika Territory.

"In connection with the question of trans-African aerial traffic, it was decided that Tabora should be the first port for the landing of such traffic within the Territory and legal provision for this was made under the Air Navigation Directions. Power was also taken to require that pilot crew and passengers on any aircraft arriving from an area infected with yellow fever be immunized against that disease."

Eighty (53) cases of *enteric fever* were notified and 13 (7) deaths. In the table of returns 79 are mentioned of which 77 were typhoid fever and one each paratyphoid A and B. Cases have appeared among Europeans in Moshi and Arusha, writes Dr WILKIN, Medical Officer of Health Moshi. It was hoped that during 1934 a piped water-supply might be installed to Arusha township and an extension be made of the Moshi supply. An epidemiological survey of the Minor Settlement, Mbeya was made in June as sporadic outbreaks had been reported there. *Dysentery* patients numbered 1 421 (1,289) and in 903 (910) the type of infection was determined. 756 (784) or 83·7 (87·3) per cent. were amoebic and 147 (116) or 16·3 (12·7) per cent. bacillary.

No case of *cerebrospinal fever* was reported. In 1932 there were 7 cases, 1 fatal. *Plague* notifications were 9 (12) and 5 (10) of those attacked died. 3 cases, 1 death, occurred in the endemic area near Mbulu, and 6 cases, 4 deaths in Iringa. In Dar-es-Salaam 20 694 rats were killed. 7,298 were examined—7,272 *R. rattus* and 24 *R. norvegicus*—and also 5,031 mice. None was found infected, nor has there been any since 1919.

Except for one area in the south-west the Territory was free from *smallpox*. This area comprises the same districts as those in which the disease appeared in the previous year viz. Iringa, Njombe, Rungwe and Mbeya and parts of the adjoining Western and Lindi Provinces. 626 (742) cases were reported, mostly mild in type for there were only 38 (48) deaths, a fatality rate of 6·0 (6·5) per cent. In the table return of diseases is mentioned "*Vaccinia* 534 cases and other sequelae of vaccination (infective)" 542 cases. No note is given to indicate what these terms include. Vaccine lymph was sent to 51 stations during the year.

Other infective diseases which may be mentioned are *measles* 704 cases, 11 deaths. *measles* 530 cases. *whooping cough* 1,083 cases, 3 deaths. and *varicella* 850 cases. *Relapsing fever* cases numbered 1 171 (864) a large increase, but there were only 11 (9) fatal.

The policy as regards *leprosy* has remained unchanged from what was recorded last year (this *Bulletin* 1934 Supp. p. 52\*). 814 cases are recorded in the tabulated returns as under treatment and 7 deaths occurred.

The year's records of the incidence and fatality of *tuberculosis, pulmonary and other forms* in more than 50 stations are presented in a table. There has been a progressive rise in incidence of recent years. In 1931 1,492 cases, 927 pulmonary. In 1932, 1,526 cases, 892 pulmonary. In 1933 2,169 cases, 1,344 pulmonary. In the table of in-patients and out-patients the total is given as 1 472 cases of which 1 046 or 71 per cent. were pulmonary. The work of the Unit on

Kilimanjaro with headquarters at Kibongoto was continued throughout the year. Details of the program were given in last year's report (this Bulletin 1934 Supp. p. 32\*). The Research Officer is continuing his investigations in England with the aid of a grant from the Trustees of the Carnegie Corporation. Dr Wilcocks reports as follows on the results of his investigations to date:—

1. There exists in the sputa of a considerable number of natives in Moshi acid fast bacilli which can easily be mistaken for tubercle bacilli but which are not pathogenic for guinea pigs, and which have not yet been cultivated.

2. These bacilli frequently exist in the sputa of patients who present physical signs suggestive of pulmonary tuberculosis. They also exist in patients who do not present physical signs but have so far only been found in patients who have complained of cough for a period of three weeks.

3. The presence of these bacilli constitutes a confusing factor of great importance in the diagnosis of pulmonary tuberculosis. Diagnosis by physical examination is too often indecisive until the disease has progressed so far that treatment is useless and is therefore not delicate enough either for individual treatment or for the control necessary for the efficient investigation or epidemiological handling of the disease. X-ray diagnosis long recognized as the most accurate in Europe is largely impossible in tropical countries. Sputum diagnosis has been accepted as perhaps the most definite of all, and has not infrequently been found to give positive results before physical diagnosis and almost as soon as X-ray. The presence of these acid fast bacilli by limiting its value has complicated the matter.

4. If these bacilli are leprosy bacilli it seems probable that the distribution of leprosy is not fully understood, and constitutes a point of importance in the epidemiology of the disease. If they are acid fasts of some other type, it is not impossible that they may be responsible for some lesions of the lungs as is almost certainly the case in some of the rare instances in which non-tuberculosis acid fasts have been found in European cases and the importance of the Moshi bacilli lies not only in the question of their pathogenicity for man but also in the large proportion of the cases so far examined in which they have been found.

5. There is a possibility that these bacilli are similar to the known acid fast saprophytes (*M. Phlei* etc.) and have contaminated the mouth from water or food. Against this is the fact that such organisms are usually easily cultivable whereas the Moshi bacilli are not, and that, among the recent sputa examined, the patients gargled with a saline solution before coughing up the sputum. It is unlikely that the bacilli originated in the gargle water since in many cases large numbers were found in the sputa concerned many more than are usually present in water.

In the table of returns of diseases treated venereal diseases totalled 31 704 of these 22 137 were for syphilis 9 477 for gonococcal infections and 90 for soft chancre. In the body of the report the numbers differ from these here the number of patients treated for syphilis is given as 33 058 (35 229) and for gonorrhoea 9 004 (9,509).

Fears cases numbered it is said, 109 113 (114 115) [elsewhere given as 72 076 (83 611)].

Routine work on trypanosomiasis was continued on the lines set out in previous reports. Efforts have been made to check the spread of the disease in the Western Province and in the Bukoba and Buharamulo districts of the Lake Province. In the Uha country north of Kigoma 11 concentration areas were selected and settled with natives who had previously lived in fly-infested areas.

After the discovery that labourers from Tanganyika were passing into Uganda and carrying *T. rhodesianus* infection, the Sleeping Sickness Officer visited Entebbe and a decision was reached to prevent natives who have resided in or passed through sleeping sickness areas in Tanganyika from crossing over to Uganda. Research work has been continued at the Tinde laboratory.

New cases diagnosed during the year numbered 2,304 (2,861) of which 1,621 (2,251) were in Western Province and 623 (605) in Lake Province.

*Laboratory work*—The European personnel for the combined laboratories, at Dar-es-Salaam and the Vaccine Lymph Institute, Mpwapa, was two medical officers as already stated, on Dr Wilson's departure on leave the Vaccine Institute was closed temporarily as no relief was available. It is stated that the expenditure on vaccines and sera "increased by £63. This was due to emergency demands, particularly for T.A.B. vaccine. No reason is given for not undertaking the preparation of this at the laboratory apparently 20 autogenous vaccines of other organisms were prepared there. Fees at the laboratory were reduced and the revenue increased by over 40 per cent.

In the Routine Division 15,722 (16,862) specimens were examined, including bloods, bacteriology pathology medico-legal, public health examinations. Of these, parasitological comprised 7,669 bacteriological 2,318, and public health 3,101. Of 5,627 blood films 1,360 revealed malaria parasites of 1,672 faeces 862 contained flagellates or helminthic ova the commonest finding was ankylostome ova 653. *E. histolytica* was not seen. Four hundred specimens of urine were examined for *Schistosoma haematobium* and 127 were positive, all African patients except one. To the Wassermann reaction 445 sera and 16 spinal fluids were subjected and to the Kahn test 334 sera. Sputa examined numbered 1,251. Milk samples totalled 127 and weekly bacteriological analyses are made of the water supplies of Dar-es-Salaam samples from various wells were also examined.

The chief special investigation was in connexion with ulcer-examination of their bacterial flora blood calcium estimation [method not stated] and the Wassermann reactions. Among 80 sera tested from chronic ulcer patients 46 were positive to both the Wassermann and the Kahn tests.

A Museum is being developed comprising Pathological and General exhibits. Dr BURGESS-GAFFNEY Acting Deputy Director of Laboratory Service, has published the following contributions to medical literature during the year—

1. Forefathers of Tropical Medicine. *East African Med. J.* 1933 July
2. Medico-Legal Aspects of Investigation of Sudden Death. *Ibid.* 1933 Oct.
3. Coliform Bacteria in Urine. *Jl Hygiene* 1933, Nov

The approved expenditure for 1933 was £210,650 and the actual expenditure £190,725. What proportion this bears to the total revenue is not stated. The Colonial Development Fund contributed £8,507 for Malaria Research and £964 for the Tuberculosis Investigation. The Government also assisted missionary societies engaged in campaigns against hookworm leprosy sleeping sickness, and maternity and child welfare work they contributed £962 to the Church Missionary Society and £180 to the Africa Inland Mission.

## NYASALAND PROTECTORATE (1933)

Nyasaland Protectorate consists of a strip of land about 520 miles long by 50 to 100 miles broad lying to the west and south of Lake Nyasa. Its neighbours are northern Rhodesia to the west, Tanganyika to the north and north-east and Portuguese East Africa to the south. Its total area is approximately 37 596 sq miles of land and 10 353 sq miles of water and its chief towns are Blantyre, Limbe and Zomba (the headquarters of the Government)

*Vital Statistics*—The native population is estimated as 1 609,817 (1 606,431) [elsewhere given as 1 608 023 (1 606 431) Africans and 1 474 (1,583) Asiatics or a non European population of 1 609 497 (1,609 014)] There is no compulsory registration of births and deaths but in the Fort Manning district registration is carried out better than in most districts. The recording officers are native officials of the Department, but natives can give erroneous information unchecked. With this proviso it may be stated that the birth rate was 68.2 (67.2), the death rate 25.8 (33.0) and the infant mortality rate 97.3 (141.3)

Among the Asiatic population of 1 474 (1,583) there were 46 births or 31.2 (19.5) per mille and 8 deaths or 5.4 (7.5) of the deaths three were due to malaria and one to blackwater fever

The European population was 1 817 (1 901) among whom 46 (45) births took place, a rate of 25.3 (23.6) and 14 (18) deaths or 7.7 (9.4) two deaths were due to pulmonary tuberculosis and two to blackwater fever. European officials numbered 282 (267) of whom 203 (212) were resident on an average 10 (3) were invalided and 2 (2) died. One of the deaths was due to enteric fever and one to embolism and cardiac failure of those invalided one was on account of pulmonary tuberculosis, another of sprue.

Native officials numbered 1,979 (1,848) there were 16 (11) deaths one from pulmonary tuberculosis and three from pneumonia there were no invalidings.

Progress in *Infant Welfare* is being made by the various missionary societies and at the Jeanes school. The clinic at Kota Kota is not yet completed and those at Fort Johnston and Port Herald have perforce been idle for want of staff. Clinics assisted by Government funds have been established at Bandawe (Livingstone Mission) and at Blantyre (Church of Scotland Mission) At the former 36 mothers and 180 children attended at the latter between October 1932 and September 1933 there were 150 admissions and 133 labours conducted 113 infants were admitted to the clinic and there were 1 015 attendances at the mothers welfare centre. There were 5 pupil midwives. A new welfare centre was opened at Ndrande in September At the Jeanes school 10 miles from Zomba, a child welfare clinic is established. Classes are held in sewing child welfare mother-craft housekeeping hygiene nursing and handicraft. A trained nurse arrived in June and in the latter half of the year new cases included 179 mothers and 544 children, total attendances numbering 348 for mothers and 1,894 for children.

*Schools*—The present staff is insufficient to apportion officers for the medical inspection of African Mission Schools. Pupils at the European schools of Blantyre and Limbe were examined, 68 in all. Their general health and physique were good but more than 40 per cent. required dental treatment. 1 11

*General Hygiene*—For financial reasons the three Health Visitors provided for in the estimates for 1931 could not be appointed and the staff is not sufficient to initiate and control schemes for the betterment of the general native population. Hence no new works of importance were carried out during the year. The water-carriage *sewerage* system of Gomba has been held up partly for financial reasons, and the town must therefore keep to its present arrangement for night-soil disposal with its attendant risks of fly and water-borne disease. Householders are responsible for the disposal of night-soil and house refuse. Latrines are washed out every morning, buckets are emptied and cleaned twice daily, and the contents buried in pits in nearby open spaces. Each latrine is lime-washed every three weeks. In Blantyre as also in Limbe the two-bucket system is in use. Night-soil is removed daily by motor and disposed of by trenching. Refuse is collected from portable bins and tipped into disused brick pits in various parts of the town.

The tobacco stations in the central province are sanitarily unsatisfactory. There are practically no sanitary facilities for the large numbers of native growers who congregate at the buying season. Pit latrines are to be constructed and sanitary personnel placed there for general supervision.

The water supply of Blantyre is taken from the Mudi river and its tributary streams and conveyed to a sedimentation tank and then through a battery of Bells filters whence it is distributed by gravitation to all parts of the town. After heavy rain there is some discoloration for which two Paterson's filters have been installed. Work on the new dam was started and it is hoped that water impounded will be available before the next dry season.

In Limbe water was obtained from boreholes in various parts of the town. Seven of these boreholes are the property of the Town Council and two are privately owned. Each is about 80 feet deep and has capacity of 4,000 gallons a day.

*Food*—In the larger townships—Zomba, Blantyre and Limb regular meat inspections are carried out by the Sanitary Superintendents. Markets are looked after, slaughter-houses provided, and the sale of fish controlled. Purveyors of milk are not, as yet, under control. Until recently all milk was delivered in old whiskey vermouth bottles. The mouths of the bottles being closed with leather rolled up to form a seal shaped like a cork. Control or even periodic inspection of the premises from which milk is supplied is impossible since the suppliers live in scattered villages throughout the district.

A grant from the Colonial Development Fund enabled the following among other works to be carried out: considerable permanent drainage provision of a slaughter-house with native quarters, meat and fish markets with a water supply.

The problem of housing natives in or adjacent to townships becoming acute. Housing schemes are of two kinds: 1. Where area is laid out in plots and natives are encouraged to take these as small, or no rental, and build houses thereon of a specified standard. 2. Where the Town Council is responsible for the construction of houses and lets them at an economic rental. The latter is the better because the type of house built is usually of a higher standard and is provided with accessories which a native would not provide on his own initiative.

Town Council labour at Limbe was housed in temporary grass houses but a proposal has been brought to replace these by buildings of permanent materials. Plots have been let out to employers of native labour or to the natives themselves at a rental of 1s. a month. Any houses constructed on these plots must be of a type approved by the Town Surveyor and Sanitary Superintendent.

*Recommendations*—A new European hospital is needed for Zomba, apart from the measures of a more general character to improve conditions of rural life are mentioned which concern the Medical Agricultural Public Works Forestry Education and Veterinary Departments. Among them may be mentioned Improvement in agricultural methods and in stock by better pasturage and protection from disease improvement of water supplies and watering places for stock improvement of communications by road or rail provision of more schools instruction in hygiene use of latrines better housing welfare of women and children as by employment of Health Visitors and training of native midwives of native dispensers and native Sanitary Inspectors by health exhibitions lectures and so forth. With a view to putting some of these into effect —

(a) A general increase in the African sanitary staff is urgently required in order that every district may have its quota of staff

The improvement of housing conditions village sanitation, market places, water supplies etc. depends to a great extent on such provision.

(b) In order that this staff may be really effective it is necessary to provide both adequate supervision and continuous instruction so that an increase in the establishment of European sanitary superintendents is essential.

(c) The provision of European Health Visitors to inaugurate measures in connection with infant and women's welfare

(d) The training of native midwives.

(e) The introduction of European nursing sisters into the larger native hospitals so that the standard of nursing may be improved and the training of native dressers may be undertaken

(f) The appointment of a Medical Officer trained in child welfare duties a necessary measure to ensure that any scheme may be commenced *ab initio* on the right lines.

To co-ordinate the work of the various departments concerned the establishment of a central school would be of great advantage if not an essential, for instructing the native in simple agriculture care of stock dairying village sanitation infant welfare propaganda first aid, forestry carpentry and masonry

*Hospitals Dispensaries and Clinical Returns*—By aid of the Colonial Development Fund from which grants amounting nearly to £80 000 have been given since 1930 the number of beds available in hospitals have increased from 170 to 600 twelve new hospitals have been constructed namely at Zomba Chola Mlanje Chiradzulu, Chikwawa Lilongwe Fort Manning Dowra Kasungu Mzimba Kota Kota and Karonga, while additional ward accommodation has been provided at Dedza, Fort Johnston and Port Herald and at the two last child welfare clinics have been established with accommodation for 12 maternity patients at each and another is in course of erection at Kota Kota Thirty-six rural dispensaries have been completed more than £1 000 has been spent in improving village water supplies an X ray plant is being purchased for the Department and various sanitary works have been completed in Limbe and Blantyre

Two European hospitals, one at Blantyre and one at Zomba are maintained by Government. Except for a small amount of accommodation for Europeans at some of the Mission Hospitals, there are no private institutions or nursing homes in the Protectorate. The present hospital at Zomba is dilapidated and insanitary and the equipment antiquated and inadequate and there are no X-ray facilities. As already mentioned, suggestion for a new hospital has been put forward and provision made for the purchase of a new X-ray plant.

Of the native hospitals that of Zomba alone has European nurses. There is no Infectious Diseases Hospital in the Protectorate. Dispensaries rural, and urban, number 92 all were originally wattle and daub buildings, but 36 have been replaced by permanent structures, through help from the Colonial Development Fund. The accompanying tables show the native populations, the numbers of patients treated at hospitals and dispensaries in the various districts. The number of cases treated has increased but it is noted that "the standard of work performed at these dispensaries cannot be considered satisfactory. There has been practically no supervision by Medical Officers owing to lack of motor travelling allowance and in some cases whole districts have not been visited. Native dispensers left to themselves for months and even years at a time cannot be expected to perform their duties efficiently and considerable wastage in drugs and dressings through unskilled use is bound to occur returns cannot be checked and are often obviously incorrectly rendered, diagnoses cannot be verified."

Asylum patients are well looked after and are well fed, but from the medical aspect the institution partakes rather of the nature of a place of restraint than of a mental hospital. It is administered by the Chief Inspector of Asylums who is also Commissioner of Police, whereas it should be in complete control of the Medical Department with a Medical Officer in administrative and executive control and a trained male European mental nurse in subordinate charge.

European in-patients numbered 178 (189) and out-patients 1,217 (1 079) non-European in-patients 7,322 (6,325) and out-patients 353,344 (308 862) the last figures including returns from rural dispensaries.

There have been no epidemics of *malaria* 9 787 (11 426) cases were recorded from hospitals and dispensaries. Of 4 453 hospital cases the nature of infection was not defined in 2,214 among 2,153 defined there were 1 134 benign tertian 953 subtertian and 71 quartan, or percentages of 52.5 44.1 and 3.3 respectively. These are figures given in the text of the report and it is stated that the diagnosis was not in every case confirmed microscopically. By adding together the hospital returns as given in the tables we find the nature of infection stated in 2,551 out of 4,953. Of these 1,375 or 53.9 per cent. were benign tertian, 1 093 or 42.8 per cent. subtertian and 83 or 3.2 per cent. quartan.

At the laboratory 112 smears were found positive among 484 examined of these 84 showed *P. vivax* 22 *P. falciparum* 2 *P. malariae* and 4 *P. vivax* and *P. falciparum*.

There were 8 (6) cases of *blackwater fever* 3 (1) European and 5 (5) Asiatics. Blood transfusion has been tried in European cases and the haemoglobinuria was observed to cease shortly afterwards, but two patients died later of ashenia. In one case the effect was remarkable,

District	Area in sq miles	Native population	Hospital	No of in-patients	No. of out-patients	No. of rural dispensaries	No. of patients	Remarks
North Nyasa (Karonga)	3 117 (4 478)	44,917 (57,310)	Karonga	313 (344)	9 115 (10 619)	Five	16 007 (18,775)	Chikula-Mayembo area transferred to Mzimba district, an area of 1,361 sq miles and native population 12,428. So in 1933 report for that year 1932 given as 18 968.
Mombasa (Mzimba)	3 458	134 757 (106,285)	Mzimba	115 (107)	4 328 (3 641)	Five	13 208 (8,338)	New 30-bed hospital completed in September. Area is that stated in this annual report and that of 1932, and therefore does not include the newly added Chikula-Mayembo.
West Nyasa	2,572	49 080 (59,315)	—	1 178 (306)	9 287 (2,309)	Four	? (7,952)	At Chinteco dispensary are 7 rest houses for natives who have come from a distance for treatment. The figures as given for 1933 are not comparable with those for 1932.
Kasungu	3,948	29,539 (43,228)	Kasungu	200 (136)	3 157 (2,994)	Three	5 348 (5 767)	New 30-bed hospital completed during the year. Two of the dispensaries are built of permanent materials, one of temporary. No explanation is given of the large fall in population.
Kota Kota	1 963	73 361 (86 117)	Kota Kota	309 (308)	15,599 (13 136)	Four	13 181 (11 448)	New 50-bed hospital in commission during the year. Smallpox 74 (83) cases try panosomiasis 20 (10) new cases, all from the lake shore area north of Kota Kota. Relapsing fever 79 cases disease spreading over whole district.
Dowa	2 145	121 771 (138 151)	Dowa	148 (144)	3 602 (4,564)	Six	14,844 (10 724)	A temporary dispensary was opened on the new Lilongwe-Sellima road.
Fort Manning	1 453	34 113 (34 075)	Fort Manning	263 (244)	2,583 (2 496)	Three	6 463 (6,866)	Attempts were made to get together some vital statistics. 2,068 live births were recorded, a birth rate of 60.5 and deaths 911 or 28.7 per mille.
Lilongwe	2,334	137 718 (121 100)	Lilongwe	265 (219)	2,764 (2,662)	Three	5 704 (5,384)	Marked decrease in smallpox cases. Malaria rate about 20 per cent. of those admitted to hospital suffer from malaria. A piped water supply has been installed for the township.
Dedza	1,918	137 022 (138,773)	Dedza	170 (185)	3,202 (2,005)	Five	12,238 (9 509)	Four of the rural dispensaries are permanent buildings.
Ntchen	1 182	79 788 (78,369)	Ntchen	203 (220)	4 083 (2,001)	Five	11 596 (10 536)	



District	Area in sq. miles	Native population	Hospital	No. of in-patients	No. of out-patients	No. of dispensaries	No. of patients	Remarks
Zomba	903	110,148 (107,400)	Zomba	1,061 (1,110)	5,923 (5,200)	Six	21,373 (29,201)	European hospital (10 beds) and African (79 beds). The figures of patients here given are those of last year. Decrease in primary patients ascribed to transfer of the Namadji dispensary to the Chitradzula district.
Blantyre	800	74,980 (73,650)	Blantyre Mission Hospital	300	—	Two	—	There is a European hospital but natives are treated at the Mission hospital which is subsidised by Government. No figures of out-patients or dispensary patients.
South Nyasa	2,468	112,640 (112,520)	Fort Johnston	578 (430)	4,576 (4,400)	Four	8,147 (7,573)	Special clinic for maternity cases and for antenatal and child welfare work. Small pox cases averaged 30 a month, declining towards the end of the year. Outbreak of cerebrospinal fever in October and November.
Upper Shire	2,045	60,972 (60,964)	—	120 (136)	3,185 (1,850)	Seven	12,538 (9,622)	But accommodation in Lilongwe dispensary for patients coming from a distance.
Chikwawa	1,867	30,633 (30,616)	Chikwawa	135 (122)	3,685 (2,724)	? (Four)	? (9,176)	New hospital, 30 beds, built from C.D. funds. The figure for in-patients in last year's report was 115 and out-patients 2,775. No mention is made in this year's report of rural dispensaries. The figures in brackets are those of 1932.
Central Shire	961	? (16,485)	—	—	—	? (Three)	? (3,675)	This district is not mentioned in the 1933 report. The figures given here are those in 1932.
Mlanje	1,531	135,219 (134,431)	Mlanje	322 (287)	? (4,401)	Six	8,210 (7,056)	Relapsing fever now endemic; smallpox 835 cases, but only 8 deaths; most patients were unvaccinated laborers coming in from Portuguese East Africa to work on European estates.
Choko	624	63,823 (63,856)	Choko	662 (500)	? (2,300)	Two	8,163 (2,866)	No mention is made of out-patients treated at the hospital, perhaps the large increase under the heading of dispensary patients is due to these inclusions.
Chitradzula	270	80,183 (80,120)	Chitradzula	260 (223)	8,076 (5,229)	Three	11,408 (10,409)	New hospital, 30 beds, completed. 312 cases of smallpox, 18 fatal.
Port Herald (Lower Shire)	747	83,615 (84,000)	Port Herald	392 (486)	2,704 (2,341)	Eight	23,587 (23,587)	Of the 2,704 out-patients 2,300 or 78 per cent. were suffering from malaria. No mention is made of out-patients.

the delirium and signs of air hunger disappeared and the patient's colour improved in two hours. 450 cc. was the maximum transfused at any one time.

Routine preventive measures were continued in the larger townships and progress was made in canalizing streams in bush-clearing and in building permanent storm water channels. In Zomba all premises are systematically examined, each inspector or probationer having an area allotted to him. Four areas of swamp land have been drained during the year. The problems of mosquito control in this town are aggravated by the formation of small pockets of water collecting at the sides of streams. This is countered by building up the sides with dry stone and paving the stream beds. Water in pools by the roadside is sprayed with Shell antimalaria mixture. Culverts are liable to become choked and the consequent flooding leads to the formation of fresh breeding sites.

Twelve (21) notifications of *enteric fever* were received 2 (2) European and 10 (19) native. Of the European cases one was of infection by *Bact. paratyphosum A* the other was not determined. Of the natives 5 were typhoid 2 paratyphoid A 1 paratyphoid B and 2 were not defined. *Dysentery* cases have diminished by 30 per cent. to 1,692 (2,450). Of 258 in hospital 240 were amoebic and 18 bacillary a ratio of 13 to 1. Among European out patients there were 30 cases of amoebic to 7 of bacillary or 4 to 1 and among European in-patients 21 of the former to one of the latter. Among native in patients 52 to 9 or nearly 6 to 1 and among native out patients 210 amoebic to 11 bacillary or 20 to 1 i.e. of a total of 341 there were 313 amoebic and 28 bacillary or 11 to 1. Some of these were probably diagnosed on clinical grounds but it is clear that the predominant form is the amoebic. [Perhaps some of the out patients were admitted subsequently as in-patients (if so too much stress cannot be laid on these figures) for with 1,444 entered in the returns as undefined the total would be 1,785 cases in place of 1,692. See also under *Laboratory* for further remarks on amoebic dysentery.]

Twelve cases of *cerebrospinal fever* were recorded at the hospitals but in October and November an outbreak occurred in Fort Johnston district and 22 deaths took place. After the date of investigation 12 more cases 6 of them fatal, occurred. In 1932 there were only 4 cases 2 deaths. *Relapsing fever* cases diminished to 191 (294) the lowest figure since 1890. Four (1) of the patients were Europeans. The epidemic of *smallpox* is abating after prevailing for three years. Most cases occurred in the Southern part of the Protectorate and especially in districts bordering on Portuguese territory. The incidence is largely kept up by labourers immigrating from these territories to work on European plantations. Cases numbered 3,412 (4,106) and deaths 98 (180) a fatality rate of 28.1 (43.8). Nearly 40,000 vaccinations were performed.

*Leprosy*—Grants are made to certain Missions for the maintenance and upkeep of leper treatment centres. There are 12 such centres 163 (185) new patients were treated—121 males 42 females—and there were 19 deaths 71 left or were discharged. At Government hospitals and dispensaries 161 were treated. Of *tuberculosis* 104 (220) cases were recorded, but these figures are not based on any medical survey no special clinics exist for these patients.

*Trypanosomiasis* in man is not a serious problem at present, though the increase is to be noted. Thirty two (10) cases were reported the total for the previous four years together was only 25. Twenty of this year's patients were in the Koto Koto district along the Kaombe Ben and Dwanga rivers.

The Medical Entomologist, Dr LAMBORN made a tsetse-fly reconnaissance in May in the Dowa and Fort Manning districts. In the former none was found south of the tsetse control line in the latter a few were found at the north end of the Nyumbu Dambo where they have persisted in about the same numbers for several years. Dr. LAMBORN continued his investigations into the possibility of vectors other than tsetse, testing various species of *Musca*, *Bidolarys latifrons* and *Lyperosia polans*. After many experiments he stated that the Muscids are not responsible either for the cyclical or for the direct transmission of the trypanosomes dealt with [*T. congolense* and *T. brucei*] the data brought forward being too meagre to warrant any really definite conclusions. Experiments with *B. latifrons* showed that—

"The fly is probably sufficiently long-lived even in captivity for the development of trypanosomes within it and they being out the voracity of both sexes, which is unequalled in my experience by any other biting fly except *Glossina* and possibly *Stomoxys* (tabanids feeding on blood three or four times only as a rule in the course of their lives) a habit which adds immensely of course to their potentialities as carriers of disease-producing organisms.

Of the venereal diseases syphilis shows a 33 per cent. drop in cases from 2,063 to 1,383. Yaws cases have also diminished by some 27 per cent. 1,966 (2,672) were treated, and most were in the Lake shore areas at the lower altitudes.

*Helminthiasis*.—Hookworm cases reported show a large increase of over 80 per cent., viz., 14 069 (7 763). For treatment carbon tetrachloride is used and in spite of its administration being in the hands of native dispensers no ill-effects have been notified. The infestation is usually evidenced by symptoms clinically quite mild and is probably not a very serious cause of disability in Nyasaland. *Schistosomiasis* is more important and is more difficult to treat. Of this there were 5 031 (8 702) cases and it was particularly prevalent in the low-lying areas near the Lake shore. In Koto Koto district ova of *S. haematobium* were found in 82.1 per cent. of urines examined and those of *S. mansoni* in 6.8 per cent. of faeces [but the number of specimens examined is not stated]. In this connexion it is interesting to note that a tumour the size of a tennis ball was removed from the bladder of an adult and was found to consist of practically a solid mass of ova of *S. haematobium*.

A special investigation carried out at the Laboratory may be fitly mentioned here, viz. the findings, protozoological and helminthological, in 279 European and 846 African stools, by direct examination after emulsifying in saline. Among the former 81 were positive, the commonest parasite being *E. histolytica*, in 61 or 21.8 per cent. *Ascaris lumbricoides* was the commonest helminth, but this was rarer, being found in 7 only or 2.5 per cent.

Among the specimens from Africans the tabled statement accounts for only 801 of the 846 examined. Of these 299 or 37.3 per cent. were

negative. Of pathogenic protozoa *E. histolytica* was commonest, being found in 33 or 41 per cent and of helminthic infestations ankylostome was most frequent ova being found in 228 or 28.5 per cent. In six instances where adult worms were examined they proved to be *Necator americanus*. *Ascaris* came next with 29 or 35 per cent. *S. mansoni* was present in 12 or 15 per cent. [The percentage of hookworm is stated in the table as 32.2 and in the text as 52.2 but constituted 28.5 of the 801 detailed or if 846 were examined 26.9 per cent.]

Fresh cases of *E. histolytica* infection appear to be more common during the rainy season when flies are abundant. Thus of 102 cases recorded in the laboratory returns for the year there were 22 in November 30 in December 14 in January and 11 in February in no other month did the total reach double figures.

Deficiency diseases were less this year scurvy 0 (3) pellagra 1 (104) beriberi 0 (1). Mention may be made here of two cases of sprue among Europeans admitted to Blantyre hospital. Two are also mentioned in the list of European out patients one male one female.

Dr H. M. SHELLEY contributes a special note on pellagra in the Central Prison Zomba. The diet of the inmates he states is a fairly well balanced one and better than that of the average villager —

"If an examination is made of the improvements which have been periodically made in the dietary it will be seen that such modifications have not had the remotest influence over the incidence of the syndrome thus during the period 1910 to 1913 no maize was used its place being taken by a rice ration, and 131 cases of pellagra were reported. In 1914 the diet was revised and improved and 12 cases occurred during the year. In 1920 the diet was again modified and no cases were seen but during 1922 among the prisoners enjoying exactly the same food 41 cases were noted and in 1923 another 41 cases occurred. During 1924 the ration was again modified but 137 cases with four deaths were reported whereas during 1933 only one case of the syndrome was noted though the inmates received the same scale of diet.

Overcrowding in the prison he holds to be a contributory cause, and now when a prisoner is suspected of developing the disease he is at once removed from the main block. Various remedies have been tried during the past ten years, viz. high protein diet, high carbohydrate, marmite, beer as a supplement to the diet arsenicals and thyroid gland tablets but the last appeared to be the only one to have a beneficial effect. It is fallacious to assess the value of treatment by disappearance of the dermatitis for this may go spontaneously without any treatment. Dr SHELLEY concludes with a suggestion that pellagra may be more readily explained by a theory of a low-grade intoxication microbic or chemical, rather than as being a pure deficiency effect.

**Laboratory** — Absence of a suitable building for accommodation of laboratory animals is a great disadvantage and an obstacle to accurate experimental work. The laboratory building needs repair leakage in wet weather causes much inconvenience as well as discomfort. Dr SHELLEY states: A request was made to me that I should submit an estimate of the financial value of the work undertaken for the purpose of proving whether or not it would be any saving to the Government to close the laboratory and to send pathological material elsewhere. Dr SHELLEY complied and was able to show

that, apart from the drawbacks of having to send specimens to a more distant laboratory [a procedure which would, of course, render many specimens useless from a scientific pathological point of view], there would be a large saving financially in maintaining the present laboratory. Presumably pathological work only can have been meant, for it can only be total lack of knowledge of the value of laboratory work on the spot to modern preventive medicine that would attempt to estimate public health benefits of this nature on a purely financial basis.

During the year 2,991 specimens were examined of which 2,754 were from Zomba. Provision of a competent clerk would relieve the pathologist of much routine and leave him more time for scientific work. Some of the work of the pathologist has been mentioned incidentally when dealing with the diseases above. Water analyses of the supplies of Blantyre, Zomba, Lilongwe and Fort Johnston were carried out during the year. The special investigation into intestinal parasites has been detailed. Another special study undertaken was the influence of quinine [the bihydrochloride was the salt used] in doses of 30 grains on the fragility of the erythrocytes. So far twenty subjects only have been tested and in 12 the fragility appeared to be increased.

*Expenditure* was £45,397 (£45,437) [so stated in the 1932 report, but in the present it is said that the expenditure for 1933 was £173 more than that of 1932]. From the Colonial Development Fund £8,861 was spent—about three-fourths on completion and equipment of medical buildings and the remainder on sanitary undertakings.

### ZANZIBAR PROTECTORATE (1933).

Zanzibar Protectorate off the East African Coast comprises the islands of Zanzibar and Pemba and the islets within their territorial waters. Zanzibar is about 53 miles long by 24 miles broad with an area of 640 sq miles. Pemba, to the north-east of Zanzibar is about 42 miles long by 14 miles broad. The only town of importance is Zanzibar Town.

As far as epidemic disease is concerned the year was a satisfactory one—there were no serious outbreaks, but 87 cases of whooping cough and 96 of measles were notified. 37 of the latter occurred in the Ziwayi Police Lines. There is little doubt, however, that the physical condition of the people is not of a high standard owing to ankylostome infestation, chronic malaria, poor housing and deficient diet.

*Total Statistics.*—The estimated population was 237,374 (235,307). Births numbered 4,578 (4,509) giving a birth rate of 19.2 (19.1) and deaths 3,675 (4,630) or 15.4 (19.6) per mille. Births in the island of Zanzibar were 2,606 (2,344) and deaths 2,579 (3,372) and in Pemba 1,970 (2,165) and 1,096 (1,258) respectively. The crude birth-rate among Arabs and Africans was 18.1 (18.3) and the death-rate 15.5 (19.8).

In Zanzibar Township there were 652 (630) births and 966 (1,107) deaths. The Arab and African population of the town was estimated at 32,032 and births among them 212, deaths 744—the corresponding

rates being 6.6 and 23.2. The chief causes of death in the township were ankylostomiasis 159 (141) malaria 104 (77) tuberculosis 49 (54) pneumonia 28 (47) bronchitis and bronchopneumonia 50 (60).

Among the general European population 568 (601) patients were treated by Government Medical Officers 298 (271) being officials and 270 (330) non-officials. Two deaths occurred. Malaria was the chief cause of sickness. *European officials* numbered 106 (111) the average resident being 78 (84) 2 (2) were invalided cause not stated and 1 (0) died from cerebral abscess. The chief cause of illness was malaria influenza ranking second. *Non European officials* numbered 535 (561) average resident 484 (509) 4 (4) were invalided one on account of pulmonary tuberculosis and 1 (4) died from toxæmia. The strength of the Police Force and Prison staff was 624 10 were invalided, three for pulmonary tuberculosis and 2 died one from tuberculosis and one from septicaemia.

*Maternity and Child Welfare*—The Zanzibar Maternity Association attended 444 (489) births in the town but this fall in number is more than compensated by the record of 155 in the Rural Maternity Homes in the southern part of the island. This year saw the beginning of a rural midwifery service 5 midwives have been trained and sent back to their villages.

At the Mwembeladu Home attendances for ante- and post-natal advice increased by more than 2,000 to 14,963 (12,880) and out patients at the Home dispensary numbered 37 162 (36,821).

*School Hygiene*—At the school clinic there were 3 046 (3,296) new cases, the chief ailments being minor injuries malaria dental caries and coryza. Cases of dental caries varied between 54.5 and 78.5 per cent. of those examined in different schools and of enlarged tonsils between 57.9 and 68.0 per cent. Facilities for continuous and regular dental treatment are lacking and the appointment of a private practitioner under contract for Government work is being considered.

*General Hygiene and Sanitation*—There is a growing demand for water borne sewage systems in public and private premises but these have to be limited owing to inadequate water supply. Householders who have it installed are required to provide septic tanks. New public latrines have been constructed at Zanzibar and Chake Chake. The method of refuse disposal has been changed from the old uncontrolled dumping in the quarry to a controlled system the refuse being covered at 6 feet from the bottom of the quarry to obviate the unpleasant odour in hot weather.

The water supply at Chake Chake is still unsatisfactory and a chlorination plant has been ordered.

*Housing*—Under the Public Health (Houses let in Lodgings) Rules 1933 considerable improvements were effected in the premises occupied by the poorer section of the population. A new village is developing in Chake Chake on the outskirts of the town but the great bar to the popularity of the new village is its lack of water supply. The number of building applications dealt with during the year are 257. [In these days it is more usual to arrange for an adequate water supply before and not after developing a new village.] Progress is being made with the model village at Weleni (Mkoani).

All food exposed for sale is subject to inspection by the District Sanitary Inspector. Retailers keep their wares under cover in cupboards.

or show-cases. The central markets of Zanzibar are inspected daily and 10 sweepers are employed in keeping the premises clean. Aerated water factories are regularly inspected the chief contaminant found is copper but usually in quite small amounts.

Trapping of rats had to be reduced because of insufficient staff a total of 20 073 were caught in Zanzibar Wete, Chake Chake and Mkoani as compared with 22,448 in Zanzibar alone in 1932.

*Labour* is almost entirely agricultural, that is seasonal, so there is no scope for sanitation of permanent camps.

To spread knowledge of hygiene and sanitation lectures and demonstrations are given to groups of school boys and others in the Museum Annex and pupils in the Teachers Training School are given special instruction in hygiene. The Jeanes Teacher gives lantern lectures in the districts.

*Recommendations*—Drainage of Migombani and Sebulene swamps is needed removal of the Infectious Diseases Hospital to a site outside the town is urged, for since it was constructed the town has gradually closed it round others are increased water supply and distribution in developed areas of the Zanzibar township and development of town drainage.

*Port Sanitation*—536 (516) steamships arrived and 10,915 (14,538) passengers landed during the year 493 (372) were vaccinated and 14 (0) were placed in quarantine Dhows arriving numbered 88\* (1 001) 4 087 (4 022) passengers landed, 22 were placed under surveillance and 2,204 (1 711) were vaccinated.

*Hospitals Dispensaries and Clinical Returns.*—New cases numbered 157 167 (140 175) and total attendances 502,672 (434,284) as out patients. During the year Jambangomo Dispensary in Pemba and Mahonda Dispensary in Zanzibar were closed down a clinic was instituted at the Comorian School and another at Muyuni School in the south of Zanzibar The agricultural dispensary at Machui was transferred to Kizimbani.

The Home Treatment Service (see this *Bulletin* 1933 Supp. p. 66\*) continued its work throughout the year 731 cases being treated.

In-patients at Hospitals totalled 4 815 (4,534) and deaths 367 (337) the chief causes of sickness were injuries 336, malaria 233 ankylostomiasis 189 and tuberculosis 164.

Dealing briefly with the returns from the different hospitals At the Zanzibar European Asiatic and Native Hospitals in-patients numbered 1 642 (1 732) and out patient attendances 87,863 (84 047) of which 20,589 (19 217) were new cases. In addition 1 120 (1,329) visits were paid to patients. To the European Hospital 66 (59) were admitted of whom 35 (23) were officials and 31 (36) were non-officials malaria accounted for 21 of the admissions. At the Asiatic and Native Hospital admissions are stated as 1 642 (1,673) [but see above], malaria accounting for 96 hydrocele for 110.

At the Mikokotoni and Selem Hospitals native dispensers are in charge and the Medical Officer in charge of the District Dispensary pays periodic visits. In-patients at Mikokotoni numbered 135 (121) and out patients 4,201 (2,579) at Selem 30 in-patients and 3,442 out-patients. All serious cases are if possible, removed to Zanzibar Town Hospital.

There were 603 (752) in patients admitted to Chake Chake Hospital and 16 466 (14 143) new cases among those attending out patients and in the districts another 4,807 (19 944) [this last figure appears to be very high though the report does not comment upon it in 1931 it was 3 380. We may mention that the figures for this hospital for the year 1932 in the present report differ largely in other instances also from those given in the 1932 report]. The chief causes of admission were in order ulcers hydrocele hernia and malaria.

Work at the Mkoani Hospital has increased greatly in patients from 287 to 688 and total out patient attendances from 39 415 to 56 407. New cases in Mkoani itself have increased from 5,570 to 9 026 [the same two figures are given as returns from the districts probably a copyist's error]. A new ward was opened in January 1933 and a new out-patient Dressing Room and two small accident wards were constructed during the year. The Wete Hospital also records a large increase in work done. New cases among out patients have increased from 5 788 to 7 644 and total attendances from 42,409 to 75,977 almost 80 per cent. more.

At the Eye Clinic more than 2,000 new cases came for treatment.

*Malaria* was expected to be less prevalent because the rainfall was less in Zanzibar Town it was 11 inches below the average for the past 39 years and in Pemba 23 inches less than the average for past 32 years. The rain in November and December is usually followed by less malaria than is that of April and May. The causes ascribed for this are that the prevailing winds in the early part of the year tend to blow the mosquitoes out of the town while the cold weather of June and July tends to bring about relapses of latent malaria. The report states that 7 536 (8 399) patients were treated, or 3.6 (5.9) per cent. of all cases the lowest proportion since 1929. There were only 9 deaths and 3 of these were due to blackwater fever. Of the total 5 771 (6 053) occurred in Zanzibar Island and 1 765 (2,316) in Pemba. The type of infection was defined in 1 547 (1 456). 1,298 (1 174) were benign tertian 182 (261) subtertian and 67 (21) quartan in percentages 83.9 (80.6) 11.9 (17.9) and 4.3 (1.4) respectively. Of 4 423 blood smears examined for malaria parasites in the Zanzibar laboratory 1,823 were positive. In nearly half 716 the type was not defined among the remaining 1 107 there were 909 with *P. vivax* 186 with *P. falciparum* 26 with *P. malariae* and 6 with both the first two the respective percentages being 82.1 15.0 2.3 and 0.5. At the Chake Chake Laboratory 261 were positive out of 915 examined in 33 the parasite was not defined, there were 198 or 75.8 per cent. *P. vivax* 18 or 6.9 per cent. *P. falciparum* and 12 or 4.6 per cent. mixed infections. There were 6 (6) cases of blackwater fever 3 (1) fatal treated by Government Medical Officers 1 in Zanzibar and 5 in Pemba. All had had many attacks of malaria and 1 had suffered from blackwater fever in 1920 1925 1927 1928 and 1930.

*Malaria control*—The Polo Ground and Ziwani swamps tend to become waterlogged after rain and *A. costalis* breeds readily. If the filling of the Harbour Works excavation with refuse proves a success the same measure may be applied for those two swampy areas. The area round the Jail and Police Lines is heavily infested by anophelids and extensive subsoil drainage is needed.



Collections of mosquitoes, larval and adult, were smaller this year owing to reduction of staff. Larvae numbered 2,970 (4,350) of which 2,388 (3,298) or 80·4 (75·8) per cent. were *Aedes*, 544 (873) or 18·3 (20·1) were *Culex* only 38 (179) or 1·3 (4·1) per cent. were *Anopheles*.

In Wete a cement channel drain was constructed near the bridge by the Customs swamp where *Anopheles* larvae were frequently found the drains in the Market, Customs Dak Bungalow and slaughter-house swamps proved satisfactory. At Chake Chake bush clearing has been vigorously pursued in all swamp areas and some of the Eucalyptus trees which were planted are flourishing.

The drainage of the Kiboni North Swamp is acting well work was begun on the South Swamp to drain by a separate channel the storm water from the township. This formerly discharged into the swamp. Drainage has been started of the mangrove swamp on the foreshore where *Aedes pembeensis* a salt-water breeding mosquito, was prolific.

Government Medical Officers notified 6 (4) cases of enteric fever 5 were typhoid and 1 paratyphoid A last year all 4 were typhoid. All were in Zanzibar Town. In addition 10 cases of typhoid and 2 of paratyphoid fever were notified by private practitioners. Dysentery was considerably less, owing, it is said to installation of a water carriage system in the Jail and Asylum, but in February June and October there was a slight recrudescence in the Jail. In Zanzibar Island 58 (103) cases were recorded, in Pemba 15 (27) or 73 (130) altogether. Three (15) were returned as amoebic, 30 (62) as bacillary and 40 (53) were not defined. Investigation of bacillary cases at the Laboratory showed that the predominating type was *Bact. dysenteriae* Flexner the Sonne type also occurs.

Nineteen only of 48 town cases occurred in the Central Prison, Lunatic Asylum and Police Lines. There has been a continued fall in the number of cases at the Jail for the past three years, viz. 66, 26 and 16 in 1931-33.

There were 3 (0) cases of smallpox, all imported. 1 patient died. 14,420 vaccinations were performed during the year. Influenza was more prevalent 964 (559) but milder there were no (2) deaths.

Ten notifications of leprosy were received from Zanzibar 5 from Wete and 2 from Chake Chake they were segregated at the Asylum on Funzi Island. At this settlement there were 82 resident at the beginning of the year. 14 new patients were admitted and one old case readmitted, 11 died. 107 therefore received treatment in 1933 and 93 remained at the end of the year.

Tuberculosis cases numbered 244 (239) and 52 (41) died. 224 (215) were pulmonary. 203 (206) were from Zanzibar Island, 39 (31) from Pemba. [In the tabular returns this total is given as the number of out-patients and 198 as in-patients of whom 188 were suffering from the pulmonary form. If the latter are not included in the former the total is 442 of whom 412 were pulmonary cases.] New patients at the Tuberculosis Clinic numbered 350 (347) and 83 (115) were given an immunizing course with a solution of *Mycobacterium tuberculosis* in benzoyl chloride with liquid paraffin. The results reported in 1932 were disappointing the present report makes no mention of results.

At the Wete Tuberculosis Hospital 122 patients were treated during the year and 42 died. Originally the intention was to send

for treatment at Welozo only those who offered a hope of recovery later however patients were admitted at any stage even advanced cases with a view to their isolation and the protection of their associates.

During 1933 a large semi permanent open-air pavilion was erected for tuberculous patients and a native house was converted into a temporary ward for the accommodation of Arabs another semi permanent building of 6 separate wards for female patients is being erected.

Treatment of the disease has been along several lines (1) General principles of rest fresh air and good food (2) The Benzoyl chloride solution of the bacillus in increasing doses chiefly used for those who have become afebrile. (3) Autogenous vaccines made from the sputum. (4) Sanocrysin. (5) Artificial pneumothorax. The report does not attempt to evaluate any of these.

There are certain difficulties attending control of the spread of the disease notably the importation of fresh cases from neighbouring territories and from India Arabia and Italian Somaliland secondly patients are lost sight of as they move to other districts often under an alias thirdly contacts are unwilling to come up for examination fourthly many in fact the majority are not seen until the disease is in an advanced stage and lastly patients refuse to stay in hospital a sufficient length of time.

**Venereal diseases**—In the infectious diseases returns the number of syphilis patients is the same 446 as last year gonorrhoea is credited with 1 662 (1 775) and chancroid with 67 (46) together 2 175 (2,267)

Yaws shows an increase 5,935 (4 432) largely due to the large number reported from Pemba.

**Helminthiasis**—Hookworm cases show a reduction 12 481 (13,941) although no specific campaign was undertaken owing to lack of funds. *Schistosomiasis* accounted for 736 (817) of whom 383 (390) were in Zanzibar Island and 353 (427) in Pemba. Cases of *filariasis* reported numbered 473 (421) but in addition to these are many with conditions probably of filarial origin such as lymphangitis 192, elephantiasis 158 hydrocele 406 etc.

Mention must be made of a certain condition probably a form of *antemiasis* occurring among the inhabitants of a fishing village on the east coast of Zanzibar Island who live almost entirely on milled rice and fish. They suffer from a chronic peripheral neuritis with varying degrees of numbness paraesthesiae shooting pains tenderness of muscles and weakness mainly in legs some complain of poor vision. Some cases terminate fatally [cf the vitamin A and D deficiency of West Africa and the central neuritis of Jamaica, referred to in this *Bulletin* 1934 Vol. 31 820 1916 Vol. 13 372 and the *Bulletin of Hygiene* 1929 Vol. 4 391 1933 Vol. 8 441] A fuller account is to be given later

**Veterinary Report**—During the year the following imported cattle were examined for trypanosomiasis while in the Quarantine Stations 122 (257) oxen, 185 (145) cows 2 (8) calves 20 buffaloes 2 bulls, 11 (4) camels and 10 goats. Among these 3 (15) oxen and 1 buffalo were found infected. Of local cattle among 37 cows 8 calves and heifers a goat, 3 buffaloes and 6 bulls none was found infected. At the end of the year 599 animals were being kept in the Government Dairy

## SOMALILAND (1933)

Sheds at Mji Mpa, etc. 430 cows, 158 calves and heifers and 11 bulls. All animals at Mji Mpa, whether in Government or private sheds, are dipped regularly at weekly intervals.

All livestock imported into the Protectorate undergo quarantine at the Pigadum station cattle for a fortnight goats and sheep for 5 days horses and mules unless satisfactorily certified are subjected to the mallein test.

Expenditure on the Department was £49,294 (£51,727) the proportion this bears to the total revenue or expenditure is not stated.

## SOMALILAND PROTECTORATE (1933)

Somaliland occupies the North-eastern horn of the African continent, jutting into the Indian Ocean on the south of the Gulf of Aden. The boundaries have been settled by agreements with France Italy and Abyssinia. The chief ports are Berbera, Dalhar and Zeflah, and its area about 68,000 sq miles, or one-sixth larger than England and Wales together.

Except for a large increase in the number of cases of relapsing fever due to the high incidence in Burao Town the health of the Protectorate has on the whole been good. Owing to failure of rains in part of the Erigavo district, many of the cattle died and the people were in great straits in the middle of July a camp for indigents had to be started and for the remainder of the year some 3 000 persons were kept and fed by the Government.

*Total Statistics.*—The estimated native population was 344 700 (344 100). No figures are available regarding births, deaths or infant mortality for the Protectorate as a whole but the deaths in some of the townships are given and from these we can compare the local figures with those of the same towns in the previous year the chief are Hargeisa 100 (157) Berbera 63 (81) Burao 39 (84) Zeflah 31 (34), Sheikh 28 (20) and Buramo 21 (26)—a fall in numbers, in some a very considerable fall, in all except Sheikh.

*European officials* numbered 119 (109) of whom 60 (71) were resident on an average 2 (0) were invalided both officials of the Ethiopian Boundary Commission, the cause of invaliding being in each case undulant fever. There were no deaths this year or last among these officials. *Asiatic officials* numbered 69 (80) average resident 60 (62) 1 (0) was invalided [the cause is not stated] none died. The total strength of the *Troops* was 586 (518) the average being 409 (421) 6 (7) were invalided and 4 (2) died. Three were invalided on account of pulmonary tuberculosis and three of the deaths were due to pneumonia. The *Police* strength was 607 (606) average 580 (582) 5 (8) were invalided and 8 (1) died among these also three of the invalidings were due to pulmonary tuberculosis and three of the deaths to pneumonia. Ten deaths from disease occurred among 1 134 prisoners 5 were due to lobar pneumonia, 1 each to broncho-pneumonia and hypostatic pneumonia [? cause] and 2 others were due to pneumonia not specified 1 died from influenza.

There is nothing of importance to add to what has been said in previous reports regarding *General Hygiene and Sanitation* as no

changes have taken place during the year. It is noted that the water supply to the Isolation and Leper Camps is inadequate—a single small pipe with a tap and a tank is the sole supply to both camps.

*Hospitals and Clinical Returns*—Total in-patients are given as 2,430 (1,966) but these figures do not agree with those presented elsewhere in the report in more detail. There are three larger hospitals at Berbera, Burao and Hargeisa at which in-patients totalled 1,926 (1,467) at four smaller hospitals—at Buramo, Erigavo, Sheikh and Zeilah—there were 414 (381) or together 2,340 (1,848). Out-patients totalled 41,563 (38,865). At Berbera Hospital in-patients were practically the same in number as last year 500 (501) but out-patients increased by 41 per cent. from 9,843 to 13,927. At other hospitals out-patients did not vary greatly from the figures of the preceding year but at Burao in-patients were 56 per cent. more 946 (604) and at Buramo 37 per cent. more 122 (89).

*Malaria*—There was no large outbreak anywhere—the year has been comparatively dry. Cases are recorded as 262 (158) but in the tabled returns mention is made of 162 in-patients and 262 out-patients. The infecting parasite was determined in 161 in-patients and 239 out-patients, or 400 together. Malignant tertian occurred in 332 or 83 per cent., benign tertian in 55 or 33.7 and quartan in 13 or 3.2 per cent. At the laboratory 301 blood films were positive. *P. falciparum* was found in 249 or 82.7 per cent. *P. vivax* in 51 or 16.9 and *P. malariae* once only or 0.3 per cent.

One case of *enteric fever* (and that paratyphoid) was reported but this was not a new case—the patient was one of the two referred to in the 1932 report. He was taken ill at Christmas but the diagnosis was not confirmed till the beginning of 1933. *Dysentery* in severe form is rare—nearly all cases are mild and yield readily to treatment. Ninety-six (49) were recorded—the nature of infection was not determined except in one case of bacillary dysentery.

Of other infective diseases *cerebrospinal fever* accounted for 3 (15) notifications, and 1 death; *measles* for 13 (8) cases; *scarlet fever* for 1 (2); *smallpox* for 33 (14) and 4 deaths. 13,277 vaccinations were performed. [In the tabled returns there were 31 in-patients admitted for smallpox and 33 among out-patients.] *Whooping cough* was more prevalent 116 (16) cases and *influenza* 262 (155). *Lobar pneumonia* is fairly common 83 were treated as in-patients and 109 among the out-patients [also see above as causes of death among officials, troops and police].

The notifications of *relapsing fever* were the highest on record 496 are mentioned as receiving in-patient treatment and 704 out-patient. At Buramo and Hargeisa there were 38 and 88 respectively—that is about the average while Burao had 512. The total in 1932 was only 132. Burao has become the chief endemic centre and it was believed that the 58 patients treated for this disease in Berbera Hospital contracted the infection in Burao. As stated in last year's report [this *Bulletin* 1934 Supp. p 67\*] the main focus of infection is the mosque Masjid Jama which is infested with *Ornithodoros* but the coffee shops in the environs are also infested. The urgency for having the walls and floor of the mosque made tick proof is again stressed.

At the end of 1932 there were 23 *leper* inmates at the camp during the year 6 more were admitted 4 were discharged as cured, 2 as improved and 1 died, leaving 22 at the end of 1933. Of *tuberculous* 423 (421) cases were treated, 55 (72) as in-patients and 368 (349) as out patients. An unusually small proportion were pulmonary cases, 10 (24) in-patients and 200 (188) out patients, or 210 (212) altogether.

The incidence of *venereal diseases* was about the average 340 (305) cases of syphilis and 236 (219) of gonorrhoea being recorded.

*Laboratory returns*—In all 5,630 specimens were examined of which 3,904 were blood films 578 were sputa, 150 being positive for *Myc. tuberculosis* only 14 faecal specimens were examined and all were negative 19 blood sera were tested for agglutination of members of the enterica group and 33 for *Brucella*, but none was positive.

The report contains abundant meteorological data—temperature, rainfall prevailing winds etc.—taken at various stations.

*Expenditure* on the Department totalled £9,379 (£10,828) or 6.1 (6.9) per cent. of the total Protectorate expenditure and 8.4 (10.5) per cent. of the total revenue of the Protectorate.

## RHODESIA

## NORTHERN RHODESIA (1933)

Northern Rhodesia lies north of the Zambesi River with Tanganyika Territory and the Belgian Congo to the north Nyasaland and Portuguese East Africa on the east Southern Rhodesia and South west Africa on the south and Portuguese West Africa on the west. The area of the Territory is estimated at about 237 950 sq miles and divided for administrative purposes into nine Provinces

The economic depression necessitated restriction of staff in 1932. In the following year it was found that the finances of the country were even worse than had been anticipated and that further reduction would have to be made in staff and consequently in service. As a result, Medical Officers now have to undertake the duties of Medical Officers of Health and thus economize the expenses of the Sanitation Branch.

Dr KIXCHORN Director of Medical Services is able to report that there is an awakening sense of the importance of better housing and village sanitation among the natives better dwellings are seen more protection of water supplies and improvement in the methods of disposal of excreta and waste material

Dr H S DE BOER after inspecting Government stations and missions in North-eastern and part of North-western Rhodesia furnished a report on the housing of Europeans and natives on prisons on water supplies on village sanitation etc. and his recommendations are being complied with as funds permit Dr DE BOER has now been transferred to Uganda and the suggestion is made that there should be provision in the estimates for 1934 for the appointment of one full-time Medical Officer of Health to advise the Government on Public Health questions and to supervise and co-ordinate the work being carried out

*Vital Statistics*—The figures for the native population show a slight fall, from 1,382 705 to 1,371 213 as estimated but these it is stated cannot be unreservedly accepted since there is no system of registration of births and deaths among the natives. The fall is regarded as due to miscalculation of the numbers of women and children in former years, and also to deletion from the register of men long absent from their homes and to emigration of natives living near the Belgian and Portuguese borders.

In 449 villages with a total population of 44 077 (43 122) there were 2,511 births or 56.9 (60.2) per thousand 449 infants died under 12 months an infant mortality rate of 178.8

The *General European Population* was 11,278 (10 553) among these were 318 [? 316] births a birth rate of 28.2 [not 33.7 as stated] as compared with 31.4 in the previous year Deaths numbered 103 or 9.1 (11.0) per mille which is the lowest rate since 1924 when it was 9.08. The chief cause of death was blackwater fever (20) the next being pneumonia (6) while malaria was the direct cause of only three deaths among Europeans.

*European officials* numbered 650 (750) with an average resident of 525 (598) 2 (2) were invalided and 1 (5) died. The death was due to chronic interstitial nephritis. The return of *Native officials* is incomplete but it may be stated generally that there has been very little illness among the African staff

*Maternity and Child Welfare*—Most of the missions in the Territory take an active interest in welfare work. At Livingstone during the last 3 months of the year 59 children were treated at the European Welfare Clinic and 114 at the Native Clinic, while at the Maramba Compound General Dispensary 341 patients made 3,290 attendances.

At Ndola a full-time Nursing Sister is employed in welfare work and 146 children were seen 50 of them under one year 508 home visits were paid and clinic attendances totalled 4 713. A new native clinic was opened in March and male cases (? adult) attending numbered 516 female 708 children 1,978, and total attendances 15 038.

A centre was opened at Lusaka, an important matter as many destitute or semi-destitute Europeans live in the neighbourhood. A clinic was opened in the native location and 588 cases were treated in three months attendances numbering 2,215. Welfare associations at Ndola and Lusaka were of great assistance in dealing with the unemployed and in supplying milk and extras to the children.

*School Hygiene*—Government schools were inspected twice during the year by Medical Officers and Dentists. At Silver Rest, Lusaka area, the health of the scholars was not found satisfactory. The school is situated in a farming area which was badly affected by the depression and children were found to be undernourished, with low haemoglobin index and high splenic index, 85 per cent. and 38 per cent. showed enlarged tonsils.

The Dentists report that from 50 to 75 per cent. of school children require treatment.

*General Sanitation*—At Ndola a motor tank wagon has replaced the former ox-drawn wagon and trench burial of sewage has been replaced by biological treatment and broad irrigation. At Lusaka all the new buildings at the Administration Headquarters are provided with septic tanks and water borne sanitation. *Refuse* at Livingstone is incinerated during the rains and used for filling in mosquito-breeding sites in dry weather the use of incinerators is increasing on the smaller Government stations. As regards *water supplies*, there is a new scheme for Livingstone with a new pipe line from the pumping station on the Zambesi River and sedimentation tanks the construction of a chlorination plant was progressing and was expected to be in operation early in 1934. Samples of Lusaka water which is from shallow wells in the limestone, were found to be polluted and a chlorinating plant was installed. At Ndola a piped supply was provided for native employees living in the Government compound.

*Housing of natives on mines* is improving. At Ndola, where conditions had not been satisfactory 44 new houses have been erected. Labourers on the mines are generally well looked after several mines possess modern and well-equipped hospitals and laboratories adequately staffed.

*Hospitals Dispensaries Clinical Returns*—The Ndola combined European and Native hospital was formally opened in January and the Beit Maternity Home in Livingstone in April. Government maintains 7 European and 11 Native hospitals, 25 dispensaries on Government stations and 13 rural dispensaries. Apart from these the various mission societies maintain 27 native hospitals and, as stated above, some of the mines are provided with well-equipped European and native hospitals.

Admissions to the 7 European hospitals totalled 1,316 (1 448) and to the 11 Native hospitals 7,802 (8 612) [Elsewhere European in-patients are stated to have been 1,349 (1 444) and 30 (37) died native in-patients 8,376 (7 046) of whom 325 (362) died.] Except at Kasama and Mongu the mortality rates at the different native hospitals were uniformly lower than in previous years. At 19 named stations native out-patients totalled 176,959. At the Kasama rural dispensary there were 403 in-patients and 16 332 out-patients and at Fort Jameson 791 in-patients and 10 440 out-patients with a total attendance at the latter of 69 640. At the two dispensaries in Livingstone under control of the Government and Municipality attendances numbered 12,154 and 12,880 respectively. At 17 missions in-patients totalled 2,234 at 12 of them out-patients numbered 30,533 while total attendances at 18 amounted to 136,239 [Figures are not given for both in- and out-patients at all the mission stations.]

*Malaria*—Among 11,278 (10,553) Europeans there were only 3 (17) deaths from malaria, but 20 (22) from *blackwater fever*. The report again emphasizes the neglect of personal prophylaxis by the use of quinine. In the tabulated return of in-patients is mention of 345 cases of malaria, none fatal all are entered as subtertian infections. There were 14 cases of blackwater fever 2 fatal. In the table for natives 828 patients were admitted for malaria, 12 died and 2 for blackwater fever 1 fatal. [Blackwater fever cases are entered as Europeans 28 Asiatics 2, but elsewhere there is mention of 43 cases.] Admissions to hospital at Livingstone show a steadily falling rate for malaria this is ascribed to the energetic antimalaria measures undertaken.

The Medical Officer of Health for Livingstone reported that *A. gambiae* and *A. funestus* are the chief transmitters 11 per cent. of the former and 1.5 per cent. of the latter caught in houses were infective. At Lusaka, *A. mauritanicus* is found in addition to these two. In nine townships antimalaria work is progressing steadily. At Mongu antimalaria measures have not much scope as it is surrounded on three sides from February to August by the flooded Zambezi plains houses are netted, undergrowth is kept short and water tanks are oiled.

*Enteric fever* accounted for 20 notifications 17 typhoid (7 European 10 native cases) and 3 paratyphoid (2 Europeans 1 native) later in the report, however the Hospital Incidence is given as 40 cases 8 deaths (25 cases, 5 deaths in 1932) and making up these totals were 8 (19) Europeans and 32 (6) natives. *Dysentery* was less rife, 16 (80) bacillary and 65 (88) amoebic being recorded 6 of the former and 34 of the latter were Europeans. Lusaka was the chief centre with 59 cases. In addition to the 81 cases differentiated there were 82 others not classified. [In the tabulated return of in-patients the following figures are given Europeans 34 cases of dysentery 6 undefined 6 bacillary 22 amoebic and among natives 81 cases 24 not classified, 1 fatal 32 bacillary 3 fatal and 25 amoebic 4 fatal.]

*Cerebrospinal fever* 11 (15) cases notified, a marked reduction on the figures for 1930 and 1931 which were 97 and 63 respectively. Forty-seven cases of *measles* of a mild type occurred in a mission station near Balovale. *Smallpox* had 165 notifications all native cases 4 patients died 130 were reported from Lusaka. 372 cases of *varicella* were



notified, 54 Europeans and 318 natives. 215 occurred in ten native districts but the outbreaks were confined to single villages. *Relapsing fever* cases numbered 71 of whom 64 were natives, 4 were Asiatics and 3 Europeans. 59 of the patients were in Fort Jameson district.

There were 11 cases of *sleeping sickness* one European who contracted the infection in the Luangwa valley and died from the disease. The cases seemed to appear sporadically. Good results are being obtained from encouraging natives in sleeping sickness areas to leave their villages and form larger and closely settled communities.

*Leprosy* notifications during the year numbered 184 [but elsewhere in the list of Infectious Diseases, it is stated that 129 notifications, all native cases, were received.] The Medical Officer Balovale district, estimates that as many as 2 per cent. of the population in his district are lepers. There is a small leper colony in Balovale and at Mongu the Medical Officer holds biweekly clinics for the treatment of this disease. Forty-five notifications were received for *tuberculosis* 27 of them pulmonary. There were two fatal cases in Europeans most are seen in the mining areas, but the disease has been met with in many out-lying districts and the incidence is probably greater than has been generally believed. In the tabulated return 64 natives received in-patient treatment 56 of them suffering from the pulmonary form of the disease.

*Venereal Diseases*—In 14 districts 4,968 (1,371) cases of *syphilis* were reported and 378 (146) of *gonorrhoea*. Increase has occurred in practically all districts notably as regards syphilis, in Mongu 1,743 (518) Lusaka 842 (98) Ndola 824 (—) Balovale 646 (298) and Livingstone 186 (75).

*Helminthiasis*—Hookworm infestation is widely spread, but is light and not of economic importance. *Schistosomiasis* is also extensive, 15 per cent. of patients admitted to the Roan Antelope mine hospital were infected, all with *S. haematobium*. In the tabulated returns 81 patients were admitted for treatment 68 being entered as suffering from "schistosomiasis" and 13 from "bilharzia."

Other diseases calling for mention are—*Rabies* one native died from this cause, and 55 received treatment during the year. The infection is enzootic in jackals and other wild animals and spreads from these to native dogs in villages in the railway strip.

"It would be better we suggest, to omit from some of the tables the column 'Mortality cases per cent.'" It is liable to mislead when we read, for example, that among 1,384 native labourers employed at Broken Hill the fatality rate from pleurisy is 50 per cent., from ulcerated colon 100 per cent. at the Nkana mine among 4,138 daily average of natives employed cerebrospinal meningitis has a 50 per cent. fatality pneumococcal meningitis 100 per cent. bronchopneumonia 50 per cent., when the number of cases was only one or at most two. An erroneous impression may be conveyed when we read that on the Mufulira Copper mine the fatality from lobar pneumonia among underground workers is 50 per cent. while on the Nkana mine it is 16 per cent. Further study shows that there were only two cases in the former (one fatal) whereas at the latter there were 200 cases, 32 fatal. It would be more interesting and instructive to know why the incidence rate is 48.3 per mille on the Nkana mine 6.1 on the Mufulira mine and 4.1 on the Roan Antelope mine, and whether the infecting type of pneumococcus is the same in each.]

There is no Government Laboratory in the Territory but there is a private one at Broken Hill and others are maintained by mining companies at Nkana and Luanshya. Most of the Government work calling for skilled bacteriological and chemical knowledge is referred to Bulawayo or Johannesburg. Well-trained native microscopists are employed at the main hospital centres along the railway line and they do good and useful work.

During the year Dr H. A. GILKES published the following articles in the *Transactions of the Royal Society of Tropical Medicine and Hygiene*

1. Two little-known Diseases of Northern Rhodesia. Onyala and Chituba.
2. Native Customs in Africa and the Medical Officer.

Expenditure on the Department was £63 029 (£65,809) or 8.7 (10.1) per cent. of the total revenue.

December and January, but very little in February-April, so the maize and millet failed and these are staple articles in the native diet.

*General Health Questions*.—Nurse HALL started teaching the elements of hygiene in native schools and began to hold classes in mothercraft in April. At the latter attendances soon reached 45 weekly. She held an antenatal clinic on Tuesdays from April onwards. 143 mothers have attended and 81 births took place. Nurse HALL also attends confinements in the huts, but most of these patients have visited the clinic.

*Schools*.—Examination of school children showed that those of the Bakwena and Mangwato tribes, at 14 years of age were 21·6 per cent. lighter in weight than European children of the same age. The average Ngwaketse school child of 14 years was 27·1 per cent lighter than the European, his height is 8 inches less and the chest measurement 2 inches less.

*General Sanitation*.—No new schemes have been taken up owing to the depressed financial condition. There is no proper provision for sewage disposal but in large villages a few of the more enlightened natives have dug deep pit latrines. In European communities the bucket system is used or the deep pit latrine.

*Water supplies* are provided in certain villages—Serowe, Kanye and Mochudi—by motor pumping from boreholes. watering of cattle is usually carried out by the tedious method of drawing from wells.

*Labour*.—To the end of 1933 no recruits for the Johannesburg gold mines were taken from north of latitude 22° as they were believed by the Mining Authorities to be unsuitable for working underground, but some are now (1934) being taken and are being kept under special observation in Johannesburg.

Dr SHEPHERD reports on 500 persons examined at Molepolole as to fitness for working in the mines. 207 or 41·4 per cent. were rejected, of whom 125 had had previous mine service. The commonest primary cause of rejection was disease of the lungs in 68 applicants, next was "poor physique" which itself was in many cases due to syphilis or pulmonary disease. The Recruiting Corporation fix the minimum weight as 108 lb. but this is in the opinion of Dr SHEPHERD far too low—he finds that men of less than 120 lb are more liable later to contract pulmonary disease.

*Hospitals Dispensaries, Clinical Returns*.—Additional buildings have been erected for wards and accommodation of staff at Serowe by using native skilled and unskilled labour under supervision of the Superintending Clerk of the Works of the Public Works Department a saving of 12·5 per cent. of the estimated cost by contract was made. The same labour is being used to erect a hospital for 20 native patients at Molepolole for the United Free Church of Scotland Mission. Medical Missions do a large amount of useful work in the Territory they are assisted financially by the Government and their staffs work well in co-ordination with Government Medical Officers. Except the Kgalegadi district the Southern Protectorate is now well provided for but the Northern, Kalahari and Ngamiland, including the Ghanzi district, is still badly served.

The native staff at the hospitals are proving a valuable asset and it is hoped that in the future they may be capable of taking charge of medical outpatients.

In-patients at hospitals numbered 839 (728) 618 (565) were treated at Government institutions and 221 (163) in Mission Hospitals. At Lobatsi Government Hospital which has 24 beds for natives and 6 for Europeans, there were 319 in patients at Serowe Government Hospital (24 beds for natives and 4 for Europeans) 269 and at Kanye Mission Hospital (12 beds for natives) 136. There is need for properly equipped hospitals of the Cottage Hospital type at Francistown and Maun both being far from existing hospitals.

Total out patient attendances at Dispensaries were 41 220 (45 654) of which 22,815 (30 006) were new cases. The diminution was due to the widespread epidemic of foot and mouth disease which necessitated the imposing of restrictions on movement of cattle or wagon transport practically ceased. A plan was drawn up for Medical Officers to visit distant villages at regular intervals (varying from two weeks to four months according to distance) but unfortunately the time-table could not always be adhered to. The Medical Officer may have patients too seriously ill to be left or the heavy rains may make the roads impassable. The natives of Maun for example where malaria and blackwater fever are endemic, may thus be cut off from medical attention for long periods. The most obvious remedy is a Travelling Dispensary but at present the finances will not allow of this.

*Malaria*—Except for Ngamiland and the Chobe district the Territory was almost free from malaria as it has been for the past four years. Cubane larvae are abundant but not anopheline. After the heavy rains of November and December however *A. gambiae* and other species began to appear. In the table of in patients mention is made of 11 cases of tertian malaria, and at the dispensaries there were 658 cases 587 tertian 67 cachectic and 4 with *blackwater fever*. All these last were in Ngamiland near the Okavango River where malaria is endemic for 8 months of the year.

*Diarrhoea and dysentery* were more prevalent 612 (324) this is ascribed to the unhygienic village water supplies. At Serowe which has an abundant water supply from a deep borehole protected from contamination there were only 50 cases among a population of 25 000 whereas at Molepolole where water is from shallow unprotected wells there were 104 cases among 10 000 population. Among the in patients at the hospital were 16 cases of amoebic dysentery and among 261 cases at the dispensaries there were 36 of an undefined nature 178 amoebic and 47 bacillary a proportion of amoebic to bacillary of about 4 to 1.

There were 4 cases of *alastrim* at Kachikau in the Chobe district vaccination had been carried out widely in 1929 and 1931 and the paucity of cases was probably due to this.

Seven *leprosy* patients were seen at the dispensaries these were not fresh cases. At present about 20 are known in the Territory but a proper survey would certainly discover more.

*Tuberculosis* cases diagnosed numbered 348 (340) more than twice the figure (165) for 1930 233 of the total were pulmonary and it is thought to be more frequent in tribes living south of latitude 22° from which labour for the mines is recruited.

*Veneral diseases* are common in hospital 72 patients were treated 55 for syphilis, 14 for gonorrhoea and 3 for soft chancre. Of the

syphilitic cases only 2 were primary, 31 were tertiary and in 12 the stage was not indicated. At the dispensaries 9,553 venereal patients were treated and of these 9,143 were syphilitic. As evidence of the rarity with which early cases are seen it is noted that only 8 were suffering with primary syphilis but 3,697 with tertiary the stage is not mentioned in nearly half, 4,438. Gonorrhoea patients numbered 409 but, the report states, "there is no doubt whatever that these figures do not reflect the real incidence of the disease." One potent reason for the prevalence of syphilis is that treatment is often refused and rarely persevered with. Solbita is the drug used this causes pain and few patients will submit to even 2 or 3 injections and where those attending for treatment see that the injection is painful they refuse it and leave. Arsenicals are very little employed because of the expense.

*Helminthiasis.*—With the exception of schistosomiasis, helminthic infestations appear to be negligible. Ankylostomiasis is not mentioned three patients were admitted for Taenia and 27 were treated as out patients at the dispensaries, 7 at the latter for Ascaris and the same for Enterobius infestation. Schistosomiasis was almost unknown in the Territory till last year except for a few cases, in the Lobatse district and the Bakgatla Reserve adjacent to the Transvaal, but during 1933 there was evidence of widespread infestation among the tribal school children at Mochudi 101 cases, contracted in residual pools in the Marico and Notwane Rivers, the snails not having been washed away as usual because of the drought.

Lastly the question of scurvy calls for more detailed reference. In the out patients there were 268 (108) cases recorded and many more were overlooked others were diagnosed as rheumatism because of the debility and pain in the muscles, while there was neither sponginess nor bleeding of the gums. The muscular pain was in some at least due to haemorrhages. Others again complained of generalized pains, especially acute in the legs and passing rapidly to flaccid paralysis but with no change in the reflexes. [The pathology of this is obscure, it is clearly not a neuritis nor due to severe cord changes.] The accompanying softness, sponginess and bleeding of the gums indicate a scorbutic nature. In some there was severe headache, with temperature normal or raised only to 99°F in these, death might occur from some intercurrent disease, such as pneumonia they had no increase in the pressure of the cerebrospinal fluid, nor any cell change in it [perhaps a serous meningitis with oedema]. The symptoms, it is suggested, are due to avitaminosis B and C. There were no fresh cases after the rains in November which promoted the growth of green food and increased the supply of milk. The Government distributed oranges in Serowe.

*Expenditure*—This is given for the year ending 31st March 1934 and the corresponding figure for 1932-33 not for the calendar year. It totalled £12,920 (£12,185) or 6.9 (8.5) per cent. of the Protectorate expenditure. From a grant by the administrators of the Colonial Development Fund a capital expenditure of £3,509 was made on additional buildings.

### SWAZILAND (1933)

The Swaziland Protectorate is situated in British South Africa between the Drakensburg and Lebombo Mountains and is bounded on the north west and south by the Transvaal and on the east by Portuguese East Africa and Zululand. Its total area is 6 705 sq miles.

The general health of the Territory has been good the incidence of disease less than in 1932, malaria cases and deaths have been fewer but still probably above the average. Chronic rheumatic affections are prevalent in the higher parts of the country asthma is considerable and epilepsy remarkably common [possibly due to cysticercus but the natives are said not to eat much meat.] Gout is fairly frequent in certain areas among young native women.

*Vital Statistics*—The general native population was estimated as 122,000 (120 000) Eur Africans as 680 (660) Indians 10 (10) Registration is not compulsory hence no birth- or death-rates among the general population can be given.

The European population was estimated as 2,750 (2 650) among them there were 46 (57) births a rate of 16.7 (21.5) per mille and 28 (27) deaths or 10.2 (10.2) per mille. European officials totalled 95 (96) of whom there were 93 (94) average resident there were no invalidings but one death among them the cause of death is not stated Native officials numbered 148 (149) average resident 142 (141) among them there was no invaliding or death last year one died.

*Maternity and Child Welfare*—Increasing numbers of native women are applying to have their confinements in hospital and more are coming for antenatal examination and advice. A centre was started at Bremersdorp in 1932 and another at the Mahamba Hospital. At the Raleigh Fitkin Memorial Mission Hospital child welfare attendances numbered 1,921 and antenatal 483.

*School Hygiene*—The buildings at Bremersdorp are excellent and the standard of sanitation good but the children come from an area where malaria is epidemic and schistosomiasis is endemic. At Stegi the buildings are inadequate the children except for dental defects are generally healthy. At Driefontein in the Mankaiana area the children were nearly all found to be infested with schistosomes owing to recent infection of a stream near the school where the children bathed. A bathing pool has since been constructed and the stream put out of bounds. At the Hluti School (Hlatikulu) 50 per cent. at least of the children have carious teeth.

In the large native schools for example the Swazi National School conditions are very satisfactory.

*General Sanitation*—Measures to improve the sanitary conditions for the natives are difficult because the natives live in scattered kraals with about a dozen in each. *Sewage disposal* in townships is usually by the bucket system trenching being done at night. Some of the larger establishments—hospitals hotels large private houses etc.—have septic tank installations others have pit latrines. *Water supply* in Bremersdorp when completed should bring about a diminution of enteric fever and schistosomiasis and dysentery and a similar scheme might well be considered for Mbabane where at present the general supply runs for 4½ miles in an open furrow to an earth dam. Europeans draw their water from wells. In the native location the supply has been improved instead of being carried by buckets from the stream.







## NORTH AFRICA.

## SUDAN (1933)

The Sudan is bounded on the north by Egypt, east by the Red Sea, Eritrea and Abyssinia, south by the Uganda Protectorate and Belgian Congo, west by French Equatorial Africa. Its western and northern frontiers meet in the Libyan desert. The greatest length north to south is approximately 1 300 miles and from east to west 1,500 miles. Its total area is about 1 008 100 sq. miles.

The general health conditions were satisfactory. No epidemics on an extensive scale occurred. There was a limited outbreak of smallpox in Omdurman (36 cases) and of cerebrospinal fever (221 cases) in Kordofan Province. Sporadic cases 96 in number of enteric fever were reported from Omdurman in the summer and an outbreak of 40 cases in Dongola.

*Vital Statistics.*—The following table presents the Non-European Vital Statistics for five Provinces or Districts, with the figures for the preceding year—those for the Blue Nile Province are admittedly very incomplete (the births it will be noted, are only 45 per cent. of last year's return)

NON EUROPEAN VITAL STATISTICS.

Province	Births	Rate	Deaths	Rate
Khartoum	5 147* (4 659)†	20·4 (17·8)*	2,857 (2,369)	11·3 (8·6)
Berber	6 606 (5 721)	37·7 (34·5)	4,031 (2,878)	23·0 (17·3)
Dongola	6 187 (6,005)	33·0 (37·9)	3,050 (2,729)	16·2 (17·1)
Wadi Halfa	765 (785)	11·9 (15·0)	567 (460)	8·8 (8·7)
Blue Nile	5,647 (10,255)	11·1 (20·6)	4 106 (3,948)	8·1 (11·9)

Province	Stillbirths	Rate	Infant Mortality	Rate
Khartoum	130 (163)†	25·2 (32·6)	428 (287)	83·1 (57·5)
Berber	126 (95)	16·1 (16·6)	563 (474)	85·5 (82·9)
Dongola	268 (335)	43·3 (55·7)	581 (623)	93·9 (103·7)
Wadi Halfa	14 (10)	18·3 (12·7)	163 (120)	213·0 (152·6)
Blue Nile	68 (186)	17·3 (18·1)	581 (623)	93·9 (103·7)

† These are the figures as given in the 1933 report—they differ from those of the 1932 report as there stated. Thus the births were stated to be 5 006 (not 4,859) making the rate 18·0—deaths were given as 2,521 (not 2,369) making the death rate 9·0—stillbirths were 165 and the infant mortality rate was 57·5—not 57·8. The figure 5 147 as births in Khartoum Province for 1933 is elsewhere given as 5 187. In the Vital Statistics Table giving details by race, the births, including 27 Europeans, total 24,369 leaving 24,372, not 24,352 as in the Non-European Table.

The returns for Khartoum Province are given in more detail. The total population is estimated as 252,220 (278,594) to which Khartoum contributed 49 741 (52,812) Khartoum North 18 449 (31 730) Omdurman 110 448 (105 481) and Rural District 73,584 (68,571) It will be

seen that there was a diminution in all but Omdurman and a fall in that of Khartoum North of 42 per cent.

Births totalled 5 187 (5 006) or 20.5 (18.0) per mille in Khartoum 946 (932) in Khartoum North 562 (538) in Omdurman 1 646 (1 619) and in Rural District 2 033 (1,867). Still births were 138 (165) or 28.2 (32.9) per thousand. Deaths 2,871 (2,521) give a death rate of 11.3 (9.0) infant deaths 431 (287) an I.M.R. of 83.0 (57.3) a large increase. The rates for the three towns are given as Khartoum 91.0 Khartoum North 97.9 and Omdurman 110.6.

There was an average of 772 British Officials employed of whom 2 (5) died and 4 (5) were invalided of 2,884 Sudanese Officials 10 (5) died and 6 (5) were invalided of 742 Egyptian Officials 4 (1) and 1 (2) and of 77 Syrians 0 (1) and 0 (2) respectively.

*Maternity and Child Welfare*—The School of Midwifery at Omdurman is in charge of a British Inspectress of Midwives with a British assistant. These tour the country and select suitable candidates for a six months intensive training who after passing an examination return to work among their own people. Nineteen passed during the year. There is also a Training School for Nurses in the Omdurman Women's Hospital at which selected persons have a 2 years course and are then posted to hospitals or female dispensaries. During the year 15-22 were under training and 6 passed the examination.

At the Omdurman Civil Hospital 82 maternity cases were attended 39 were admitted direct to the hospital and 43 were sent in from the Training School or by a midwife trained there. 8 maternal deaths occurred, four in each group. In the Training School 476 cases were attended and another 1 182 by Training School midwives outside, together 1 668 among these there were no maternal deaths. Attendances at the Antenatal Clinics totalled 1 116 629 (387) were new cases. In the past Antenatal and Child Welfare clinic work was carried out in the Women's departments of the Hospitals now special clinics have been opened in the larger towns. Of seven clinics six have been opened in 1933. At the Khartoum Province clinics there were 2,428 attendances.

*School Medical Service*—In all 18 160 (13 458) children were examined efforts are being made to examine every school child once a year. Trachoma is the biggest problem. Treatment has resulted in many cases of active trachoma becoming quiescent and bad trachoma slight. These ameliorations are not represented in the reports because there has been no marked diminution in actual numbers. Of the total examined 6,849 or 37.7 per cent. were suffering from trachoma, 4,929 or 27.1 per cent. had enlarged spleens and 1 077 or 5.8 per cent. were infested with schistosomes.

Examinations have been made of pupils in the Gordon Memorial College, the Elementary Teachers Training School, the Omdurman Technical School, two Mission schools and others altogether 17 699 (17 699). In these of 2 140 pupils 1,573 were referred for treatment half (1 079) were suffering from trachoma and 1,835 or 85.7 per cent. had some trachoma affection. 202 or 9 per cent. showed dental caries 147 were infested with *E. histolytica*. Nine hundred and twenty three were examined who had been 3 months or more under treatment 659 or 71.4 per cent. were suffering from trachoma or defective vision.

*General Sanitation*—The sinking of auger-bore latrines has been discontinued in Khartoum Province because of rapid filling in many cases and in Omdurman there has been further extension of pit latrines. Otherwise there has been no change in methods of conservancy and refuse disposal. Difficulty is experienced with the waste water from the meat and offal markets. There are three soakage pits but these are not enough and have to be frequently pumped out. In the three towns there are 79 bakeries—19 in Khartoum, 11 in Khartoum North and 49 in Omdurman—there are 492 milk vendors, 242, 64 and 186 in the three towns respectively. Of 175 milk samples analysed in Khartoum 24 or 13·7 per cent were below standard among 114 in Khartoum North 31 or 27·9 and among 108 in Omdurman 25 or 23·6 per cent.

Projects for clearing some of the most overcrowded and insanitary areas of Khartoum City were under consideration.

In Atbara, with a population of 14 000 the water supply is sedimented and chlorinated but not filtered—it is examined regularly both chemically and bacteriologically. A filter is to be installed when funds suffice. In Wad Medani, population 33 000 a new piped supply was installed in 1932—it is river water filtered and chlorinated.

*Quarantine and Pilgrimages*—Pilgrims via Suakin numbered 970 (1,348) and pilgrims arriving at Jeddah totalled 38,569 (80,000). The usual 5 days' detention of returning pilgrims was carried out after arrival at Suakin—792 underwent quarantine, 478 Sudanese and 314 West Africans.

*Medical Examination*—Hitherto the course at the Kitchener School of Medicine has been 4 years, a fifth being spent in a house surgery after qualification. For students entering in 1934 the course will be 5 years. Ten new students were admitted in 1933.

To specially selected hospital orderlies, courses of instruction are given at Port Sudan Hospital and after a year's training they are examined, by written papers and practical tests, in medical and sanitary work and if they pass they become Assistant Medical Officers and are posted to dispensaries. 15 thus passed in 1933. Laboratory assistants receive training at the Wellcome Tropical Research Laboratories.

*Hospitals Dispensaries Clinical Returns*—There are 41 Government hospitals and 234 dispensaries, and the total number of beds equipped 4 400. In-patients numbering 70,315 (89 642) Europeans 641 Natives 69 774 and 5 092,899 (4,284 412) out-patients were treated. To enable this additional work to be carried out without increase of staff the number of dispensaries has had to be raised from 197 to 234.

There are also Mission Hospitals, 4 belonging to the Church Missionary Society and 2 to the Sudan United Mission. No returns have been received from one small hospital belonging to each Society for inclusion in this report. In-patients at Mission Hospitals were returned as 2,012 and out-patients 81,904. At the Mission Dispensaries there were 507 in-patients and 121,296 out-patients. Dispensary attendances in Khartoum Province were 860 (1,094) as in-patients and 48,062 (37,892) as out-patients. The Gebel Aulia dispensary has been closed a hospital having been opened there.

Communicable diseases are given for Khartoum Province only these totalled 8 749 (4 141) of which malaria accounted for 5,214

(3 057) enteric fever 96 (33) dysentery 560 (551) smallpox 39 (0) and chickenpox 58 (192)

*Malaria*—There were no outbreaks except in Berber Province and that was not severe. There has been a marked change in the pre-dominating type in recent years demonstrated at Malakal Upper Nile Province and malignant tertian in this Province is common only in towns and Government stations where foreign and northern Sudanese officials are employed. Of 8 009 cases 4 649 or 58.0 per cent. were subtertian 3,219 or 40.2 benign tertian and 141 or 1.8 per cent. quartan.

Most of the Gezira has been under cultivation for eight years and 4 British Sanitary Inspectors with a large subordinate staff are employed on antimalaria work under a Senior Medical Inspector a network of 36 dispensaries enables any patient to obtain treatment readily. During the dry weather mosquitoes can be kept down fairly easily but in the rainy season extensive lakes and widely distributed pools form and mosquitoes breed freely. For ten months Dr HENDERSON examined children and adults for gametocyte carriers and 75 per cent. of the slides showing the gametocytes were of the blood of children. The sexual forms increased in prevalence from October to January and then readily decreased.

In Khartoum Province there was an increase of 76 in the number of primary malaria cases in the three towns this is disquieting and steps are being taken to deal more rigorously with it 5,214 (3 057) cases in all were recorded of which 604 (50) were imported and 545 (1 009) were relapsed cases. Local cases in Khartoum Khartoum North and Omdurman numbered 191 in Rural District 3,874 Imported cases are those who having contracted the infection outside the Province attend at one of the Province centres for treatment. No distinction is made between primary relapsed and imported cases in Rural District since the majority are reported by the native staff in charge of dispensaries and the diagnoses consequently are made on clinical grounds. The Rural District figure has more than doubled, from 1 883 to 3,874 this is held to be significant more of extension of medical work in the district than of greatly increased incidence. The total is also swelled by returns from new dispensaries opened at Geres East Surarab West and Tuti Island. Other dispensaries are shortly to be opened at Dera Abu Sayed Halfayet El Meluk and Ailafun in the Blue Nile Province.

Within a radius of 15 miles from Khartoum mosquito breeding is under control 90 per cent of adult mosquitoes caught in Khartoum were females and had therefore probably travelled from without, and most likely via the southern boundary where the Blue Nile 15 kilometres distant has thickly wooded and cultivated banks. There is a proposal to take over antimosquito control of the northern Blue Nile as far south as Masid.

The type of parasite was determined in 186 (156) only 136 (110), or 73.1 (70.5) per cent were subtertian 46 (44) or 24.7 (23.2) benign tertian 4 (1) were mixed infections. Last year there was only one with the quartan parasite this year none unless it was present among 5 which were not defined.

There were 115 cases among British troops and the nature of infection was determined in 103 75 or 72.8 per cent were subtertian 27 or 26.2 per cent. benign tertian and one had both.

At Atbara the chief sources of mosquitoes were The main Nile foreshore from Aked to Kanour the river Atbara itself, the Fadlab irrigation scheme and the northern part of the Timeraib extension of the Zeidab scheme rocks in the cataracts at low Nile water wheels along the river native boats, islands to the north which are flooded out at certain times and domestic water supplies for houses and gardens. Crude oil and antimalarial mixture are used as larvicides.

At Wad Medani of 2,847 mosquito infections in pools pits, wells, tanks, boats, etc. 1 750 were *Anopheles*, 1 094 *Culex* and only 3 *Aedes*. The number was much reduced by an embankment built east and west of the irrigation offices the cultivations during previous years have been flooded during high Nile and expanses of water remained for weeks at a time.

Malaria increased among the Sbendi troops of the Sudan Defence Force on patrol in the Akobo area of Upper Nile Province admissions totalled 1 140 (810) or 231.7 (167.7) per thousand strength. The average strength of the whole Force was 4 919 (4,828) and admissions per thousand for malaria varied between 77 in Khartoum and 428.8 among the Eastern Arab Corps. Among the Camel Corps the admissions on account of malaria were 298.8 per thousand. It is to be noted that the Camel Corps do not receive prophylactic quinine whereas the Eastern Arab Corps do. Plasmoquine has been tried in the Gezira but the results on the whole were said to be disappointing.

In antimosquito work, further tests were carried out with Anti-malarial Mixture and Ialine together but the combination proved less effective than Ialine and paraffin.

Two hundred and four (85) cases of *enteric fever* were notified, a large increase 181 (57) with typhoid, 13 (6) paratyphoid A and 10 (12) paratyphoid B. There were 96 (33) in Khartoum, 37 in Dongola, 20 in Darfur 13 from Blue Nile and 9 from Upper Nile Provinces. Of the 96 in Khartoum Province 24 were in Khartoum City 7 in Khartoum North, 54 in Omdurman and 4 in Rural District. Neither water nor milk was incriminated in fact, the source of infection was not traced. Of the total 79 were typhoid, 5 paratyphoid A, 2 paratyphoid B 10 were not defined. Seven patients died, a case fatality of 7.2 all were *Bact. typhosus* infections, i.e. a fatality rate among them of 8.8 per cent. The average number of cases for the five years 1927-31 was 47.4. *Dysentery* patients admitted to hospitals numbered 2,553 (1 747) of whom 2,289 (1 500) or 89.6 (85.8) per cent. were amoebic and 264 (247) or 10.3 (14.1) per cent. were bacillary. Many of the latter were reported from Khartoum Port Sudan, Kassala and Kordofan, possibly because laboratory facilities exist there for accurate diagnosis. Probably the proportion of bacillary infections in the Sudan is higher than the above figures would indicate. In Khartoum Province dysentery cases notified numbered 590 (551) of which 513 were amoebic and 47 bacillary. In the three towns there were 449 reported, 356 in Omdurman, 53 in Khartoum and 42 in Khartoum North. In four of the bacillary cases the organism was not determined of the remainder 25 were *Bact. dysenteriae* Flexner 10 the Shmitz and 8 the Shiga organism. Of the amoebic cases 347 were in Omdurman 38 in Khartoum, 25 in Khartoum North 48 in Rural District and 57 imported.

*Cerebrospinal fever* cases were much fewer less than one-third, viz. 166 (532) and deaths 131 (384) a 78.9 (72.2) per cent. fatality. Is

Kordofan Province two small groups of villages in the Nuba mountains were affected 33 cases 25 deaths and a small outbreak of 37 cases 28 fatal, occurred in El Obeid starting in the prison. In Berber Province there were three minor outbreaks between March and September in the northern districts 19 deaths occurred among 35 patients.

Diphtheria cases numbered 51 (138) 4 died Smallpox was endemic in Egypt in 1932 In January 1933 Omdurman was infected, but the disease was soon checked there were 39 cases, 9 fatal among a population of 110 000 In the northern part of the White Nile Province a small outbreak 31 cases 7 deaths occurred infection being traced to Omdurman isolated cases similarly infected were seen in the Blue Nile Berber and Halfa Provinces. In the Southern Sudan a more extensive outbreak but of a mild type took place during the first half of the year among the Dinka tribes of Southern Kordofan and Northern Bahr-el-Ghazal Provinces the form was so slight that the natives preferred the disease to vaccination

The outbreak in Omdurman was of sufficient importance to warrant more detail. The first seven cases occurred among the staff of the Civil Hospital. Thirteen notifications were received in January 22 in February one in March. Three more were seen in July in a village immediately south of Omdurman. As stated above there were 9 deaths. Twenty six of the patients were between 20 and 30 years of age 19 had been vaccinated in infancy only 8 had never been vaccinated at all 17 were vaccinated during the incubation period. From the scanty figures available it does not appear that vaccination during the incubation period in any way lessened the severity of the disease. The earlier cases were mild only two of the first 28 died. Later it became more severe and many were cases of confluent disease 7 died among the last 13 patients.

Direct contacts were vaccinated mass vaccination was instituted on 15th January Four centres were established in Khartoum City, 3 in Kartoum Deins, 2 in North Khartoum 9 in Omdurman and 5 in the Rural District A travelling dispensary carried out vaccinations in the northern area of the Blue Nile Province. Offices departments schools and workshops were visited and vaccinations performed and later a house to house inspection was organized.

The secondary outbreak in July in Deim Abu Sayed fortunately occurred in a well vaccinated population and there was no spread although the three patients mentioned had lain undiscovered for more than a week. In four months 159,377 vaccinations were performed the total for the year being 419 403

For the first time since 1925 no cases of *relapsing fever* have been notified. Its incidence in the past six years in the Sudan is of epidemiological interest In the words of Dr E. D. PRIDIE —

In 1926 it invaded Darfur Province from the west where, after a heavy expenditure of energy and money it was controlled before it spread into Kordofan at a cost of at least £E 40 000 and 20 000 lives The disease became less virulent or the natives acquired an immunity against it, and in 1930 it was reported for the first time in the Gezira where immigrants from the western Sudan were found with the spirochaetes in their blood carrying the disease without suffering from it.

The mortality was now 8 per cent. compared with 80 per cent. in 1926 in Darfur

" The disease was never a factor of any importance in the important central provinces but there would have been a very different tale to tell if the efforts to prevent its spread eastwards in 1928 had not been successful. A disease of high virulence attacking the non-immune and bee-ridden dense population of the Gezira on the same scale as it attacked Darfur would have been a social and economic disaster "

*Kala azar* is endemic along the Abyssinian border in Kassala Upper Nile Fung and Mongalla Provinces. Sporadic cases are met with elsewhere notably in Darfur Province. In Kassala Province 43 (18) cases were diagnosed. During the year infection spread to the Kassala Town District from the Southern Gedaref district where it has always been endemic. In Fung Province there were 61 (18) cases the source of infection in 51 was the Blue Nile in 3 Dinder and 7 were imported. Mongalla Province reported 58 (58) cases. Of a total of 202 (103) patients 147 (52) were over 15 years of age and 55 (51) under 15.

There are believed to be about 7,500 sufferers from *leprosy* in the Sudan 5,500 in Bahr-el-Ghazal, 900 in Mongalla and 100 in the Upper Nile Province several hundreds are in Darfur and Kordofan, much more in the south than in the north. The large settlements of Li Rangu and Source Yuba in the south deal with the heavily infected Zande tribe. In the frequent inspections for trypanosomiasis lepers are also dealt with. In other districts voluntary settlements have been established near hospitals and dispensaries they are practically self-supporting.

In the Li Rangu and Meridi settlements, Bahr-el-Ghazal Province, 1 461 were under treatment, 1,368 (3 101) at the former and 93 (900) at the latter. About 10 per cent. are classified as infective and have been concentrated on a special road where some 150 huts at 30 metre intervals have been erected. At Tebura settlement an average of 500 (1 633) were continually under treatment during the year 63.9 per cent were cutaneous cases, 10.5 nervous and 25.6 mixed. At Bakango an average of 103 were segregated, 53 adult males, 34 females and 16 children. In a small settlement at Wan there were 28 at the beginning of the year 30 were admitted, 3 discharged and 4 died leaving 49 at the end of 1933. In Mongalla Province at the end of 1932 there were 621 in the four camps Yel, Opari, Kajo-Kaji and Pini 30 more were admitted as new cases, 4 as readmissions 46 were discharged, 7 deserted and 20 died, leaving 582 at the end of 1933.

Progress is being made in controlling the lepers of Darfur Province. In 1932 only 9 were treated in the following year 144. Treatment is entirely voluntary and good results have made it popular. Alepol, 4 per cent. is given intravenously till the veins become occluded, then intramuscularly.

A village for lepers has been built near the hospital at Zalengei here there were 37 lepers living and having their own cultivations. In Gadaref (Kassala Province) is a small colony of 24 lepers, northern Sudan patients who cannot be treated locally. It is hoped that by utilising the network of dispensaries established where leprosy is common in a few years most of the infected will have been brought under observation, treatment and partial isolation.

Admissions to hospital on account of *tuberculosis* numbered 915 (702) of which 521 (421) were pulmonary and 394 (281) non-pulmonary.

cases. In Northern Sudan 771 (608) were admitted 419 (380) pulmonary and in Southern Sudan 144 (94) 102 (41) pulmonary. Infection is spread by overcrowding and universal spitting. No cases were found in the routine examination of 18 160 school children. Arrangements have been made to follow up patients admitted to the Omdurman Civil Hospital and the Church Missionary Society's Hospital. The incidence of the disease appears to be increasing in recent years not only in Khartoum Province but throughout the Sudan. There were 63 (51) imported cases 45 (40) of them pulmonary. Of 114 (80) local cases 48 were infected in Khartoum 11 in Khartoum North 29 in Omdurman and 28 in the Rural District. 58 (55) were pulmonary 56 (25) non-pulmonary.

Captain S. M. Burrows has been carrying out a survey of the Dinka tribe in the northern Bahr-el-Ghazal during the past two years and the following is his summary:—

1 Tuberculosis appears to be of recent introduction amongst the Dinkas.

The results of the Intradermal Tuberculin Tests show that, up to the present, approximately only one quarter of the total population have been tubercularized.

"The disease is diffused throughout the whole District the natives living near the Government Stations only showing a relatively small increase.

2. Dinkas are highly susceptible to tuberculosis and there is a marked liability to the more severe types amongst them. The comparative short period of survival shows that their resistance is poor.

The recent introduction and want of acquired resistance are important factors.

Undernourishment is another factor for consideration. Generally speaking the Dinkas are an improvident race and rarely cultivate sufficient for their needs.

3. The absence of tuberculosis amongst these natives in 1902, proves that the disease is on the increase.

The rate of increase cannot be determined as no records have been kept in the interim.

In the opinion of the natives the disease is slowly increasing amongst them.

Twelve human cases of rabies were reported 12 died all Sudan natives. Six had had treatment three the full course. Seventy five person in all received treatment. The disease is endemic in Kassala Kordofan and Darfur Provinces.

*Sleeping Sickness*—One case imported from the Belgian Congo was reported at Yei (Mongalla Province). In Bahr-el-Ghazal the number increased from 63 to 82 discovered cases the situation is well in hand. Seven dispensaries have been opened during the year in the district and this number is to be increased. Of the total 82 70 (49) were at Tembura and 12 (14) at Lambito. The Tembura outbreak of 1932 lingered on in spite of removal of the people from the infected area and closure of the roads. Illicit visits to the infected area continued. It is only to be expected that there will be small outbreaks from time to time in Southern Sudan because of heavily infected areas across the border. Instead of carrying out treatment in the central hospitals as before arrangements have been made to open up a series of dispensaries throughout the affected areas.



Of *venereal diseases* the report states that syphilis is a difficult problem. It is certainly decreasing in northern and central Sudan but natives will not persevere with treatment after disappearance of obvious symptoms. For this reason novarsenobenzol is now given only when the patient agrees to submit to a full course. In Darfur Province where syphilis was extending rapidly arrangements were made for as many infected persons as possible to be brought to a hospital town to undergo a full course. 3 894 cases of active syphilis were treated in Dar Masalit and 1,531 in Zahngel district of this Province. The tribes nearest the frontier are those most heavily infected.

In the table of returns from Hospitals and Dispensaries syphilis and yaws are grouped together and cases treated numbered 91,248 (102,965). Yaws incidence has been enormously reduced in Southern Sudan. Bismuth proved a most satisfactory substitute for novarsenobenzol and 13 000 injections were given in Rumbek Hospital alone.

*Helminthiasis*—In the table of returns 1 038 (1 061) patients received treatment for ankylostomiasis. The endemic foci in Halfa and Dongola Provinces were dealt with and the incidence there was consequently decreasing. Investigation is being made of foci in Bahr el-Ghazal and Rongalla Provinces. In Halfa only 36 were found infested among 1 437 examined i.e. 2.4 per cent. (4.8-7 last year) and in Dongola one only among 688 or 0.1 (0.67) per cent. In Mongalla Province cases were found in Yei Loka, Juba and Kafo-Kaji districts, at Juba which was most affected 62 were positive among 2,122 examined i.e. 2.9 per cent. *Dracunculiasis* is confined to the southern Sudan the worst endemic centre is Mongalla Province and here the incidence is markedly decreasing. Patients are treated, the well waters are dealt with to destroy the cyclops and new wells are so designed as to protect the water from infection. Heglig berries (*Balanites aegyptica*) which abound in endemic areas are lethal to the cyclops without interfering with the potability of the water. In Bahr-el-Ghazal 79 cases were diagnosed. In Yei (Mongalla Province) 10 (18) cases were reported. At one time 60 per cent of the population were affected. In Blue Nile Province 224 cases were treated. The Nyala outbreak of 1931-32 has practically ceased.

*Vesical schistosomiasis* is endemic in the three northern riverain provinces. It occurs also in the western provinces where ponds and water holes are infected at certain seasons. Rectal schistosomiasis occurs in the White Nile Province south of Khartoum. There is a focus at Zedab in the Berber Province also. It is important that the irrigated area of Gezira should be protected and to effect this eradication of the disease must be attempted in all districts of the Sudan supplying labour to the Gezira that is West Africa, the west provinces of the Sudan, Dongola and White Nile Provinces. Quarantine has been established at Kosti and Duedin to deal with the West Africans and Western Sudanese. Of 6 055 (8,316) persons examined 1,045 (1 170) or 17.2 (14.0) per cent were infested. In Dongola Province of 68,711 (49 077) examined 1,825 (2,470) or 3.1 (5.0) per cent. were positive.

In the White Nile Province rectal schistosomiasis is a more debilitating and serious disease than the vesical form in the Sudan. The general success resulting from the measures adopted will be clear from the following table of percentage infestation among schoolboys.

	1928	1932	1933
Ed Duenm	93	13.0	8.4
Kawa	100	14.0	0.0
Getaina	90	13.3	0.5
Aba Island	54	2.4	6.8

Measures taken within the Gezira include Yearly examination of the indigenous population and of the floating population at the time of examination and treatment of all cases found. Similar work is carried out at 36 dispensaries in the area and special regulations are promulgated to prevent fouling of canals. The hope that allowing the canals to remain dry for 3 months would cause death of the molluscs was not fulfilled the water has to be treated with molluscicide which as a rule is effectual for several months. A total of 14 183 (9 618) adults were examined and 28 (51) or 0.2 (0.5) were found positive of 3,288 (1 707) children 27 (19) or 0.8 (1.1) per cent. together 17 476 (11,325) were examined and 55 (70) or 0.2 (0.6) per cent found infested.

In Berber Province the disease is practically confined to the pumping schemes in the southern districts. The rectal form is found in the Abu Selim and Timerab districts of the Zeidab scheme 11 being diagnosed. In the northern district it is common in the Manasar country where at certain times of the year the river forms a vast collection of rocky pools. Unless anti-mollusc measures are carried out reinfestations are frequent. Few of the patients are over 25 years of age so that it would seem that adult life begets immunity. In Halfa Province treatment *plus* anti-mollusc measures are similarly employed.

The *Ophthalmic Report* is of interest. At the River Hospital, Khartoum 161 patients were admitted and 11 044 treated as out patients during the year. *Trachoma* is common and the treatment by  $\text{CuSO}_4$  in glycerine and chaulmoogra is very painful so much so that patients will not attend regularly. In the hospital and dispensary returns the large number of 195,897 (175 479) patients were treated. *Pterygium* is common among out patients. More cases of granulating overgrowth of the conjunctiva are referred to (see this *Bulletin* Vol. 29 p. 310).

The question of *Sudan Blindness* (see this *Bulletin* 1934 Supp. p. 85\*) was investigated by Dr BRYANT who sums up present knowledge as to the unknown toxin in the following words —

It is believed that the toxin completes its work in a comparatively short time—usually from 2-5 months from the beginning of lachrymation. The progress of the disease then comes to an end and the condition remains stationary.

The toxin appears to attack the uveal tissue the nervous structures of the eye being affected later. Optic atrophy follows the choroidal inflammation.

It is unfortunate that only one case had been seen at the commencement of the disease and it was impossible to get him to hospital for investigation.

It will be noted from these records that the changes in the fundus bear no relationship to the degree of impairment of vision. The very grossest changes in the fundus will not necessarily be accompanied by complete

blindness, neither are the adhesions of the iris an index of the severity of the fundus changes."

The fundus changes are also detailed and the differences stated between Sudan Blindness and onchocerciasis.

It has been found that Sudan blindness is a localised disease associated with people who live along rocky streams. Where Sudan blindness has been found there also onchocerca volvulus has been found.

"In Temburu District 9 per cent. of adults suffered from onchocercal manifestations, but when those suffering from Sudan blindness were examined 57 per cent. showed signs of this parasite.

It has been noted in the Sudan blindness that the disease runs a very rapid course

There is irritation and lachrymation for two or three months followed by night blindness going on to very severe impairment of vision or complete blindness in from two to five months. The process becomes complete in this period and does not progress, or if it does so progresses very slowly. It may safely be said that the condition is always bilateral and thus would point to a generalised systemic and not a local cause, whereas onchocercal keratitis is occasionally unilateral. Only one case has been seen where Sudan blindness was present in one eye only. No ophthalmoscope was available but the history was typical.

Night blindness is a constant symptom in Sudan blindness, but in the early stages of onchocercal keratitis, vision is better in poor light as the photophobia is less severe than in sunblinde.

Dr BRYANT it will be seen, regards the two as distinct entities with similar distribution. Reference is made to reports on the following special subjects —

1. An outbreak in Halfa Province in June of a condition with symptoms of fever adenitis and a high fatality 15 cases 5 deaths. Investigations by Dr HORSFALL of the Wellcome Tropical Research Laboratory showed that the outbreak was associated with a virulent streptococcus and had no connexion with plague
2. Yellow fever. Of 227 sera from persons of over 20 years, collected from selected towns along the main air route and in the Bahr-el-Ghazal and sent to the New York laboratories 36 proved positive by protection tests. No case of the disease itself has been found during the year in any part of the Sudan.

## MEDITERRANEAN

## PALESTINE (1933)

Palestine on the western edge of the continent of Asia at the eastern extremity of the Mediterranean Sea is bounded by the Mediterranean on the west, Syria on the north, Trans-Jordan on the east and the Egyptian Frontier District of Sinai on the south. It has a total area of about 10 100 sq miles (somewhat larger than that of Wales). The chief town and seat of government is Jerusalem other important towns are Gaza Tel Aviv Acre Jaffa and Haifa, the last two being also the chief ports. Palestine is administered under a Mandate from the League of Nations.

The establishment of the Department of Health has been increased by the following appointments Senior Medical Officer Endemic Diseases Medical Officer for the Government Hospital Safad three Medical Officers for ophthalmic work two Superintendents of Midwives, for the Maternity and Infant Welfare service seven District Nurses four for ophthalmic and three for Infant Welfare work and five Staff Nurses.

There has been less sickness than was expected seeing that failure of the crops led to conditions bordering on starvation in some cases. The chief outbreak was one of *smallpox* among Bedouins in the Gaza and Majdal subdistricts. Infection was brought from Sinai in the harvesting season when a movement of tribal groups across the border is customary this was the first case for 5 years.

*Vital Statistics*—The estimated midyear population was 1 104,884 after deducting nomadic Bedu tribes and the military the total was 1 038 331 (988,329) of whom 95 165 (90 631) were Christians 723 427 (704 624) were Moslems 209,207 (180 793) were Jews and 10 532 (10,281) the rest together.

Births totalling 46 089 (43 538) give a birth rate of 44.3 (44.1) and deaths 20,866 (21 958) a death rate of 20.0 (22.2) infant deaths 6 656 (6 669) give an infant mortality rate of 144.4 (153.1). The rates for the different religious groups and for the whole country are shown in the following table—

	Christians		Moslems		Jews		Others		Whole country	
	1932	1933	1932	1933	1932	1933	1932	1933	1932	1933
Birth rate	36.4	36.0	48.9	49.8	29.2	29.2	45.6	47.0	44.1	44.3
Death rate	15.9	13.9	26.3	24.0	9.6	9.2	22.7	17.5	22.2	20.0
Infant mortality rate	141.3	128.3	164.4	156.8	85.7	80.4	167.0	143.4	153.1	144.4

It is stated in the report on endemic diseases and on infant welfare that it is necessary to concentrate in order to reduce the high death rate and infant mortality amongst Arabs in particular

*Maternity and Child Welfare.*—Work at the Princess Mary maternity wards at the Government Hospital, Jerusalem increases. There were 526 (452) admissions and 499 births took place. 5 mothers died, a maternal mortality rate of 10. The Jerusalem District Maternity Service attended 99 births and assisted practising midwives in 98. There were 516 infants on the register of the Infant Welfare Centre at the end of the year. 24,089 infant attendances were recorded and 5,620 visits were paid to the homes by the nurses.

I W clinics were conducted at Ramallah, Jifna, Bethlehem, Hebron and Beersheba in Jerusalem district. Considerable extension has been accomplished in the work at Hebron and there were 888 infants names on the register. The Haifa Social Service organization also undertakes Infant Welfare work assisted by the Government staff. A Superintendent of Midwives was appointed to Haifa towards the end of the year who will undertake the development of a district Maternity and Infant Welfare Service. There is a Government I W centre at Acre with over 500 on its register.

New centres were opened at Safad and Sulharem in the Samaria and Galilee districts, so that there are now five centres there, those previously existing being at Beisan, Jenin and Nablus. Antenatal clinics were started at these three.

Another Superintendent of Midwives was appointed to the Jaffa district to co-ordinate and supervise the M and I W work at Jaffa, Ramleh, Majdal and Gaza.

To sum up. At 18 Government and Municipal Infant Welfare centres 6,888 infants were seen, 49,697 home visits were paid by nurses and infant attendances totalled 108,605. At 23 Hadassah Medical Organization centres 7,652 infants were seen, total attendances numbered 81,226 and home visits 18,361. The Women's International Zionist Organization has 4 centres and Local Committees have 4, at these together 5,037 attended, total attendances numbered 65,305 and 20,671 home visits were paid. In all, therefore, a total of 19,577 infants were seen at the Centres, attendances totalled 253,136 and the nurses paid 88,729 home visits.

*Schools.*—There are 289 Government schools, 54 in towns and 95 in villages, and 717 non-Government schools. In the Government schools there are 21,102 boys and 5,489 girls. The Government School Medical Service is primarily for Government schools, but is available for others if they make application. Seventy-eight lectures were given to teachers. 16,824 pupils were examined and 9,334 or 55.4 per cent. were found to be suffering from trachoma and another 1,533 or 9.2 per cent. with other forms of eye disease. The percentage of trachoma among children examined was 50 in town schools and 60 in village schools compared with 37 and 71 respectively in 1932 [entered in the report as 41 and 70 but these were the figures for the previous year 1931].

*General Hygiene.*—Low rainfall and serious shortage of water supply for domestic use was common in hill districts. In connexion with the new supply scheme for Jerusalem a careful series of observations was made of springs at Ras El Ain. Work on the Nablus scheme was begun in the summer and the mains and service reservoirs were completed by the end of the year.

The Municipality of Jaffa has prepared a scheme for a new boring in the southern part of the town whereby the main supply can be extended to this area. A reservoir is under construction at Majdal and a pumping plant is to be purchased. The service mains of the new supply in Gaza have been completed and a new high level service reservoir is to be constructed.

An automatic chlorinating plant was installed at three of the well bores of the Tel Aviv town supply. Investigations were continued to discover an alternative source to the Habri springs for the Haifa town main supply. Two test wells were sunk and water found but these will probably not suffice. For supplying drinking water to the port area arrangements were made temporarily for transport of water from the Railway workshops bore to Haifa Bay.

A sum of £P7 000 was placed at the disposal of the Village Water Supply Committee for emergency improvement of existing supplies in villages where owing to the two years drought water was scarce. Many villages depend on rain water cisterns and most of these remained unfilled, and many of the springs in the hill country dried up. It was common for villagers to travel 5 to 15 kilometres for water and a gallon a head daily for all household purposes was the rule. Ninety supplies were improved and the fund was not then exhausted.

*Sanitising services* were severely strained to keep pace with new and extending areas of development. In Haifa town domestic refuse is dealt with in a standard two-celled top feed destructor with forced draught. Street sweepings are dealt with by controlled tipping. In smaller municipalities house refuse is burnt in locally constructed incinerators. The main streets of towns are adequately scavenged but subsidiary roads and outlying parts are neglected. There is a new destructor for refuse at Jerusalem. In the villages of Jaffa and Gaza districts 2,254 bored hole latrines were installed.

There is little to say as regards food. Milk distribution centres and retail establishments in towns are supervised, but rural dairies and cowsheds are unsatisfactory.

*Town Planning*—The Central Town Planning Commission was reconstituted. It dealt with 87 new town planning schemes. Regional planning is being introduced in large areas such as Jaffa and Haifa districts. In the Jerusalem town-planning area 36 schemes were dealt with. 28 were submitted during the year. 14 were passed for final and 19 for provisional approval. In the Jaffa area 12 schemes were dealt with. 3 were passed for final and 4 were provisionally approved. In the Haifa area 37 schemes were under consideration. 26 submitted during 1933. 17 were approved provisionally and 11 finally.

The following additions were made to the schedule of industries coming within the scope of the Regulations of Trades and Industries Ordinance. (1) Factories for the preparation of patent flours, baking powders, patent cereal foods and invalid and infant food. (2) Factories for the manufacture of dried and condensed milks. (3) Factories for the manufacture of toilet requisites.

*Quarantine Service*—Precautionary measures were enforced against arrivals by sea from Alexandria between July 24th and August 19th and from Marseilles between 10th and 19th August on account of plague. A small disinfecting station is to be constructed in the harbour.

## PALESTINE (1935).

area of Haifa there will be medical inspection rooms and facilities for the treatment of venereal diseases among seamen.

Rats were trapped and 608 examined none was found plague-infected. Of 1,808 fleas caught on them 1,355 or 75 per cent. were infected. Of 1,808 fleas caught on them 1,355 or 75 per cent. were infected.

1. *Cholera*  
Palestine and Trans-Jordan pilgrims are all vaccinated against smallpox and cholera.

The Railway Medical Service staff consists of a Senior Medical Officer stationed at Haifa a Medical Officer to the Sinai Military Railways stationed at Kantara a Clerk Dispenser attached to the office of the Senior Medical Officer and six Medical Orderlies at Haifa, Afula Lydda, Kantara and Nur-ash-Shams. There is still need for approved water cisterns and pumps at stations on the Sinai Railways and for proper latrines at platform posts. The new workshops at Haifa were taken into use in April and between 600 and 600 men are employed there. Sanitary accommodation is inadequate but is being extended.

*Hospitals Dispensaries and Clinical Returns.*—Beds available in Government and Municipal Hospitals numbered 563 (536) of which 444 (408) were for general cases and 139 (129) for infectious cases. Admissions totalled 12,689 (12,910) of whom 5,568 were Moslems, 5,351 Jews and 1,755 Christians.

The Haifa Government Hospital was extended to provide another 50 beds and the Acre Municipal Hospital was closed down. An additional ward was opened at the Acre Central Prison Sick Bay which now has a Sick Bay of 20 beds, a Tuberculosis Section of 20 and a Criminal Lunatic Section of 14 beds. At Safad the existing building was reconstructed and another wing added. It was established to deal principally with enteric fever and dysentery in this area, including Tyberias. An isolation section of 14 beds at Nablis was nearly finished and a Lazzaret is to be constructed at Jaffa to accommodate enteric fever patients.

The Ramleh Casualty, Post and general ophthalmic clinics were transferred to a more commodious building and a resident nurse installed. This subdistrict has a population of over 70,000 and needs a hospital. At the clinics the daily attendances exceeded 500.

At Jerusalem Bute House, a building adjacent to the Government Hospital, was reconstructed to provide quarters for a nursing staff and hospital for British subjects—five private wards, two second-class wards and one ward of 8 beds for British Police Army and R.A.F. urgent cases.

The bed strength of Voluntary Hospitals was 1,629 including those of special hospitals for ophthalmic patients, leprosy tuberculosis and maternal homes. Admissions totalled 25,418.

Attendances at clinics numbered 1,190,114 (1,172,585) and at village clinics 470,192 (452,881). New patients attending Government and Voluntary out-patient dispensaries and village clinics numbered 698,848 (832,608) of these 416,492 were Jews 223,088 Moslems, 57,258 Christians and others.

The Hadassah Medical Organization maintained the Rothschild Hospital (144 beds) at Jerusalem and contributed towards the Tel Aviv Township Hospital and the Haifa Jewish Community Hospital. It also maintains a School Medical Service 23 infant welfare centres and a

40-bed Tuberculosis Hospital at Safad To the last two services the Government gives grants-in-aid

The Kupat Cholim a Workmen's Health Insurance Society maintains the Emek Hospital (43 beds) two convalescent homes and 26 clinics and helps in providing doctors and nurses for settlements it also opened a hospital for rheumatic cases at Tiberias

The Church Missionary Society continued to maintain hospitals at Jaffa, Nablus and Gaza the Scottish Mission one at Tiberias the Edinburgh Mission one at Nazareth the English Mission to the Jews one in Jerusalem and the Jerusalem and the East Mission one at Hebron

There are French Hospitals at Jerusalem Bethlehem Jaffa and Nazareth Italian surgical hospitals at Jerusalem and Haifa and German Hospitals in Jerusalem Jaffa and Haifa.

Two Mental Hospitals are in Bethlehem with 130 beds in all 80 male 50 female there were 142 other serious cases for whom there was no accommodation and there is no female criminal lunatic section Several unofficial homes for mental cases are conducted by private individuals and many of them are disgraceful places but the present lack of accommodation for insane persons prevents the proper application of the Lunacy Laws of the country or compliance with orders of Court consigning lunatics charged with offences to detention in a Mental Hospital.

Cases of communicable diseases reported numbered 12,947 (12,288) and 1,393 (1,288) died Pneumonia with 415 (433) ranked first among the causes of death but notification of this disease is incomplete measles accounted for 372 and tuberculosis for 258.

Malaria is no longer the serious menace as in the past it has been practically banished from the towns and is confined to certain well known rural areas There has during the year been a slight increase in total incidence but mainly confined to particular groups of the rural population and due to factors directly associated with the low rainfall. Failure of water supply in controlled areas led to movement of groups of the population to uncontrolled areas to obtain water for their stock. The operations of the Palestine Electric Corporation's Hydro-electric scheme lowered the level of Lake Tiberias and areas around the shores usually covered by water became exposed and provided breeding sites hence the greater prevalence at Tabgha Migdal and Samakh.

Among 528 186 (495 583) dispensary patients there were 3,330 (2,984) with malaria, i.e. 0.63 (0.60) per cent The spleen rate of 19,660 children attending town schools was 1.3 as compared with 0.7 in 1932 among 38,853 village school children the rate was 4.3 (5.2) The combined rates in village and town children were in Jerusalem 0.6 (0.4) in Jaffa 0.1 (0.3) in Haifa 1.4 (2.4) and in Samaria and Galilee 12.8 (10.4) this last higher rate is attributed to conditions referred to in the Tiberias and Beisan areas.

In Jerusalem no anopheles breeding sites were found during the year 16 (11) cases of primary malaria were reported in the town but in each the infection had been contracted outside Jerusalem

A sharp outbreak occurred among the Arabs and Jewish settlers at Wadi Hawarith further dramage of the local marsh areas is required and more extensive control in the Wady Rubin (Jaffa district) There were more cases in the area of settlement between the River Auja and Birket Ramadan the marsh at Ramadan needs to be drained



At the laboratory 5 531 blood films were examined and 646 showed malaria parasites. *P. vivax* in 407 or 63 per cent., *P. falciparum* in 235 or 36.4 per cent. and *P. malariae* in 4 or 0.6 per cent.

The irrigation scheme from the Ain Sultan at Jericho was improved by concrete drainage canals and owners of banana plantations were required to carry out similar work on their properties. The El-Swaina swamp, east of the Jordan River inlet to the Dead Sea, has been canalized. New drainage work was carried out along the Wadi Sar in Hebron district and an extensive revision of the Kabbara drainage scheme was undertaken by the Palestine Jewish Colonization Association. Arrangements have been made to utilize prison labour from Acre for the drainage scheme of the lower portion of the Naamein River.

*Enteric fever and dysentery* have been less in spite of the fact that the drought necessitated the use of water at some times of doubtful purity. Of the former 1,314 (1,435) cases were notified and 114 (136) deaths occurred. Of the total 1,055 (1,215) were typhoid fever and 107 (129) died, and 259 (220) were paratyphoid 7 (7) fatal. Most of the cases were in the principal towns Jerusalem, Haifa, Jaffa and Tel Aviv. At the laboratory 15 140 sera were examined for agglutinins and 1,183 reacted positively with one or other of the enterica group, namely 892 or 75.4 per cent with *Bact. typhosum* 25 or 2.1 with *Bact. paratyphosum A* 245 or 20.7 with *Bact. paratyphosum B* and 21 or 1.8 with *Bact. paratyphosum C*. After two years' work on agglutinin response to recent anti-enterica vaccination the use of qualitative methods only in diagnosis has been abandoned. It is interesting to record that one patient's serum agglutinated *Bact. faecalis alkaligenes* the symptoms were those of enteric fever.

*Dysentery* cases numbered 414 (405). 206 of these were bacillary 188 amoebic, 10 were not classified. Notification of this condition is incomplete. 1,491 deaths in towns were certified as due to "diarrhoea and enteritis," some of these no doubt were dysentery.

*Diphtheria* was a little more prevalent with 210 (180) cases, 21 (19) deaths. It was seen especially in Jaffa and Tel Aviv. *Scarlet fever* notifications were 383 (443) but none (2) fatal. Most cases 143 (55) were seen in Tel Aviv. *Measles* also showed a greater prevalence 4,998 cases and 372 deaths, a 7.4 per cent. fatality.

The five years' record of freedom from smallpox was broken. There were 31 cases in the Majdal and Gaza districts, one fatal. The first cases were discovered at the end of June in a group of local Bedouins who had recently been in contact with an Egyptian Bedouin tribe from Sinai. About 88,000 vaccinations were made in the affected districts and another 15,000 of the Bedouin population south of Beerseba and bordering on Sinai were vaccinated. Altogether 116,643 primary and 237,493 revaccinations, a total of 354,139 were performed. 97 per cent. of the primary vaccinations were successful. The delivery of lymph in a fresh state in outlying districts was made possible by means of aeroplanes.

No cases of *plague* occurred but the Port of Haifa is now completed and vessels moor alongside the quays so that any plague-infected rats would find an easy access to the land and many of the adjacent dwellings consist merely of wooden and kerosene-tin shacks where they could find protection.

*Rabies* was widespread for during the year there were 64 localities and 15 subdistricts affected. There are 29 treatment centres in Jerusalem Bethlehem Hebron Beersheba Ramallah Jaffa Gaza Ramleh Haifa Acre Nazareth Nablus Jenin Tulkarem Tiberias and Safad provided by Government and at Tel Aviv Petah Tiqva Nes Tsyona Rishon le Tsyon Rehovot Herzelia Kfar Sava Ra'anana Haifa, Binyamina, Hadera Affula and Nahalal by the Qupat Cholim organization.

The vaccine used is a 2 per cent emulsion of fixed virus brain killed by the combined action of over 24 hours at 37°C and 1 per cent phenol diluted to half with saline before use.

During the year 1328 persons bitten and 23 domestic animals were treated [elsewhere it is stated that 1372 persons applied for advice and treatment] 568 of the former did not complete the course. Of the other 760 one died the disease developing about a year later. This man however absented himself three times during his treatment. Of the 760 568 were bitten by dogs and 120 by cats. Three deaths from rabies were registered two of the patients had not reported for treatment in them the symptoms developed 38 days and 7 months respectively after the bite the third who has been referred to above had had treatment but absented himself during the course and developed symptoms 11 months later. One hundred and twelve cases of the disease amongst animals were recorded most in March (11) June (13) and October (13) 84 were dogs 15 cats 3 jackals, 5 equines 4 bovines and 1 rat.

In treatment of animal cases bovines and equines are given 33 cc. of a 5 per cent. emulsion of the carbolized virus during a period of 7 days pigs are given 12 cc. over 5 days. In the course of antirabic measures 11,929 animals were destroyed.

*Tuberculosis*—The provisional survey showed a high often concealed, incidence of this disease. Notifications are far from accurate and convey no true indication of the prevalence. Of 258 deaths from tuberculosis 193 were from the pulmonary form. The survey will be taken up again now that a Senior Medical Officer for Endemic Diseases has been appointed. A partial preliminary survey was begun in 1931 but lack of staff prevented further progress in subsequent years. There is no doubt that the prevalence in certain Arab towns and villages is serious and there are no means of coping with it as the only accommodation is the Hadassah Hospital, Safad, where 40 cases can be admitted except for those with bone and joint lesions hospitals refuse admission.

*Helminthiasis*—*Ankylostomiasis* in sapping the strength of a very large proportion of the villagers of the maritime plain. The Hookworm Campaign was continued in the Jaffa subdistrict. Several of the most highly infested villages were equipped with bore-hole latrines and mass treatment of the inhabitants was undertaken. At the Jaffa laboratory in connexion with the investigation 3775 faecal examinations were made of 3190 positive ova of *Ancylostoma duodenale* were present in 1,833 or 60.6 per cent. of *Ascaris lumbricoides* in 479 or 15.0 *Hymenolepis nana* in 333 or 10.4 *Taenia saginata* in 180 or 5.6 *Trichostrongylus orientalis* in 138 or 4.3 *Trichuris trichiura* or 125 or 3.9 per cent. those of *Enterobius vermicularis* were seen in two only. In eight villages of

Tulkarem subdistrict, 29 per cent. among 500 examined were found infested.

*Ophthalmic Service*—This was expanded by the establishment of additional clinics at Majdal, Safad and Hebron and six subsidiary village clinics. At these there were 21 426 new cases seen and there was a total of 162 715 attendances. Expansion of the ophthalmic work resulted in the undoubted curtailment of several epidemics of acute conjunctivitis and owing to early treatment many were saved who would subsequently have developed impaired vision, if not actual blindness. Of 8,151 new patients examined by the Medical Officer at the Majdal Central Clinic and subsidiary village clinics 1 050 were blind in one or both eyes and conjunctivitis cases constituted 40.2 per cent. of the total new patients. Procurement of a mobile ophthalmic clinic was arranged for during the year.

The ophthalmic and school Medical Officer Ramleh, reported that practically all schoolboys are suffering from trachoma and are under daily treatment carried out by teachers under the Medical Officer's supervision. The daily attendances at the M.O.'s clinic was 290 during the summer.

New cases at clinics totalled 48 081 (23,521) and total attendances 439 077 (201,578). attendances for ophthalmic treatment at schools numbered 2,495 006 (2,353 170) of which 853 425 (872,010) were of pupils in town schools and 1 641,583 (1 481 160) in village schools.

#### *Laboratory Work.*

"The Department's laboratory service has been provided since 1930 by the Government Central Laboratories in Jerusalem, quarantine laboratories at the ports of Jaffa and Haifa, and clinical laboratories in certain municipal hospitals. The Central Laboratories, while consisting primarily of Bacteriological, Chemical and Entomological Divisions, include in addition to forensic, bio-chemical, physical, and agricultural analytical laboratories, the Government Lymph Establishment, the Central Antirabic (Pasteur) Institute and a General Vaccine Sub-section for the preparation of agglutinating and precipitating sera and of all curative and prophylactic vaccines used in Palestine and Trans-Jordan. They also accommodate and maintain the Standard Weights and Measures. The quarantine laboratories although fulfilling all the diagnostic needs of the port towns, are mainly designed to satisfy the requirements of the International Sanitary Convention. Further links in the chain of pathological service are found in the principal cities and townships where institutes, conducted by public bodies and private individuals alike contribute to the ample laboratory facilities now enjoyed by Palestine.

Some of the work of the laboratory staff has received incidental mention in the course of this abstract of the Annual Report of the Department of Health but further reference on this important section is called for.

The *Bacteriological Division* dealt with 160 834 (124,909) specimens. There have also been prepared ample quantities of vaccine lymph, antirabies virus and anti-enterica vaccines. The antirabies virus has been used at 34 district dispensaries. Medico-legal investigations are performed here and the laboratory keeps a roster of blood-donors. The routine pathological work has included examination of 5,531 blood films (referred to above, see Malaria), 3,525 blood cultures, 2,544 sputa, 5,548 swabs for *C. dysenteriae* and other organisms, 13 140 serum reactions for agglutination and 4,380 for the Wassermann reaction, 18,333

faeces by microscopic examination and 8 098 by culture. Of 1 629 positive findings for protozoa 694 were *E. histolytica* free or encysted 439 showed *Trichomonas intestinalis* and 428 *Giardia lamblia*. Of 5,224 positive for helminthic ova 2,001 or 38.3 per cent. showed those of *A. duodenale* 1,220 or 23.3 *A. lumbricoides* 970 or 18.6 per cent. *Trichuris trichiura* *H. nana* and *T. saginata* ova were seen in 378 and 352 respectively or 7.3 and 6.7 per cent. It is worthy of note that ova of *Dicrocoelium dendriticum* were seen on 9 occasions these have not been recorded before in Palestine though known in Syria and Lebanon.

Dysentery bacilli were isolated 510 times—Flexner Y 333 Shiga 91 Strong 76 Schmitz 10.

Other investigations by this division included examination of rats for plague of shaving brushes for anthrax preparation of autovaccines etc. But in addition to the large amount of routine work the staff has undertaken special investigations into the Iraq Petroleum Company's water supplies, the chemical and bacteriological control of the Y. M. C. A. swimming pool isolation and typing of *Mycobacterium tuberculosis* from human and bovine sources, the nature of the Trinidad rabies virus the histology of neuromyolytic accidents complicating antirabies treatment an influenza like epidemic among dogs. The Y. M. C. A. swimming pool was constructed in 1932 its purity is controlled by filtration and chlorination and is equal to that of the public water supply of the town. Water samples bacteriologically examined numbered 1 180 and milk samples 82 no tubercle bacilli were found by inoculation tests. Lastly 74 brains of animals were sent for examination for Negri bodies or signs of rabies 40 per cent positive.

The *Chemical Division* dealt with 9,995 (9 925) samples including 3 702 (4 183) of milk. Special investigation was made into the composition and origin of 763 counterfeit coins experiments relating to the corrosion of aluminium alloys were carried out for the War Office and analyses of honey oranges and olives for the Department of Agriculture. Routine work included examinations of food, water milk, drugs disinfectants medico-legal toxicological investigations and analyses for the customs excise and trade.

*Entomological Division*—The post of Medical Entomologist was abolished in 1931 and the staff of the Central Laboratories has had to deal with investigations required such as the identification and classification of insects collected or submitted. There has been no time for entomological research.

Expenditure on the Department of Health was £P137 154 (115 001) or 4.7 per cent of the estimated revenue of the Government £P2,859 745 4.8 per cent of the Government expenditure £P2,848 418.

### EMIRATE OF TRANS-JORDAN (1933)

Trans-Jordan, which is administered under the same Mandate as Palestine is a strip of country bounded on the west by Palestine on the north by Syria on the east by Iraq and on the south by Saudi Arabia, with access to the Red Sea at Akaba. Its area is unknown as the boundaries are not definitely determined. Amman, the capital, is on the Hejaz railway.

*Vital Statistics*—The population is given as a rough estimate of 300 000 including the nomadic and semi nomadic tribes. Total births

numbered 10 900 (10,871) or 36.3 (35.5) per mille. This is probably not the actual rate for the inhabitants, the Bedouins especially though they notify deaths fairly readily certainly try to avoid notifying births. Thus the infant mortality rate is thereby also unduly swelled. Deaths totalled 7,354 (6,152) or 24.5 (20.0) per mille. This rise in the death rate is due chiefly to epidemics of influenza and measles and the general low resistance to disease in poverty-stricken areas. Infant deaths numbered 2,404 an I.M.R. of 220.6 (210) per thousand live births. The higher rate is in part due to the same causes as increased the general death rate and partly is swelled as stated above by failure to notify all births.

*Maternity and Child Welfare*—The report states that it is absolutely essential to establish a maternity section at the Government Hospital, Amman which will also serve as a training centre for midwives. A number of district maternity centres should also be established. Over the whole of Trans-Jordan there were only three qualified midwives in practice. The Department of Health has not been able from lack of funds, to establish a single infant welfare centre in the country. There are two and only two voluntary centres, at Amman town and Es-Salt.

At the former of these 146 (119) cases were registered and attendances numbered 9 183 (10 197) the nurse paid 1,972 (2,764) home visits. At the Es-Salt centre 112 (67) cases were registered and attendances numbered 1 105 (503). Here the nurse did not pay home visits.

*School Medical Services*—All Government and Voluntary schools are subject to inspection by Medical Officers of Health. There are 198 (168) schools, 166 (145) for boys and 32 (23) for girls, and 10 761 (9,399) school children, 8,423 (7 730) boys and 2,338 (1 669) girls. Of 4,010 (3,292) medically examined 797 or 19.8 (25) per cent. were suffering from trachoma and 107 or 2.6 (3) per cent. had enlarged spleens. [Elsewhere it is stated that among 9,222 children examined in different parts of the country 348 or 3.7 (4.5) per cent. had splenic enlargement.] Attendances at school ophthalmic clinics numbered 382,364 (283,625).

*General Hygiene and Sanitation*—Shortage of water was badly felt during the summer and autumn, especially in the north this led to the use of dirty and unsuitable water for drinking.

The scheme for Irbid town was completed at the end of the year. Mughaier village also benefits from this by the building of a separate reservoir to which water is pumped from the main station. The building of the reservoir and laying of pipes of the Zerka village water supply scheme were completed. A retaining wall was erected by the Madaba municipality near the pumping station at Em Musa to prevent storm water in the rainy season mixing with the spring water which is pumped to Madaba town. Further extension of piping was made for Amman main water supply. A closed reservoir has been built around the public spring at Malka village (Irbid district).

Methods of refuse disposal are not very satisfactory. It is removed to approved sites and burnt in the open air. The towns cannot afford the cost of erection and upkeep of incinerators.

The Arab Legion has no medical officers attached and all the work in connexion with it medical and hygienic, falls to the Government staff. Admissions to hospital and detention posts numbered 123 (110) and

to Voluntary hospitals 33 (16) attendances Government clinics 2,490 (2,750) There is need for increase in the medical budget to carry on this work. The general health of the Legion has been good there was only one case of typhoid fever during the year Vaccination against enteric and smallpox is a routine measure.

The *Prison Medical Service* returns show attendances at Government clinics to have increased from 5 805 to 9 268 almost 60 per cent addition. This is chiefly due to the establishment of a clinic held thrice weekly at the Central Prison Amman The Public Health clinic formerly utilized is 4 kilometres away

Medical Officers and their staffs inspect the villages and Bedouin camps, and thus discover infective cases and control cleanliness see to vaccination and antimalaria work as well as treat patients. Much however, ought to be done regarding maternity and infant welfare and could be done if only money were forthcoming

*Hospitals Dispensaries and Clinical Returns*—No extensions or even improvements in Government Hospitals were possible owing to lack of funds approval has not yet been obtained for establishing a small hospital at Irbid. The Amman Government Hospital, 20 beds was maintained this is said to be quite inadequate. The building is a small house leased by Government no major surgery can be done nor any maternity work. There is no hospital Government or Voluntary in the North although the population is one-third of the whole population of Trans-Jordan

Patients admitted to hospital and to epidemic and detention posts totalled 545 (508) Attendances of Government Dispensaries numbered 132,160 (135 426) of which 36,281 (28 792) were new cases and of these 1 433 (963) or 3.9 (3.3) per cent were suffering from malaria and 10 733 (9,513) or 29.6 (33.4) per cent from ophthalmic affections. The largest number of attendances was at Amman clinic 71 145 Ajloun Liwa next with 19 904 and Kerak dispensary third, 12 458.

*Voluntary Hospitals*—The Church Missionary Society decided to close its hospital at Es Salt for lack of funds. The Italian National Association maintained a 40-bed hospital at Amman town and is starting to build one at Kerak town to be ready for occupation in 1934. An English hospital of 21 beds is maintained at Amman and the Iraq Petroleum Company has an 8-bed detention hospital at Mafrak.

Admissions to Voluntary Hospitals totalled 1 114 (970) says the text but admissions to the separate institutions detailed amount to 1 218 (1 081)—at the C.M.S. hospital 507 (499) the English hospital Amman 93 (154) the Italian National Association hospital 505 (428) and the Iraq Petroleum Company's hospital 113 Attendances at Voluntary Clinics numbered 21 143 (21 133) of these 11 649 (10 172) were new cases and 443 (320) or 3.8 (3.1) per cent were for malaria and 957 (761) or 8.2 (7.4) per cent for eye diseases.

*Epidemic Service*—Eight bedded epidemic posts were maintained at Irbid, Amman Kerak and Ma'an and four bedded at Jerash Tafleh and Akaba. Admissions to these totalled 168 The Mobile Epidemic Equipment was used in the field for typhus and smallpox patients, especially among the Bedouin tribes, and for dealing with contracts. Sixty three cases of smallpox and 9 of typhus were isolated at these epidemic posts.

*Infections and Communicable Diseases*—Notifications numbered 5,081 (2,303) and there were 400 (174) deaths the increase was due mainly to the outbreaks of measles and influenza.

*Malaria*—There were 1,876 (1,283) new cases reported, the increase being caused by an outbreak among visitors to the Zerka Ma'in mineral baths (Madaba district) also many cases were reported from Azrak. Settlers in that area were more numerous and the Azrak marshes are not controlled. Probably the actual number is less than these figures indicate because if seen by different doctors patients may be reported more than once. As stated above the returns show that there were 1,433 (963) among 36,281 (28,792) new cases at Government dispensaries, or 3.9 (3.3) per cent. and among Voluntary dispensary patients 443 (320) or 3.8 (3.1) per cent. of all new cases.

At the laboratory 1,808 smears were examined for malaria parasites and 607 were positive of these 484 or 79.7 per cent. were *P. malar* 87 or 14.3 per cent. *P. falciparum* and 36 or 5.9 per cent mixed infections the quartan parasite is not mentioned.

The spleen rates among children have been referred to above. Both in 1933 and 1932 the rates were highest, 12.9 (10.0) in Ajloun next in Es-Salt 7.3 (6.5) and third in Kerak 4.1 (5.3). Among the 4,010 school children examined [see above] the highest rate was again in Ajloun 4.0 (7.5) equalled this year by Tafleh 4.0 (2.0). None was found in Amman or Irbid towns.

*Enteric Fever* accounted for 158 (146) cases and 14 (12) deaths or 8.8 (8.2) per cent. fatality. Of these 132 (94) were infections by *Bact. typhosum* with 14 (8) deaths, a fatality rate of 10.6 (8.5) per cent. and 26 (32) *Bact. paratyphosum* infections (A 4 B 20 C 2) with no (4) fatal cases. Most were reported from Es-Salt (41 typhoid and 10 paratyphoid) and Amman (39 typhoid, 10 paratyphoid). The incidence of typhoid fever was greatest in September October November and March. Of *dysentery* 273 (152) cases were notified the type of infection was diagnosed in 16 only 3 amoebic and 13 bacillary. Most occurred (68 cases) in November next (59) in December and 41 in October. Es-Salt furnished most cases 129 Irbid 49 and Amman 35.

*Diphtheria* was very rare only 2 (3) cases, 1 (1) fatal the patients came from Es-Salt. *Scarlet fever* 1 (0) case reported from Amman, but the patient had contracted the infection in Jerusalem. There were 9 cases of *smallpox* the same number as last year 3 (2) died. They occurred in Irbid district near the Syrian frontier and were introduced from Syria. 79,011 (66,103) vaccinations were performed and 6,364 of the labourers and personnel of the Iraq Petroleum Co.

Notifications of *measles* numbered 2,010 (425) and 185 (48) died, i.e., 9.2 (11.3) per cent. fatality. 1,103 or 54.5 per cent. were notified from Es-Salt Irbid had 303 and Kerak 173 cases. The main prevalence was in November and December. *German measles* 11 (0) cases all from Es-Salt were notified and 203 (166) cases of *whooping cough* 0 (7) fatal. *Mumps* also increased 211 (47) cases.

*Influenza* was more prevalent 1,086 (815) cases, but probably there were many more than this, those of a mild type not being reported. Over 90 per cent. (834) of cases occurred in December and nearly half were in Ajloun and Irbid districts. Two hundred and twelve (149) cases of *pneumonia* were reported, 48 (30) deaths. 11

Of tuberculosis 360 (204) cases were notified and 69 (36) deaths. What number or proportion of these was pulmonary is not stated. Of typhus 68 (19) notifications were received and 7 (3) fatal. Most cases (43) were in Kerak district. Infection is often brought by wandering Bedouin tribes. The importation of infection is difficult to control because the desert frontiers are extensive and there are many possible routes before the infected enter populated areas.

Twenty-five persons were treated for rabies by prophylactic vaccine. Four died in spite of full course of treatment—each had severe bites on the face, three had been bitten by wolves and one by a hyena. There were no cases in the previous year.

*Laboratory and Medico-legal work*—The laboratory staff comprises a medical officer and a laboratory assistant. The appointment of a permanent cleaner has not been approved. Examinations totalled 4,325 (3,595) and included 1,808 blood films of which 607 were positive for malaria (v.s.). 786 sera for the Kahn reaction or agglutination of members of the enterica and Proteus groups. 495 faecal examinations for protozoa, helminth ova and bacteria. Protozoa were found in 32 and helminth ova in 95—the commonest of the latter being *Trichuris trichiura* (49) and *Ascaris lumbricoides* (43).

Medico-legal examinations are nearly all carried out by Medical Officers of Health. During the year 3,347 (3,183) such examinations were made at Amman 701 Irbid 670 El Kerak 430 Es-Salt 401 Jerash 313 Ajloun 288, Madaba 198 Tafileh 191 and Ma'an 155.

The recommendation is put forward that one specialist Medical Officer be appointed and stationed at Amman to perform these duties. He could also be available to help the Medical Officers at Amman during the busy season and act for them when they go on leave.

Expenditure on the Department was £P12,606 (£P12,230) or 3·4 (3·3) per cent. of the Government revenue. This is a smaller proportion than in any other Colony or Dependency. The report emphasizes the need, the necessity for a reasonable increase in the Health Department budget to meet requirements.

### CYPRUS (1933)

Cyprus, an island in the eastern Mediterranean, lies some 40 miles south of Asia Minor, 60 miles west of Syria and 240 miles north of Egypt. Its area is 3,584 square miles (about that of Norfolk and Suffolk combined). Nicosia, its capital, lies near the centre of the island.

*Vital Statistics*—The estimated midyear population was 356,059 (352,340). The birth rate was 27·4 (28), the death rate 13·8 (16) and infant mortality rate 137·7 (155). [Only rates are given in this report not the figures on which they are calculated.] Details of the rates for the six principal towns are given in the table below.

European officials numbered 101 (100 [but the latter figure was given as 107 last year]). The average resident was 90 (88 [stated as 95 last year]). One (0) was invalided; the cause is not mentioned. There were no deaths among them either this year or last. Cypriot officials numbered 1,859 (2,821) average resident 1,953 (2,815). 4 (22) were invalided and 5 (16) died. The causes are not stated either for invaliding or death nor the reason for the reduction by nearly one third in the total number of Cypriot officials.



	Population	Birth rate	Death rate	Infant mortality rate
Nicosia	24 785	21.2	15.0	77.7
Larnaca	12,330	21.1	14.6	130.2
Limassol	15 794	24.2	15.7	114.8
Famagusta	10 631	18.8	9.2	154.2
Paphos	4 604	14.1	11.0	138.4
Kyrenia	2,187	22.4	11.4	102.0
Total	70,331	21.1	13.0	110.3

*Maternity and Child Welfare*—Twenty two women attended the midwives classes at Nicosia and 17 passed the local examination. Twenty pupils started training and 18 received the Government certificate of competency. Two Government midwives and their pupils attended 332 confinements during the year. 203 labours took place in the Nicosia maternity wards. 148 normal and 55 complicated. There were no maternal deaths.

In connexion with the Nicosia Infant Welfare Committee a Health Exhibition was organized in October. There were stalls demonstrating (1) The History of Medicine amulets and charms (2) Mosquitoes and their larvae and breeding places photographs of anti-malaria works (3) Snails conveying schistosomiasis, notably *Bulinus* (4) The House-fly defective sanitation mode of infection by enteric fever and dysentery (5) Infected meat hydatid etc. preserved food-stuffs sound and unsound (6) Latrines correct and defective.

The School Medical Officer examined 2,191 pupils in 68 schools. The greatest defects were dental mischief and splenic enlargements, 19.9 per cent. in each case and ophthalmic disorders in 16.8 per cent.

*General Hygiene*—The Municipal Councils are taking greater interest in health matters. Nicosia Limassol and Larnaca have whole time Sanitary Inspectors. At the School for Sanitary Inspectors eight attended. Six passed the local examinations and two obtained the certificate of the Royal Sanitary Institute.

*Severage disposal* is a troublesome question. More and more houses in towns are adopting the water-carriage system but the water supply is insufficient especially in times of drought. In villages pit latrines are being constructed in larger numbers. As a consequence of the drought many sources of water supply dried up and an intensive search was made for water and a number of schemes were launched. Analyses showed that the character and qualities of supplies in Cyprus varied widely from the pure soft water of the mountain spring to the hard saline and often polluted water of the plains. The constituents were also found to vary with the different seasons.

The following is of historical and scientific interest —

During the past year the conditions of drought enabled some observations to be made on the question of the origin of the famous spring at Kythrea, which in Roman times supplied Salamis with water. A remarkable local belief, unsupported however by evidence, puts the source of this spring from the Taurus mountains of Caramania. Observations made

at the head-spring at Kythrea in the summer of 1932 showed that the volume of flow was decreasing and similar observations in 1933 indicated that this diminution was still progressing. The falling-off in flow as a result of the two years of drought was thus approximately more than one-third of the normal volume. A similar falling-off was also observed in the case of the Lapithos spring (and others) situated further west in the Kyrenia hills and at a greater altitude. Records showed that the drought years in Cyprus were from the meteorological point of view normal years in Asia Minor so that if the water of the Kythrea spring originated in the latter country the spring should have been unaffected by the conditions of drought in Cyprus. Thus it would appear that the source of the spring is local.

To spread knowledge of hygiene 77 lectures were delivered at 37 centres and over 20 000 persons attended. The subjects dealt with included malaria, enteric fever, dysentery, tuberculosis and venereal diseases. A film on Tuberculosis has been completed and another on Cancer is in preparation.

*Hospitals Dispensaries Clinical Returns*—Eighteen medical practitioners were registered during the year: one dentist and 12 druggists and pharmacists.

Apart from the Sanatorium, the Leper Farm and the Mental Hospital, there are six District Hospitals viz. at Nicosia, Limassol, Larnaca, Famagusta, Paphos and Kyrenia. At these the in-patients totalled 4 878 and out-patients 50 895; also 372 maternity cases were attended.

There is difficulty in obtaining suitable girls for probationer nurses: only a very poor type usually applies and educated, better-class girls do not care to live and mix with the rough village type. It is suggested that two or three well-educated girls be selected and sent to Beirut to be trained at the American School of Nursing and then brought back as staff nurses.

The grants-in-aid to State-aided Hospitals are insufficient if the good they do for the local poor is to be maintained.

The incidence of *malaria* continues to decrease owing to the prolonged drought conditions. 10 145 (12,976) cases were recorded, a fall of 43 per cent. from 17 774 two years previously. In the tabular return of diseases 219 were admitted as in-patients, the type being defined in 213 and of these 191 were benign tertian, 21 subtertian and one quartan. 9,926 were treated as out-patients and the type was defined in 9,374 of these: 8 328 or 88.8 per cent. were benign tertian, 425 or 4.5 per cent. subtertian and 621 or 6.6 per cent. quartan. Of 10 190 persons examined in the six main towns 105 or 1.0 per cent. had enlarged spleens and among 50,333 (51,229) in the six districts during the final quarter of the year 3 843 (4,259) or 7.6 (8.3) per cent. showed splenic enlargement.

The variation in the salinity of the Larnaca Salt Lake has been studied from the beginning of the rains in January till the lake dried in July. The chlorides varied from 15.2 to 35.3 per cent, i.e. saturation point when crystallization is taking place. Rain of course temporarily reduces this. The data are important in relation to the breeding of anopheles and culicines.

The usual antimalaria measures—covering or oiling wells, stocking tanks with fish, the use of Paris green, etc.—were carried out and 4½ miles of the marshy area near Athienou village were drained. This

## CYPRUS (1933)

work is to be extended to safeguard Ayia Aphantia and Melousha villages. Two more anopheles have been added to the local list, viz. *A. hyrcanus* discovered at Syriankhorl marsh and *A. algeriensis* at Athenou marsh. The chief Sanitary Inspector M. Aziz E.H. has written a pamphlet on *The Anopheline Mosquitoes of Cyprus*.

An outbreak of enteric fever occurred in a number of villages and necessitated the provision of three temporary hospitals. During the year 528 (78.2) cases were reported. On account of the drought the water supply in many of the villages dried up and the people dug shallow wells. This supply was so unsafe that no system of control against pollution was possible. Most cases occurred in August and September in Larnaca of which months 39.4 per 10 000 were attacked. There were 4 (9) cases of *Bact. paratyphosum A* infection, all from the Larnaca district and 6 (4) of *Bact. paratyphosum B* 4 from Larnaca and 2 from Nicosia district. In the table of returns 103 patients were admitted 100 for typhoid fever one for paratyphoid A and two for paratyphoid B. 260 were among the out-patients, 255 typhoid, two paratyphoid A and one paratyphoid B while two were not defined.

During the year 232 out-patients, 69 not defined, 119 (6.48) cases were less than half the number of the previous year. In hospital there were 20 in-patients, one with infection undefined 1 bacillary 1 amoebic—a proportion among the "defined" out-patients 11 5 bacillary to 1 amoebic, or with both in- and out-patient 1 to 8.5 to 1.

There has been no case reported of smallpox nor of measles for during the year. Against the former 9 603 (14 006) vaccinations were performed. The 1932 epidemic of diphtheria continued and 64 (2.0) cases were recorded and over one-third 22 cases occurred in January in April and June there were none and in May July and August only one each.

At the Lepers Hospital and Farm there were 84 remaining at the end of 1932 7 (11 and 2 re-admissions) were admitted during 1933, 6 (9) were parted 4 (7) died leaving 81 at the end of 1933. There were 7 (7) children in the Lepers Home for Healthy Children.

Two hundred and seventy five (269) cases of pulmonary tuberculosis were reported 30 (21) died in the Sanatorium. This is not the true incidence in the Colony. The Government Sanatorium with accommodation for 40 patients is quite inadequate. Many patients are admitted late in a hopeless condition so the Sanatorium becomes an Isolation Hospital and is feared by those at any early stage when treatment might benefit. The incidence is said to be 7.7 per 10,000 population and in the different districts Larnaca 12.1 Paphos 18.5 Famagusta 7.8 Nicosia 5.9 and Kyrenia 3.9.

**Venereal Diseases.**—Syphilis is diminishing owing to energetic treatment but gonococcal infections remain about the same [no states the report but the figures below hardly bear this out]. A second centre was started at Nicosia and one at Famagusta both in May and the are now five treatment centres. Attendances numbered 15,354 at Nicosia 6,286 at Larnaca 4,220 at Limassol 4 138 and at Famagusta 710. Attendances at all the clinics totalled 253 180 (743 474) and new cases 3 755 (3 624) [elsewhere new cases for 1933 are stated to be 3,625 but according to details 3 755 is correct]. There were — 402 (2.25)

at the head-spring at Kythrea, in the summer of 1932 showed that the volume of flow was decreasing and similar observations in 1933 indicated that this diminution was still progressing. The falling-off in flow as a result of the two years of drought was thus approximately more than one-third of the normal volume. A similar falling-off was also observed in the case of the Lapithos spring (and others) situated further west in the Kyrenia hills and at a greater altitude. Records showed that the drought years in Cyprus were from the meteorological point of view normal years in Asia Minor so that if the water of the Kythrea spring originated in the latter country the spring should have been unaffected by the conditions of drought in Cyprus. Thus it would appear that the source of the spring is local.

To spread knowledge of hygiene 77 lectures were delivered at 37 centres and over 20 000 persons attended. The subjects dealt with included malaria enteric fever dysentery tuberculosis and venereal diseases. A film on Tuberculosis has been completed and another on Cancer is in preparation.

*Hospitals Dispensaries Clinical Returns*—Eighteen medical practitioners were registered during the year one dentist and 12 druggists and pharmacists.

Apart from the Sanatorium the Leper Farm and the Mental Hospital, there are six District Hospitals viz at Nicosia Limassol Larnaca Famagusta Paphos and Kyrenia. At these the in patients totalled 4,878 and out patients 50,895 also 372 maternity cases were attended.

There is difficulty in obtaining suitable girls for probationer nurses only a very poor type usually applies and educated, better-class girls do not care to live and mix with the rough village type. It is suggested that two or three well educated girls be selected and sent to Beirut to be trained at the American School of Nursing and then brought back as staff nurses.

The grants-in-aid to State aided Hospitals are insufficient if the good they do for the local poor is to be maintained.

The incidence of malaria continues to decrease owing to the prolonged drought conditions. 10 145 (12,976) cases were recorded a fall of 43 per cent. from 17 774 two years previously. In the tabular return of diseases 219 were admitted as in patients the type being defined in 213 and of these 191 were benign tertian 21 subtertian and one quartan 9,828 were treated as out patients and the type was defined in 9,374 of these 8,328 or 88.8 per cent. were benign tertian 423 or 4.5 per cent. subtertian and 621 or 6.6 per cent. quartan. Of 10 180 persons examined in the six main towns 105 or 1.0 per cent. had enlarged spleens and among 50,333 (51,229) in the six districts during the final quarter of the year 3,843 (4,259) or 7.6 (8.3) per cent. showed splenic enlargement.

The variation in the salinity of the Larnaca Salt Lake has been studied from the beginning of the rains in January till the lake dried in July. The chlorides varied from 15.2 to 35.3 per cent. i.e. saturation point when crystallization is taking place. Rain, of course temporarily reduces this. The data are important in relation to the breeding of anopheles and culicines.

The usual antimalaria measures—covering or oiling wells stocking tanks with fish the use of Paris green etc.—were carried out and 4½ miles of the marshy area near Athienou village were drained. This

195 showed malaria parasites) agglutination tests (352 were carried out and 166 were positive with *Bact. typhosum* 160 *Bact. paratyphosum A* 5 *Bact. paratyphosum B* 1) Wassermann tests 5,585 swabs for *C. diphtheriae* faeces and sputa water analyses and preparation of vaccines. Very few rats were sent for examination only 19 in all, 17 from Famagusta and one each from Larnaca and Kyrenia. "In view of the proximity of the Island to Egypt, Palestine, and Asia Minor where cases of plague are from time to time reported, and of the presence of *Xenopsylla cheopis* as the predominant rat flea, as noted in the previous years, it is important that rats should be systematically caught and examined from all the ports. The Sanitary Inspectors stationed there should regard this as an important part of their duties, since the risk of the importation of infected rats is not entirely negligible."

The chief subject of research was an attempt to determine the type of *C. diphtheriae* present in the diphtheria outbreak of 1932. Of ten cultures examined 7 were of the *mutis* type, two *gravis* and one, from a mild pharyngeal case was of an intermediate type.

At the Government Laboratory total analyses numbered 2,342 (2,428) 2,321 were official samples including 1 073 (989) of food and drugs and 229 criminal investigations 21 only were non-official. The proportion of samples found adulterated was a little higher than in the previous year 21·6 (20·1) per cent. this is accounted for by the policy of sampling extensively any suspected stocks of foodstuffs, especially tinned goods. There is now a definite improvement in the quality and condition of the tinned food as compared with that of four years ago. The foodstuffs chiefly adulterated were olive oil, milk, coffee and flour. Owing to the drought the olive harvest was poor and opportunity was open for adulteration and moreover it was regarded as justified in some cases soya bean oil was substituted for the olive oil instead of adulterating the latter. Adulteration of milk is widespread of 70 samples last year 6 or 8·5 per cent. were adulterated, whereas of 172 this year 54 or 31·3 per cent. were adulterated.

The course of lectures and demonstrations at the Government Laboratory have been discontinued adequate facilities for training now exist outside. A detailed syllabus has been prepared for guidance of candidates for the Government certificate. In February 16 candidates presented themselves for examination and 7 gained the certificate. All pharmacies are inspected half-yearly.

The sponge-fishing industry was the subject of investigation. The quality of Cyprus sponges compared very favourably with those of other countries of the Levant and experiments have been carried out in the Government Laboratory regarding the different chemical methods of cleaning sponges. A detailed report is to be submitted later.

Recommendations for the future good of the Department include the appointment of a Medical Officer of Health establishment of a Central Registry (this has been recommended annually since 1891) and further accommodation for tuberculous patients.

Expenditure on the Health Department was £48,899 (£53 409) or 6·8 (7·1) per cent. of the Island expenditure.

## GIBRALTAR (1933)

Gibraltar consists of a long mountain block (the "Rock") rising to a height of 1,396 feet, 3 miles long and  $\frac{1}{2}$  mile broad joined by a low sandy isthmus to the southern extremity of Spain. The town is built on the western and southern sides of the Rock, facing the Bay of Algebras the northern and eastern faces are inaccessible cliffs.

The Medical and Sanitary Services are under the supreme control of the Governor. The Medical department is administered directly by the Colonial Government while the Sanitary is entrusted to the City Council. A Board of Health with the Governor as Chairman regulates quarantine of vessels.

*Vital Statistics*.—The population at the end of the year was estimated as 16,397 (16 609) of whom 15 071 (15 143) were British subjects. Births numbered 357 (346) or 21.7 (20.8) per thousand of the whole population or 23.6 (22.8) of the British subjects only. Deaths among the Civil population were 241 (245) or 14.7 (14.7) per mille of the whole or 15.9 (16.1) of the British population. Infant mortality was 14 (21) or 39.2 (60.6) per mille births.

*Maternity and Child Welfare*.—The Child Welfare Centre is established in the City Hall and administered by the Medical Officer of Health. Milk and other foods are sold at reduced prices or given free to necessitous cases. A nurse attends at each meeting and visits mothers and children in their homes. Meetings of the Clinic are held fortnightly instead of as before monthly. Expectant mothers are encouraged to enter the Maternity Ward of the Colonial Hospital or in special cases they may be provided with the services of a trained midwife. There are eight midwives registered under the ordinance during the year they attended 151 births, or 42.2 (51.1) per cent. of the total births.

*General Sanitation*.—*Sewage disposal* is carried out as before but a new independent storm water relief drain was laid and an additional storm-water drain at the northern end of the town leading direct to the sea to improve the storm drainage of a low lying area. The new slop and storm-water drainage system for Catalan Bay Village on the east side was completed and put into operation and a scheme for soil drainage of the village is under consideration. Scavenging and *refuse disposal* are unchanged but during the year a new reinforced concrete rain water storage tank was constructed to provide soft water for the boilers of the incinerator.

*Water supply*.—Excavation of an additional reservoir is in progress and a scheme is in preparation for another. Further extension to the network of the supply mains in the City was effected during the year. Search for an additional supply of potable water was continued. Experimental work is going on and a scheme for supplying about 6 000 gallons per hour to Waterfront Wharf will soon be ready for consideration. *Brackish water* is used for baths for fire-fighting road watering flushing and general sanitary purposes. Various old and defective supply mains were renewed and fresh mains laid.

*Food*.—Repairs and improvements were carried out at the Slaughter house and Public Market. All fresh meat is slaughtered under Government supervision. Importation of—Danish cattle has been gradually superseding that of Spanish and Moroccan animals.

During the year new by laws for the control of fresh milk, condensed milk and dried milk were introduced. The first, *The Milk and Dairies Bye Laws 1933* revokes all previous by laws dealing with this question. By the new rule, every vessel used for the conveyance of skimmed milk or separated milk has to be marked to this effect in large type. This is to obviate the common practice of dairymen of recent years—removal of part of the original fat of the milk.

The second, *The Condensed Milk Bye-Laws 1933* follows closely the English law on the subject calling for a declaration on each tin as to whether the contents are condensed full cream milk, or condensed skimmed milk, whether sweetened or unsweetened, and a statement of the equivalent as milk, of the contents. The legalized composition of each variety is given. The third *The Dried Milk Bye-Laws, 1933* are also based on the English legislative measures the label must state the equivalent in pints of milk, cream-milk (three-quarters, half, or quarter cream) or skimmed milk contained in the tin. Legal standards are given for each of these. In the three-quarter cream dried milk a slightly lower percentage of fats than that of the English regulations is allowed for climatic reasons.

All Sanitary Inspectors have the certificate of the Royal Sanitary Institute and four are also qualified as inspectors of food and meat. The three members of the market staff also possess this latter qualification.

*Future Work*—Building of a Tuberculosis Hospital is under consideration and an extension of the scheme at present existing for dealing with cases of this disease. Schemes are being prepared by the City Engineers (1) To increase the brackish water yield of existing wells. (2) To deal with the soil drainage of Catalan Bay Village and institute a water-carriage system of sewage disposal. (3) To build tenement houses for certain of the workmen.

*Hospitals other Institutions and Clinical Returns*—There is a Colonial Hospital with 128 beds a dispensary and a venereal centre, an Isolation Hospital for segregating cases of dangerous disease, a Segregation Hospital for ordinary infective disease and situated in the Colonial Hospital grounds, a Mental Hospital and a Public Health Laboratory.

Notifications of infectious disease numbered 290 (1 144) the large figure for last year being made up chiefly by 777 cases of measles notified this year there were only two. Nearly half of the 290, namely 138 were notifications of pneumonia and influenzal pneumonia an epidemic of influenza visited Gibraltar in the early months of the year.

At the Colonial Hospital in-patients numbered 1,284 (1,257) and out-patients 11,883 (11 837). To the Maternity Department 196 patients were admitted and 176 births took place there. This is a record number and accommodation at times proved inadequate. To the Isolation Hospital one case of leprosy a man of over 50 years was admitted from the City Home for the Sick and Aged. Two others have been under treatment for some time one in an advanced stage the other has periods of improvement alternating with "crises" when fresh nodules appear. This patient is becoming worse in spite of intensive treatment with alepol.

Two cases of benign tertian malaria were treated in hospital. There are no mosquito-borne diseases endemic and no anopheles are found in

the Colony but *Aedes aegypti* breeds freely and consequently an anti-mosquito campaign is carried on throughout the year. A scheme for the reorganization of this campaign was put before the City Council but was not adopted.

Fly-control is difficult because stables are numerous near dwelling houses, but are visited weekly by an inspector and disinfected. Rat catching is continued and a certain proportion is sent for bacteriological examination none was found positive for plague during the year.

*Enteric fever* — Only one case of the enteric group of fevers was notified during the year says the report this was a case of paratyphoid B in August, infection having been contracted outside Gibraltar. Last year there were 12 cases 11 typhoid and 1 paratyphoid. It would appear that certain cases escape notification for in the report of the bacteriologist is the statement of the numerous bloods examined 9 agglutinated B typhosus, 5 B paratyphosus A and 16 B paratyphosus B i.e., 30 positive among specimens sent to the laboratory [there is no statement that these reactions were in inoculated persons].

There were no cases of smallpox or undulant fever 66 of chickenpox and 17 of scarlet fever. Of diphtheria 5 (9) cases none (4) fatal all were apparently sporadic. Thirty cases of tuberculosis were treated in the Hospital 19 being respiratory special arrangements are made for patients with pulmonary tuberculosis to be under the control of the Medical Officer of Health.

There was an outbreak of rabies in the summer among dogs and cats. Infection was introduced by a stray dog from Spain one man, a dog and several cats were bitten before it could be captured. Four dogs and four cats were known to have been infected. Arrangements were made for the capture and destruction of all stray and ownerless cats and for the detention under observation of all animals suspected of rabies. Human suspects were advised to cross to the Tangier Pasteur Institute for treatment treatment could thus be started 5 days after the bite.

The Venereal Diseases Clinic at the Colonial Hospital is for both in- and out patients. Free treatment and board are provided for all mercantile seamen and for the poorer local inhabitants who cannot afford to pay.

At the Laboratory 3 764 (4,261) specimens were dealt with this number includes specimens of a public health character received from the Medical Officer of Health pathological material from the Colonial Hospital, the Army the Navy general practitioners and the veterinary surgeon, and analyses of commercial products. Of food and drugs the majority were milk samples for indication of adulteration (see new Bye-Laws mentioned above). Drinking waters are examined bacteriologically each month. The sera of goats living on the Rock are examined 112 rats were examined for signs of plague but all were negative. Of dysentery investigations all the positive proved to be bacillary due to *Bacillus dysenteriae* Flexner no amoebae were seen. Of human sera tested for agglutination against Brucella and members of the enteric group none gave a positive with the first.

Expenditure on the Department was £21 662 (£21 485) or 11 4 (12 5) per cent. of the revenue of the Colony.



1 713 and last year's figure (1 465) was at the time said to be the highest since 1897. The fatality was, however, lower 3.9 per cent., the lowest this century except in 1920-21 when it was down to 3.3 per cent. [Deaths are given in one place as 67 which would give the above rate in another place as 69 or a case mortality rate of 4.0 per cent.] Of 5,979 (7 933) specimens of blood from goats 760 (921) gave agglutination of *Br melitensis* and these animals were destroyed. The percentage of reactors has increased from 11.6 to 12.7. Included in the total of specimens were 1 483 (1 789) from goats for shipment to Gozo among these 10.7 (13.0) per cent. gave agglutination.

# INDIAN OCEAN

## CEYLON (1933)

Ceylon, an island in the Indian Ocean, lying off the southerly extremity of India has an area of 25,332 sq miles exclusive of the Jaffna lagoon, the area of which is 149 sq miles. Colombo on the west coast, is the capital. Its greatest length is 270 miles from north to south, and its greatest width is 140 miles. The total area is rather more than three-fourths that of Ireland.

Detailed account of the many subjects of this report is preceded by a few remarks of a more general character on the health of the population in different Provinces. In the Western Province smallpox broke out at the end of 1932 and continued till August 1933. Malaria declined as it has been doing for the past five years and the same remark applies to dysentery. In Central Province there were no epidemics and malaria has continued to decline but in four areas yaws was sufficiently prevalent to need a special itinerating Medical Officer to deal with it. In Southern Province outbreaks of smallpox occurred during the first four months of the year and there was a small outbreak 11 fatal cases of pneumonic plague at Dondra. Typhoid fever broke out in several villages. Malaria increased especially in the Hambantota district during the early months of 1933. In Northern Province dysentery and malaria were prevalent, the latter especially during the second and third quarters. Smallpox broke out in January 58 cases occurring. In Eastern Province the year was a healthy one with less malaria and dysentery. A leprosy survey resulted in the discovery of 46 new cases mostly children in the earlier stages of the neural type. In Uva Province malaria was but little more than half that of 1932. Finally in Sabaragamuwa Province there was less malaria and dysentery than in any of the preceding four years but enteric fever was fairly prevalent. In the Ratnapura district an extensive outbreak of influenza occurred, but fortunately of a mild type.

*Vital Statistics*—The estimated mid year population of the whole island was 5 415,516 (5 386 106) registered births numbered 209 032 (199,370) or 38.6 (37.0) per mille and registered deaths 114 690 (110 648) or 21.2 (20.5). Infant deaths 32,866 give an infant mortality rate of 157 (162) per thousand live births. This last rate was highest 257 in the North Central Province and lowest 126 in the Province of Sabaragamuwa. Of the total infant deaths 28,290 a rate of 154 per mille occurred in the rural areas and 4 576 in thirty-six principal towns where the rate was 177 the average for the preceding decade being 206.

Maternal deaths for the island numbered 3,882 or 18.6 per thousand births 3 144 a rate of 17.2 occurred in the rural areas and 728 a rate of 28.5 in the thirty-six chief towns. The averages for the preceding decade were 20.1 for the whole island 18.6 for rural areas and 30.9 in the principal towns.

As regards the question of races of the total population 4,844 182 were Ceylonese among them 184,574 births were registered a birth rate of 38.8 deaths numbered 102,935 a rate of 21.5 deaths under 1 year give an infant mortality rate of 154.

Europeans including officials numbered 9,859 (9,783) among them were 123 (139) births, or a rate of 12.5 (14.3) deaths 67 (87) a death rate of 6.8 (9.0) and there were 4 infant deaths, a rate of 33.

Indian immigrant population on estates numbered 609,170 24,336 births were registered, or 39.4 per mille and 11,688 deaths or 18.9 4,397 infants died under a year an I.M.R. of 181.

Causes of death as stated are not altogether reliable for rural areas since they are not usually medically certified, as are the majority in towns. At the head of those in towns stands pneumonia with 2,283 (1,973) deaths pulmonary tuberculosis is second with 1,282 (1,176) nephritis 733 (808) is third and malaria 704 (852) fourth. [It will be seen that the two last were transposed in 1932.] As regards the stated causes of death for the whole population, pyrexia 13,776 (14,514) and infantile convulsions 11,666 (10,867) head the list, pneumonia 6,900 (6,307) and diarrhoea 6,909 (5,978) coming next.

*Maternity and Child Welfare*—At antenatal clinics held at the De Soysa Lying-in Home 3,499 (2,860) mothers attended. Combined antenatal and baby clinics to the number of 3,199 (2,483) were held in 73 (54) centres in various parts of the island. One hundred and twenty (111) trained midwives were provided by Government, 68 at hospitals and 52 at Health Units 80 (64) by Local Authorities and 86 (89) by estates, making a total of 296 (284) midwives employed.

Examination of pupil midwives is controlled by the Ceylon Medical College the training is carried out at the De Soysa Home in Colombo Green Hospital, Manipay and the McLeod Hospital at Intuvil. During the year 95 (86) women received instruction in the first of these.

There are 35 voluntary associations in the island carrying out Child Welfare work and 13 Local Authorities contribute to their upkeep.

*School Health Work*.—To the end of 1932 there were five full-time school medical officers two at Colombo and one each at Jaffna, Kandy and Galle. Reorganization took place during 1933 and the areas assigned to whole-time school medical officers were reduced, schools in Health Unit areas were handed over to the Unit Medical Officers of Health, schools in towns with resident District Medical Officers of Health were dealt with by them and schools within easy reach of hospitals were dealt with by District Medical Officers. Instructions were drawn up for the guidance of officers engaged in school health work to ensure a greater degree of uniformity as regards medical inspection of the children, correction of defects, sanitation of schools, health education and control of communicable diseases.

There are 8,148 schools (not including special types and unregistered schools) with a school population of about 600,000. Schools assigned for health work numbered 990 with a total population of 186,831 59,446 were in boys' schools, 37,682 in girls' schools and 89,683 in mixed schools. Children in 529 of the 990 schools have been examined, a total of 60,791 and more than half of these namely 31,605 or 52.5 per cent. were found to have defects of some kind dental in 10,883 or 24 per cent. were the chief and next in order came hookworm infestation 9,619 or 22 per cent., enlarged tonsils 637 or 12.2 per cent. 4,377 or 10 per cent. were undernourished and 3,852 or 9 per cent. showed pediculosis. The hookworm infestation figure is probably an understatement as the diagnosis was made on the degree of anaemia observed and not after microscopical examination.

Twenty nine training classes for teachers were held and 1191 teachers trained. The following health routine education procedures are being introduced into schools —

" Daily morning inspection for—

- (a) cleanliness
- (b) early signs of infectious disease
- (c) stressing some particular health habit scoring of the health habit training booklet and maintenance of class room charts

" Use of the handkerchief.

" Use of the individual drinking cup when storage of water is in covered cisterns.

Provision of a midday meal for which purpose individual drinking cups are useful.

Weighing of children each term and measuring them once in six months

" Maintenance of a class room chart showing age height average weight for age and height and actual weight of each child

" Provision of a first aid cabinet

Maintenance of a health log book.

Pupil participation in the maintenance of sanitary facilities and general sanitation of school and surroundings through school organizations called health boards health councils &c

Direct teaching

" Teaching of health by correlation

" Field visits.

" Instruction and demonstration in mother craft and home nursing

" Organized and supervised play

*General Hygiene and Sanitation*—Owing to the continued need for retrenchment several vacancies in the grade of Sanitary Inspector were left unfilled larger areas were assigned to certain rural Sanitary Inspectors and their work restricted to control of infectious diseases and supervision of sanitation in the more important villages.

*Severage*—Thirteen public latrines were built by Sanitary Boards and Village Committees. In Sanitary Board towns nearly all latrines are of the dry-earth type Bored-hole latrines to the number of 129 have been installed in rural areas and are functioning satisfactorily Night-soil is disposed of by trenching the grounds being inspected regularly and maintained in good order Refuse is disposed of by dumping by burial in trenches or by incineration.

Investigations have been made during the year into existing and proposed water supplies and 119 more public wells were built (see also below) As regards food in Sanitary Board towns all food-handling trades bakeries eating houses dairies, vegetable fish and meat stalls are licensed annually on recommendation of the Medical Officer of Health and all trade premises are visited at least twice a month There is no control of the sale of milk in rural areas. The draft of a Milk and Dairies Ordinance to prevent adulteration of milk was considered by the Executive Committee of Health but had not yet passed the Attorney General. Also a draft of a Suburban Dairies and Aerated Water Factories Ordinance to provide for the licensing and control of bakeries [sic] and aerated water factories outside the limits of Local Authorities was under consideration. All cattle for food are inspected prior to slaughter and only slaughter houses provided by the Local Authorities may be used. The storage of rice is controlled by specific regulations in all towns as a preventive against plague.

The question of introducing a Pure Food and Drugs Ordinance has been deferred.

**Housing**—No erection of new buildings nor alteration of existing buildings can be effected in Sanitary Board or Urban District Council areas until permission has been obtained from the Local Authority after reference to the Medical Officer of Health.

**Sanitary Engineering**—Owing to the continued need for retrenchment all major schemes of antimalaria drainage at the campaign centres had to be held over. A number of water supply investigations were taken in hand during the year. Surveys were carried out and plans prepared for gravity supplies for Ragalla and Ampitiya a scheme for augmentation of the supply for Nuwara Eliya was completed and plans and estimates prepared. These plans provide for construction of a reservoir of 2,000,000 gallons capacity on the Bambarakelle stream and for the raising of the level of the intake at Waterfield. It is designed to meet the town's requirements for many years. Various water-supplies to hospitals and other institutions were reported upon and plans prepared for their improvement.

Experiments were conducted at the Nawala Market Gardens on the treatment of town refuse and night soil by the compost method as a substitute for the trenching system in the Urban District and Sanitary Board areas. The aim in view is to treat the refuse by a fermentation process so that the product may be broken down into a state of humus to be used for agricultural purposes. So far the experiments have shown that a product of good manurial value is obtainable with a minimum of labour and equipment and, moreover free from offensive features.

**Health Units**—The same eight Health Units were in operation as in 1932, but to the personnel have been added a supervising Sanitary Inspector three more Public Health nurses (making now 19) and 22 midwives (bringing the total to 70). A training class for Public Health nurses was started in October.

The population of the Health Unit areas totalled 494,241 (522,750) among these there were 17,959 (14,518) births or a rate of 36.3 (27.7) deaths numbered 9,142 (6,670) a rate of 18.5 (12.6). Infant deaths, 2,348 (1,968) gave an I.M.R. of 130.7 (135.4) and maternal deaths 288 (251) a M.M.R. of 16.0 (17.3) per thousand births.

Child Welfare centres in Unit areas were increased from 34 to 44 (936) and the number of clinics from 1,595 to 1,855. Visits paid by 1,473 expectant mothers numbered 2,983 (2,223). 1,992 (1,330) infants paid 14,142 (11,598) visits and 1,828 (1,294) children of pre-school age paid 10,023 (9,558) visits.

The trained midwives 70 (48) in number visited 12,910 (9,871) expectant mothers and attended the deliveries of 6,623 (5,587) Examination of 8,795 (3,635) school children revealed that more than three fourths, 6,659 had some defect.

The Kalutara totamune health unit is utilized for the training of health personnel. During the year 6 local Medical Officers of Health, 4 Medical Officers 4 Public Health Nurses and 3 Health Officers received training.

**Measures directed to spread knowledge of Hygiene**—With the co-operation of the Department of Education steps were taken to introduce a complete program of practical health work into the vernacular

schools. Also a new scheme was adopted for co-operation of Medical Officers of Health with school staffs for medical inspection of all student teachers twice during their period of training the assignment of three pupils of the practising school to each student teacher for health training and the building up of a health record book.

*Health News* has completed its third year of existence and maintains its position as an educational journal. Weekly health articles are given a prominent place in the Sinhalese and Tamil newspapers and radio talks are given in English Sinhalese and Tamil. Medical Officers of Health gave lectures illustrated with lantern slides or cinema films as part of their routine duties in all 171 such lectures were delivered. Health Exhibitions were held in ten localities and posters were put up in prominent places on Maternity and Child Welfare on Nutrition and Infant Nursing on Mouth Hygiene Health Habits etc.

*Port Health Work*—There is a Health Service at each of the ports and there are two Quarantine Camps one at Mandapam and one at Tataparai in Southern India to guard against introduction of dangerous infective disease. The chief sources of danger are the grain traffic from Rangoon and other Burmese ports in respect of plague and the passenger and immigrant labour traffic from Southern India in respect of cholera and smallpox.

There was a further reduction in the number of those passing through Mandapam Camp owing to the continued trade depression. Estate labourers numbered 32,898 (50,869) and passengers 42,468 (45,972) or 75,366 (96,841) altogether passing through. All estate labourers remain for five days during which they are disinfected, carefully inspected vaccinated against smallpox and treated for ankylostomiasis. Out of 33,498 labourers examined [but above it is stated that only 32,898 passed through] 31,459 were treated. The camp has its own water supply which is carefully protected and frequently examined.

Through Tataparai Quarantine Camp 45,885 (46,923) passengers passed, proceeding from India via Tuticorin to Colombo. Most of them were petty traders garden boys and rickshaw pullers and the majority 35,137 came from Tinnevely district where cholera was prevailing during the greater part of the year.

*Hospitals Dispensaries Clinical Returns*—Hospitals in Ceylon are many among special hospitals may be mentioned the Lying in Home (99 beds) the Eye Hospital (56 beds) the Women's Hospital (45) the Children's Hospital (82) the Female Venereal Diseases Hospital (28) the Police Hospital (32) the Tuberculosis Hospital (349) Tuberculosis Sanatorium (72) and the Infectious Diseases Hospital (168) all in and around Colombo. In addition there is the Colombo General Hospital (939 beds) and outside the City 89 Government Hospitals with a total of 6,506 beds a Tuberculosis Sanatorium with 44 beds and the Prison Hospitals Lunatic Asylum and two Leper Asylums.

Government maintained 626 dispensaries and visiting stations and certain special institutions for treating out patients viz King Edward VII Memorial Anti-Tuberculosis Institute, the Grenier Ear Nose and Throat Clinic the Dental Institute and five ophthalmic clinics at hospitals outside Colombo.

At the end of the year there were 65 Government hospitals scheduled to Estates (the Lindula hospital had to be closed during the year on

grounds of economy) and 107 Government dispensaries. Eighty-four (87) estates maintained their own private hospitals and there were 723 (720) estate dispensaries.

In-patients treated at Government Hospitals totalled 207,028 (207,900) and those attending Government Dispensaries and out-patient departments 3 785,231 (3,965,209). Among the latter the chief diseases were malaria 1 199,075 influenza 192,413 venereal diseases 27 496 (of which 20 676 were for gonococcal infections) dysentery 22,614 yaws 18,638 and tuberculosis 2,132 (of which 1 709 were cases of pulmonary disease). Helminthic infestations totalled 628 470 ankylostomiasis accounting for 271,564 and other forms together 356,906.

A few remarks may be made concerning certain of the hospitals and institutions individually. At the General Hospital, Colombo, in-patients numbered 21,237 (20,343) and out patients 40 752 (34 445). In the pathological department, 34,596 (31 181) specimens were dealt with. At the Infectious Diseases Hospital (Angoda) Colombo 2,573 (2,203) patients were admitted the chief diseases treated were chickenpox 778 dysentery 361 measles 334 enteric fever 278, and smallpox 270. Sixty-seven plague contacts and 1,352 smallpox contacts were kept under observation none of the former contracted the disease but 45 of the latter.

At the Dental Institute 19,899 (16,931) new patients were treated and at the Ear Nose and Throat Clinic 6,591 new patients. At the De Soysa Lying-in Home 6,478 (5,658) patients received treatment five births numbered 4 040 (3,526) and there were 191 maternal deaths, a maternal mortality rate of 47.3. A start was made to provide an externe midwifery service in the environs of the Home with a view to limiting the number of admissions and lessening overcrowding in the wards. Admissions to the Lady Havelock Hospital for Women and Lady Ridgeway Hospital for Children numbered 3,875 (3,157) and the total treated 4 006 (3,278). In the training school for nurses were 49 pupils, 20 being in their first year. At the Female V.D. Hospital 349 (386) received in-patient treatment. This hospital has an out-patient department where general diseases such as malaria, influenza, and ankylostomiasis among women and children are treated. These totalled 28,887.

Out-patients at the Victoria Memorial Eye Hospital numbered 22,605 (25 097). 1,835 (1,842) received in-patient treatment.

Kandy and Galle are the largest of the out-station hospitals. At the former (276 beds) is a nurses training school and 78 pupils were under instruction during the year. Admissions totalled 8,647 (7,996) eye diseases accounted for 892, malaria for 658, hookworm for 622. There were 130 admissions for enteric fever 29 of these patients died, a fatality rate of 22.3 per cent. Galle Hospital has accommodation for 279 patients. In-patients totalled 8,743 malaria cases headed the list, 508, hookworm coming next 485 and enteric fever third, 217 of whom 47 or 21.6 per cent. died.

Passing on to consider individual diseases, we find that many cases of communicable disease escape notification. Thus, 2,638 cases of enteric fever were notified whereas hospital returns alone show 2,746 dysentery notifications were 2,559 but hospital cases numbered 5,299.

pulmonary tuberculosis patients treated in hospitals numbered 4,229 whereas notifications are given as 1 972.

*Malaria*—Hospital cases numbered 23 101 (32,696) and the infecting parasite was determined in 20 624 20 017 or 97.1 per cent. were benign tertian 360 or 1.7 per cent. were quartan and only 247 or 1.2 per cent. subtertian. There were no cases of blackwater fever. *Malaria* is stated to be the most prevalent disease in Ceylon. Apart from the number mentioned above as treated in hospital there were 1 199 075 (1,506 194) treated at dispensaries and out patient departments. There were 379 (640) deaths from acute malaria, mostly the cerebral form and 105 (158) from malarial cachexia. Many patients in villages remote from hospitals and dispensaries were attended by itinerating officers of the yaws campaign.

The antimalaria measures employed were the same as in 1932, with the addition of control at Minneriya. This is the eleventh year of the Antimalaria Campaign in Anuradhapura and the incidence there continues to decrease as judged by lower spleen rates and fewer cases of malaria. Species control was introduced in the latter part of the year when oiling of some of the permanent breeding-places was discontinued, but careful observation was kept for the breeding of *A. culicifacies* and *A. listoni*. Also several borrow pits created by the Urban District Council along Arippe Road were filled. Main tenance work was kept up—drainage oiling fish-control, propaganda.

In Kurunegala indiscriminate digging of borrow pits and opening up of trenches in several parts of the town are a serious set-back to antimalarial work.

The Minneriya Colonization Scheme must be referred to in more detail. This is a major scheme to settle agriculturists from Kandy and Kurunegala on some 2,500 acres of jungle land at Minneriya in the dry zone. It was formally opened during the year and a large number of selected colonists arrived on 30th April, 1933. The land lends itself to permanent measures for prevention of mosquito-breeding there being no swamps and good gradients from the main irrigation channel to the stream.

The temporary control measures adopted were (1) Provision of hospital and dispensary facilities for prompt treatment of cases (2) Attempts at drug prophylaxis some receiving quinine others quomoplasmoquine (3) Destruction of larvae by oiling with "Shell" antimalarial mixture. Entomological investigation revealed large numbers of *A. culicifacies* breeding places when the channels now under construction are brought into use for irrigation control will be a more difficult problem. A considerable amount of ground water was present and rain pools were numerous. Investigation showed that several species of Anopheles, especially *A. varuna* *A. culicifacies*, *A. subpictus* and *A. hyrcanus* were breeding extensively.

From May 1933 to February 1934 45 of the colonists were treated for malaria in hospital and 174 at the Camp dispensary. All those whose blood was examined were infected with the benign tertian parasite. Collections of mosquitoes from the colonists' camps tents lines etc. were made evening and morning from September to December inclusive. *A. culicifacies* and *A. fuliginosus* (the latter caught chiefly at night) were obtained most commonly the former



only was found infected with malaria. Dr BRIERCLIFFE sums up the position as follows —

"The value of the drug prophylaxis undertaken remains in doubt. The antilarval control round the camp was of little value since very few of the colonists remained in the camp once the malaria season set in. The hospital and dispensary facilities which allowed of immediate treatment were probably the most useful measure but they were not availed of or appreciated to their full extent by the colonists."

The Medical Entomologist reports that the work carried out by him and his staff was of a nature similar to that of 1932. A considerable amount of time was given to the collection and preparation of specimens for exhibition and teaching purposes. In connexion with malaria campaigns there have been mosquito surveys, systematized checking of field operations determining the efficiency of treatment of *Anopheles* breeding-places examination of potential breeding sites for larvae and control of wells by the use of the larvivorous *Labeus reticulatus*.

At Chilaw an investigation was taken in hand to ascertain whether *A. culicifacies*—the chief malaria-carrying mosquito of the district—had invaded the protected zone. At Badulla the work of the previous year was continued. Complete control has been obtained over the breeding of *A. culicifacies* in pools associated with the river and in borrow pits no *Anopheles* larvae being found at any time during the year.

Hospital cases of enteric fever numbered 2,745 (2,791) of which 606 (595) proved fatal, while deaths from this group of infections numbered for the whole island, 794 (783). In the tabulated hospital returns 2,746 cases are mentioned of these 228 were not defined, 2,482 or 89.7 per cent. were *Bact. typhosum* infections, 52 *Bact. paratyphosum A* and 4 *Bact. paratyphosum B*. Many cases escape notification. There were 13,776 (14,514) deaths ascribed to "pyrexia" and among these doubtless are cases of enteric fever. Hospital cases of dysentery totalled 5,299 (5,596) and deaths 663 (638). Of the total 1,085 were not defined 2,905 or 54.7 per cent. of the remaining 4,214 were diagnosed on clinical grounds as amoebic and 1,909 or 45.3 per cent. as bacillary but among the few submitted to laboratory investigation the bacillary form greatly predominated, 590 to 3. Deaths from dysentery registered for the whole island numbered 1,896 (2,178). More than half the cases were from the Western Province. Out patients treated for dysentery totalled 22,614 (26,216) the Northern Province contributed 4,585 (5,264) the Central Province 2,958 (3,046) the Eastern 2,889 (4,066) and the Western 2,863 (3,556).

Since 1928 there has been a marked reduction in fatal cases of dysentery from 4,256 in 1929 to 1,896 in 1933 and whereas half the total deaths from this group of diseases in 1928 were among Indian immigrant labourers, in 1933 only 17.5 per cent. occurred among these the improvement is due in large part to provision of protected supplies of good water and proper removal of sewage.

There were again this year no cases of cholera recorded. Notifications of plague numbered 57 (77) of which 52 (69) were fatal, a fatality rate of 91.2 (89.6) per cent. Of the 57 there were 15 of the pneumonic form 30 bubonic, 12 septicaemic 23 occurred in Colombo City and

11 each in Nawalapitaya (Central Province) and Dondra (Southern Province) In the last named and in Bandarawela (Province of Uva) where 4 cases occurred, all were of the pneumonic type Of 32 hospital cases, 2 were not defined 24 were bubonic, 4 pneumonic and 2 septicaemic 22 died, 17 of the bubonic 2 each of the pneumonic and septicaemic and 1 of the undefined

The anti rat campaign was continued at Anuradhapura and the fleas collected were forwarded to Colombo for identification 515 rats were trapped in 262 premises and 2,328 fleas were obtained from them—a general flea index of 4.5 Of these 1,203 were *A. asia* and 1,123 *A. cheopis* or 51.7 and 48.3 per cent. respectively

In Badulla 489 rats were trapped in 195 premises and 1,116 fleas obtained—an index of 2.2 196 were *A. asia* and 912 *A. cheopis* or 17.6 and 82.4 per cent. respectively a marked contrast with the findings in Anuradhapura.

Smallpox notifications in the latter part of 1932 numbered 106 and during 1933 there were a further 337 these are mentioned together because they are parts of the same outbreak which started in November 1932 and continued till August 1933 there were 78 deaths in the whole outbreak, a 17.6 per cent fatality Of the whole 223 or just over half, occurred in Colombo City and among these 44 died. During the 1933 part of the outbreak 152 of the 337 cases were in Colombo The first patient to be discovered arrived from India on 17th November 1932, developed the disease on the 22nd and was notified on the 30th. Some days later other cases were seen in Colombo but no connexion was traced between these and the first patient Vagrants and others conveyed the infection to other parts of the city

Outside Colombo cases occurred in 26 centres of the Western Province 21 in the Northern (20 of these were in the Jaffna Peninsula) and in 4 in the Southern conveyed by traders from Colombo Concomitant and lack of notification accounted for the large number in Colombo City Prompt vaccination on a large scale was performed 459 persons were vaccinated in 1933 149,206 of them in Colombo City where another 112,064 had been vaccinated in the previous year These figures do not include vaccinations carried out as precautionary measure in the chief towns of the island. A regulation was passed in March to provide for compulsory vaccination in areas affected with smallpox.

Seven thousand four hundred and thirty nine (6,902) cases of chickenpox were reported to the Sanitary Branch The incidence showed two peaks in January and March. The average number reported each month was 620 the minimum being 403 in Feb. and the maximum 1,086 in January Hospital cases of dysentery numbered 60 (36) and deaths 21 (14) altogether there were 21 (22) deaths from this disease in the island. Seventy two (61) cases were notified to the Sanitary Branch 66 of these occurred in the Western Province. All were of the faucial variety Measles showed a large increase 9,101 (3,700) cases being reported to the Sanitary Branch 39 per cent were in the Western Province. Mumps or mumps fever 330 (221) of which 41.9 per cent were in the Western and 32.4 per cent in the Central Province. There were 374 (461) cases of whooping cough a little more than one-third occurred in the Western Province.

*Influenza*.—192,413 (142,556) patients were treated at dispensaries, and hospital cases numbered 6,762 (5,059) total deaths from this cause in the island were 1,902 (1,642)

Twelve hundred and twenty-seven (1,216) cases of *leprosy* 76 (66) fatal, were treated at Government Hospitals and the two asylums. A survey of known cases was carried out and the number proved to be 1,499 a further survey of the Eastern Province between February and August revealed 46 more. A survey of Colombo City was started in August

At the Hendala Leper Asylum 826 patients were treated during the year 102 were discharged and 57 died, leaving 867 on December 31st. Seventy per cent were Ceylonese and 30 per cent. Indian immigrants. For treatment of patients Hydrocarpus oil with 4 per cent. double distilled creosote E.C.C.O. solganol B and trichloroacetic acid were used. Of 518 treated with the first, 83 showed marked improvement and 183 slight improvement 252 showed none. E.C.C.O. was used in 12 selected cases but the results were no better than those with hydrocarpus oil. Solganol was given intramuscularly to three patients in a course of 12 injections. Results were very good the eye complications cleared up and the general condition improved. There is a school in connexion with the asylum, with a roll of 80, but the average attendance is 80. English is taught up to the fifth standard, Tamil to the fourth and Sinhalese to the sixth.

At the Mantivu Asylum male patients are housed, some in two-roomed cottages each with its own kitchen others in hospital wards female patients all live in wards under hospital conditions. The accommodation is for 176 but the daily average was 193. There were 202 remaining at the end of 1932 and 189 at the end of 1933. During the year 9 of the patients and staff were attacked by malaria previously there had been larger outbreaks. The reduced incidence is due to drainage and improvement of the land.

*Pulmonary Tuberculosis*.—Hospital cases numbered 4,229 (4,508) deaths totalled 3,118 (2,808). All forms of tuberculosis, according to the tabulated hospital returns, totalled 4,747 so that 89 per cent. of all tuberculosis is of the pulmonary type. Another 1,709 were treated at outdoor dispensaries. There are four special institutions maintained for dealing with this disease three for early cases, namely the Anti-Tuberculosis Institute Colombo the Kandana Sanatorium, Western Province and Kankasantural Sanatorium Northern Province, and one the Ragama Tuberculosis Hospital, Western Province, for more advanced cases. At the first of these, out-patient work only is done those needing in-patient treatment are sent to Kandana and Ragama 2,645 received out-patient treatment, but nearly half were not tuberculous. Such patients are given treatment in order to popularize the Institute. Nurses visit the patients' houses and arrange for contacts to attend for medical examination. The Ragama Hospital is 12 miles from Colombo it has 349 beds for more advanced cases 978 were treated during the year. Symptomatic treatment makes up a large part of the work about 20 per cent. are fit for outdoor exercises. Talks are given regularly on methods of avoiding acquiring or spreading tuberculosis, of protecting children from infection and on the mode of living to be adopted on returning home from the hospital.

There are Tuberculosis Wards in the General Hospital Colombo which, in this respect is a sort of overflow depository from the Ragama Hospital these wards are crowded with patients in an advanced stage of the disease. During the year 1 098 were treated and 361 died. At the Kandana Sanatorium which has accommodation for 72 patients 203 were treated and at Kankasantural Sanatorium (44 beds) 69 were treated. Fifty three were discharged and 40 were found able to pursue their ordinary vocations about half of these were Government employees.

*Veneral Diseases*—In the tabulated hospital returns 6 645 patients were treated for these 2,268 for syphilis 4 191 for gonorrhoea 161 for soft chancre and 24 for granuloma venereum. At the clinic at the General Hospital 1 596 (1 877) were treated and at the Female Branch Hospital Clinic 1 179 (690). Clinics here are held twice weekly a few cases of yaws and other diseases are treated. Actual venereal patients numbered 1 043 (680) an increase of more than 50 per cent.

of this total 349 (223) were for syphilis and 649 (457) for gonorrhoea. At the Kandy Dispensary a V.D. clinic was also held twice weekly and 434 patients were treated 142 for syphilis and 272 for gonorrhoea. In addition to the above 27 496 (21 823) were treated at dispensaries and the out patient departments of hospitals.

For yaws 1 043 (1 352) received hospital treatment and 18,368 (23,208) were treated at dispensaries. There has been a marked decrease in the past five years and the itinerating Medical Officers were reduced to two (there were 13 in 1930).

*Edemthiasis*—During the year 271,584 (303 769) cases of hook worm infestation were treated at dispensaries and 13 674 (12,421) were admitted to hospitals 1 877 (1,955) deaths were registered in the island as due to this. The work of the Ankylostomiasis Campaign proceeded satisfactorily on the same lines as in previous years. First attendances totalled 3 882 693 (4 022,010) and another 43 689 (36 241) were treated by Medical Officers of the Department not connected with the Campaign staff.

In schools in villages and on estates Campaign dispensers gave 300,047 (237,294) treatments 1 466 (1 199) schools 1,222 (1 004) villages and 514 (399) estates were visited. The census of those on estates gave 148 078 (107 601) the number treated being 117,988 (86 607).

The eight Health Units treated 36 621 (26,826) Arrivals at Mandapam Camp numbered 33 496 (51 428) and of these 31 456 (49,276) or 83.9 (95.8) per cent. were treated. The Estate Medical Staffs gave 116,960 (156 179) first treatments and 138,916 (186 216) total treatments among a population of 375 659 (404,856). A boy of 10 years who was heavily infested with round worms [*ascaris*] died after combined treatment with oil of chenopodium and carbon tetrachloride—the only fatality ascribed to the treatment. Of 27 851 examined among the general population only 4.6 per cent. were found to be free of infection. After trial, it has been decided to replace carbon tetrachloride by tetrachlorethylene.

Twenty five patients were admitted to hospital for *filariasis* and 337 received out-patient treatment.

The health of prison inmates was good on the whole at two prisons only Kandy and Wellikada, were there outbreaks of disease. At the

former 101 cases of dysentery 177 of acute catarrhal conjunctivitis, 16 of measles and 11 of chickenpox at the latter 808 cases of dysentery and 263 of chickenpox.

The Government Lunatic Asylum at Angoda, built to accommodate 1,830 patients, has harboured over 2,000 for the past six years and in 1933 the daily average was 2,524 there is, clearly serious over crowding, hence it is not surprising to read that the death rates from diseases such as tuberculosis and dysentery are high. Of 443 deaths 99 were due to pulmonary tuberculosis and 203 to dysentery. An outbreak of the latter arose in the early part of the year 785 persons contracted the infection and 203 died. Experiments to test the efficacy of bacteriophage as prophylactic and therapeutic were made [but the result is not stated, nor any conclusions drawn as to its value].

*Laboratory*—At the Bacteriological Institute 20 827 specimens were dealt with, as shown in a table. These were all in connexion with routine clinical pathology and need not be further detailed. Mention may be made however of an investigation of specimens of faeces received for determination of evidence of dysentery from the General Hospital (197 specimens) Mahara Jail, Ragama (431) the Lunatic Asylum Angoda (864) and the Prison Hospital (866). Of the total 2,358 specimens 144 or 6.1 per cent. revealed *E. histolytica* and 472 or 20.0 per cent. *Bact. dysenteriae* [type not stated].

At nine out-station laboratories a total of 101 486 specimens were dealt with at Kurumegala 24 427 at Mandapam Camp 21,348 and at Galle 13 104. Mr MICHAEL continued his investigations into cholera and other vibrio carriers passing through Mandapam Camp. Of 20 776 samples collected from more than 30 000 persons 29 proved to be carrying agglutinable *V. cholerae* more than half were mixed samples from several persons, and from these of course, little if any information of value could be gained. The work done by Mr MICHAEL on this subject during the past three years is to be collated for publication.

Investigation was started in August into the signs of *food deficiency* occurring among prisoners, patients in asylums and hospitals and in school children throughout the island. By the end of the year nearly 10,000 persons had been examined. The signs of vitamin deficiencies so far discovered are —

(1) A skin eruption caused by blocking and enlargement of the sebaceous glands, named *phrynodermia*. It is due to vitamin A deficiency.

" (2) Sore Mouth, affecting principally the tongue, takes the form of superficial erosion probably two factors are concerned one is deficiency of vitamin A, and the other is deficiency of a thermo-labile member of the vitamin B complex.

" (3) Eye symptoms and signs night blindness, xerophthalmia, keratomalacia and its sequelae.

" (4) Nerve signs burning feet and hands followed by a slightly spastic paresis were at first thought to be due to neuritis but evidence is accumulating to show that they are due to degeneration of the posterior columns of the cord due to vitamin A deficiency and perhaps a thermo-labile, vitamin B complex deficiency.

" (5) Hypoplastic teeth this affects principally the non-permanent teeth, and is present in 20 to 30 per cent. of all young children in the vernacular schools. This secondarily affects the permanent teeth and

the contracted jaws and irregular protruding teeth so common among the poorer classes follows the hypoplastic non permanent teeth

"(8) Lack of resistance to dysentery is due to vitamin A deficiency affecting the epithelium of the alimentary tract.

"There are indications that there are other signs of vitamin deficiency prevalent in Ceylon.

"Investigations will continue and reports will be published in due course—one has already appeared in the *Indian Medical Gazette* of December 1933

The investigations carried out by the Medical Entomologist in connexion with malaria mosquito surveys and rat fleas have already been mentioned. Another research into the fly nuisance at Nuwara Eliya was begun in December 1932 and continued to November 1933. It was shown that house flies breed continuously at Nuwara Eliya chiefly in the heaps of cattle manure which are stored throughout the town for use on the market gardens and relief will only be obtained when the storage and use of this material is regulated and controlled. The investigation included the distribution and relative prevalence of the various species of house frequenting flies their periodicity and breeding habits, experiments in methods of storing cattle manure and a survey of the town for breeding places of a permanent or semi permanent nature. A detailed account of the investigation is being prepared.

*Medical Education*—Reorganization of the Ceylon Medical College was continued with a view to complying with the recommendations of the General Medical Council. A detailed scheme was drawn up by the College Council.

During the year 55 candidates presented themselves for the Pre-medical Examination and 15 passed. 58 for the First Professional (31 passed) 84 for the Second Professional (48 passed) and 44 for the Final (19 passed). Forty-two candidates entered for the First Apothecaries Examination and 30 for the Second. 27 passed the former and 25 the latter. Thirty-eight sat for Class I Midwives examination 34 passed, and 84 for Class II 72 passed.

Dr BRIERCLIFFE concludes his report with a section of General Remarks which provide interesting and instructive reading. Unfortunately space will not allow of its being reproduced here *in extenso* and it is difficult to abstract satisfactorily. Attention may however be drawn to the following extracts —

"Apart from smallpox and plague there were no serious outbreaks of infectious disease though the typhoid rate still remained comparatively high. Owing to favourable climatic conditions malaria was less prevalent than in any of the past ten years with the possible exception of 1927.

"Smallpox, introduced from India in November 1932 was epidemic in Colombo from the middle of December 1932 to the beginning of March 1933. From Colombo it spread to various parts of the Island the last case occurring in August. Thanks to the vigorous measures of hospital isolation of cases segregation of contacts and mass vaccination of the public and to the co-operation of local authorities and the general population, the total number of cases was limited to 443 but the cost of the outbreak to Government and local bodies was considerable. The outbreak showed that some tightening up of the quarantine surveillance of passengers after they arrive from India was necessary if similar outbreaks are to be avoided in the future. The great bulk of the population of Ceylon has been vaccinated in infancy and the value of vaccination was again

demonstrated by the fact that the death rate among vaccinated persons who contracted the disease was only 6.7 per cent. while among unvaccinated cases it was 53.3 per cent.

"The significant fact with regard to plague during 1933 was that most of the cases occurred outside Colombo. In every instance however, the infection originated in Colombo. In other words, if there had been no plague in Colombo there would have been none in Ceylon. One of the most dangerous centres in Colombo for the dissemination of plague to the interior is the Government granaries where rat plague continues to exist. Proposals for keeping these granaries rat free by a combination of minor structural alterations and periodic cyanide fumigation were made after extended experimental work and can be carried out at moderate cost.

At the end of the year a grant of Rs.6 000 was kindly given by the International Health Division of the Rockefeller Foundation to enable an epidemiological investigation of typhoid fever to be made in the area of the Kalutara Health Unit. This investigation has since been started.

"The leprosy survey of Ceylon, for which two officers had been trained and preparations made in 1932, started in the Eastern Province.

The two Survey Officers are doing much more than merely finding new cases. In each area that they survey they train the Department's Medical Officers, Apothecaries, and Sanitary Inspectors to recognize and deal with early cases of the disease; they arrange for the isolation in one of the two leper asylums of infective cases and they leave behind a local organization for the care and treatment of non-infective cases, for the follow-up of old arrested cases and for the periodic examination of contacts. Since completing the survey of the Eastern Province where 46 new cases were discovered, the two officers have made a survey of Colombo and found there 230 new cases.

"Another important investigation started during the year has been the inquiry by the Director, Bacteriological Institute, into the signs of dietary deficiencies in school children.

"The Indian population on estates decreased from 741,239 in December, 1929 to 609 170 in December 1933 as the result of the depression, but during this period, in spite of lower wages and unsettled conditions of work, the health of the estate population has steadily improved. In 1933, the death rate was 2.3 lower than that of the general population, the birth rate of 39.4 was much above the average of the past few years and the infant death rate of 181 is the lowest yet recorded. In September, 1933 however with improving trade conditions, the recruitment of labour from India began to revive and recently the rate of immigration has been almost 5 000 a week. With this large influx of new labour health conditions on estates are likely to be adversely affected and higher sickness and death rates are to be anticipated for the next few years.

"The maternal mortality rate falls very slowly. In 1933, there were 18.6 maternal deaths for every 1 000 live births, as compared with an average of 20.1 for the preceding ten years. The rate in towns (23.5) is much greater than in rural areas (17.2) and contrasts very unfavourably with the English maternal death rate of 4.3 which is considered unduly high. How far the Ceylon rates can be accepted as accurate is a matter for doubt.

"The infant death rate on the other hand appears to be declining more rapidly and steadily and the improvement must be attributed in some measure to the gradual dissemination of knowledge about infant care and hygiene from the numerous Health Centres and Child Welfare Clinics now established in Ceylon.

During the past four years the number of Public Health Nurses in the Health Units has increased from 6 to 19 the Colombo Municipality now possesses 21 Health Nurses and several of the older Urban District Councils have recently begun to

employ their own Health Nurses all of whom have received a thorough training in the Kalutara Health Unit.

"The first stage of the extension of the De Soysa Lying in Home Colombo has been started and will provide facilities for training one hundred midwives a year. A beginning was also made at the Lying in Home to develop a district maternity service in association with the Municipal Midwifery Service.

"Definite improvements have continued to take place in teaching arrangements and facilities at the Ceylon Medical College and the hospitals associated with it. The reports and correspondence on the College since Sir Richard Needham's visit of inspection in March 1932 have been published by Government as a Sessional Paper VI—1934. The important influence which a good standard of training not only for doctors but for apothecaries, nurses sanitary inspectors and midwives will have on the quality of the work and services to be rendered by the Medical Department in the future cannot be too strongly emphasized. The training given to medical students has undoubtedly improved recently and is likely to improve still further as additional staff and buildings are provided.

Expenditure on the Department totalled Rs.9 275 559 (Rs.9 805 541) or 87 per cent. of the revenue of the island. This amount does not include the cost of new buildings, nor of additions to improvement and maintenance of existing buildings.

### MAURITIUS (1933)

Mauritius an island in the Indian Ocean, is distant 500 miles from Madagascar 934 from Seychelles 1,300 from Natal, and 2,300 from the Cape of Good Hope. It has an extreme length of 39 miles, north to south, and 29 miles extreme breadth east to west. Its area is about 720 sq miles equal to that of Surrey.

*Vital Statistics*—The population on 1st January is stated to have been 388,400 (391 044) the density 3,383.9 per sq mile was greatest in Port Louis at Plaines Wilhems it was 1 239 and the lowest 134.7 at Black River the mean being 539.4 (543.1).

Births totalled 13 479 (10 266) 4 570 (4 022) among the general and 8,909 (6,244) among the Indian population. The birth rate thus was 34.7 (28.2) per mille the mean for the quinquennium being 31.3 (31.9). Deaths numbered 10 615 (12,848) 3 102 (3 636) in the general and 7,513 (9,212) in the Indian population. The death rate for the Colony was, therefore 27.3 (32.8) the quinquennial average being 33.0 (32.2). The chief causes of death were malaria 2,464 (3 032) lobar pneumonia 1,293 (1 429) dysentery 499 (791) and tuberculosis 431 (421).

Infant mortality 1 773 (1 632) gives an I.M.R. of 131.5 (158.9) per thousand live births. Stillbirths numbered 1,245 (995) or 92.3 (96.9) per thousand live births. The maternal mortality rate is given as 9.9 (9.6).

The Societies concerned in *Maternity and Child Welfare* namely the Mauritius Child Welfare Society and the Oeuvre Pasteur de la Goutte de Lait were dealt with in the last report (see this *Bulletin* 1934 Supp. p. 116\*). The direct activities of the Government have been limited to the training of midwives and the provision of a trained midwife to each of the rural hospitals. They visit expectant and nursing



mothers and give advice and help. Few are of the Indian race, for few Indian women are sufficiently educated to undergo training—the Indian women will not employ midwives who are not of their own race, hence the difficulty of attaining much success among these people is obvious. The visiting midwives paid 2,881 visits and conducted 465 confinements.

During the year 11 candidates were selected for training as midwives and 9 obtained certificates. Midwives in Mauritius are of two classes—the first, women of good general education—the second, illiterate or uneducated but respectable and capable.

The Medical Officer of Health, Port Louis, furnishes separate statistics for the town. It has an area of 16 sq. miles and a population at the beginning of the year of 54,143 (54,290) and at the end 54,459. Births numbered 2,019 (1,586) or 37.2 (29.2) per mille—stillbirths 190 (137). Deaths totalled 1,520 (1,828) or 28.0 (33.6)—of these 1,320 (1,520) were intra-urban and 200 (308) extra-urban. Infant deaths, 270 (251) give an I.M.R. of 133.6 (158.2) [not 138.5 (160)].

*General Hygiene*—The water supply for the Central plateau is from the lake Mare-aux-Vacoas, the water being filtered before distribution. It is examined bacteriologically every fortnight and there are indications that the filtration is not adequate. There has been a large periodic variation in the quality of the filtered water. The filter plant needs thorough overhauling—some of the filters have been in use for more than 40 years without reconstruction and the lowest strata have not been cleaned—facts sufficient to account for the conditions found. In rural districts a typical method of water supply is construction of a dam across a stream deriving from a protected catchment area. The water is piped to distributing reservoirs and thence to the people. But—

"The majority of the dwellers in the rural districts take their supplies from public fountains situated at convenient points. When a fountain is erected, all premises within 1,500 feet of it are rated for a water rate, though provision is made whereby an owner of premises who can prove that he previously maintained a well of wholesome water on the premises may be exempted from payment. It is a pity that such provision was ever made, as in practice it merely offers a means of evading the rate on the part of owners who do not have enough appreciation of hygiene to know that it is worth the small annual payment which is claimed."

The description of the water supply of Port Louis and its five sources was given last year and need not be repeated (see this *Bulletin* 1934 Supp. p. 116\*).

*Refuse* is collected in motor lorries and used for filling the quarries at Roche Boss and Plaine Lanzun. Three hundred and twenty-seven more premises were connected up with the sewerage system.

*Food*—There are six public and the same number of private abattoirs in the Colony—the former are controlled each by a Veterinary Officer—the latter are under supervision of the sanitary staff.

*Training of Sanitary Personnel*.—Formerly the sanitary staff attended lectures and demonstrations of an informal character. This system has been replaced by a new scheme by which candidates serve a kind of apprenticeship. A youth is selected for training after enquiry into his educational attainments. He then undergoes a three months probation working under a number of senior Sanitary Inspectors in

turn. If they report favourably upon him he is engaged for 18 months tuition at a small rate of pay. He serves for 6 months with a rural Sanitary Inspector with a Sanitary Inspector in a township and in Port Louis. During the last period he attends lectures and demonstrations given by the staff of the Department. At the termination of the course he is examined and if he passes becomes eligible for appointment in the junior grade of Sanitary Inspector.

*Hospitals Dispensaries Clinical Returns*—In patients at hospitals numbered 27 689 (28 472) and confinements in hospitals 1 004 (760) Estate hospitals were 39 (40) in number at the end of the year. The hospitals are grouped into three classes A B and C (see this *Bulletin* 1934 Supp. p. 117\*). At the dispensaries 168 291 (178 784) new cases were recorded. A travelling dispensary toured the Pamplemousses District and attended 6 727 patients consultations totalled 13,289 (14 147).

Owing to the long spell of dry weather towards the end of the year there were fewer cases of malaria. Admissions to hospitals (including the Industrial School and Prison) on this account were 3 045 (3 561) and there were 114 (114) deaths a case fatality of 3.7 (3.2) per cent. In the tabled returns the total treated during the year as in patients was 3 088 (3 618) the infection was identified in 1 151 (1 017) of these 1 070 or 92.9 (96.0) per cent were benign tertian 70 or 6.1 (3.6) quartan and 11 or 1.0 (0.3) per cent subtertian. Among out patients 51,768 (56,851) were treated and the infection was determined in 23 471 (30,484) 19,993 or 85.1 (69.8) per cent were benign tertian 1 931 or 8.2 (22.9) were quartan and 1 547 or 6.6 (7.4) were subtertian. The marked rise this year in benign tertian and the almost corresponding fall in quartan is a point worthy of note. The total deaths in the Colony from malaria and malarial cachexia were 2 464 (3 032) Blackwater fever cases numbered 29 (35) and there were 4 deaths. In Port Louis deaths from malaria numbered 149 (239) and 1 032 (1 156) patients were treated for this at the Civil Hospital.

The antimalaria campaign has confined its work to the MacGregor zone, limited by the 600 ft. altitude line and comprising mainly *Plaines Wilhems* and *Moka*. Drainage in the zone has been maintained a survey of Curepipe has been made and search for Anopheline breeding or potential breeding places. *A. costalis* *A. funestus* and *A. maculipalpis* were found. Nine of the 13 breeding sites were artificial ones which had not yet received attention this is an index of the indifference of the people to the problem. Where there is a piped water supply there should be no need of garden tanks and cisterns.

Blood films were taken at four schools and of all those coming to the Central Hookworm Dispensary who had fever. Of 734 such films examined 163 were positive and 32 of the patients had contracted infection in Curepipe. Of these 28 were benign tertian 3 subtertian 2 quartan (one was apparently not determined).

The usual minor works of clearing oiling etc. have been maintained and of major works drainage of La Louise of the Grotte Bonnefin Marsh, of Tatamaka River and Camp Caval regrading of drains have been undertaken and smaller drains have been converted into subsoil drains and the rock pools in Rivière Cascade, Reduit have been drained by cutting channels in the rock. In urban areas Anopheline breeding places are practically limited to small ponds at the side of streams.

which cross the town, caused by the scouring action of heavy rains. These were filled in. In extra-urban areas palliative measures only such as oiling, clearing vegetation from streams, etc. are possible.

*Enteric fever* notifications were 181 (109) 81 (43) of these were from Plaines Wilhems, 9 (14) in Port Louis, 38 in Savane and 31 in Grand Port. The sources of infection were not traced. The rural population prefer running water to the piped supply and open water courses are all liable to pollution, but the distribution of infection would appear to be by contact or carriers, except for small localized outbreaks in Grand Port and Savane which were thought by the Medical Officers of the districts to be due to polluted water. The improvement in Port Louis in recent years has been remarkable, and is ascribed to chlorination of the water supply. The figures for the past 4 years have been 201 19 14 and 9 respectively. It is difficult to account for the prevalence of infection in Plaines Wilhems: the water supply is good and by pipes. Probably the records of Plaines Wilhems and Port Louis are more accurate than in other districts because there are many resident practitioners. In other districts practitioners are not called in very often: if the patient recovers no record is made and, if he dies, the death may be registered as due to malaria or tuberculosis.

*Dysentery* accounted for 1 065 (1 193) in-patients: among them the nature of infection was identified in 735 (656) 553 (411) or 70·6 (62·6) per cent. were amoebic and 222 (245) or 29·4 (37·4) were bacillary. In the out-patient department there were 3 746 (4,854) and the infection was identified in 2,354 (3 437) 2,136 or 90·7 (88·8) were amoebic and 218 or 9·3 (11·2) per cent. bacillary.

*Diphtheria* notifications were fewer 52 (72) *Plague* was absent.

The law enacts that grain of the kind specified in the Ordinance may be fumigated before landing and that, whether fumigated or not, it shall be landed direct into the granary: though provision is made to enable it to be landed elsewhere in emergency. Article 6 of the Ordinance states that, subject to certain specified exceptions, it shall not be lawful on or after the 1st July 1933 to store, keep or possess grain on any premises other than the granary in any quantities exceeding at a time thirty bags if the premises are within the limits of the town and district of Port Louis, or seventy bags if the premises are outside these limits. Stores on sugar estates were exempted from these provisions.

The granary is a two-storeyed building fronting a lightering wharf in the harbour. The fumigated grain is loaded on conveyers which lift the bags to the top floor of the granary. It was found difficult—it may prove impossible—for wholesale traders to work entirely from the granary, so it was decided that wholesale merchants might be allowed to store a certain amount provided the storehouse was kept rat-proof. During the year 10 540 rats were trapped: half of them were examined, but none was found infected with plague: the rat-flea index was 2·1. On arrival of vessels from plague ports, if the passengers are healthy their luggage is disinfected and all cargo, except flour fumigated by the Clayton apparatus prior to unloading.

There have been no cases of *smallpox* since 1913. 8,683 children were vaccinated and nearly two-thirds of the newborn.

At the *Lepet Hospital* on 1st January there were 43 inmates, 34 male and 9 female: during the year there were 9 admissions 2 were dis-

charged, 2 died and 1 absconded leaving 47 at the end of the year of whom 36 were males 11 females. Twenty four were advanced neural cases with deformity and trophic changes 10 were cutaneous cases of average severity. *Tuberculosis* accounted for 863 in patients of whom 725 or 84 per cent were suffering from the pulmonary form among out-patients there were 1,980 1,951 or 88.5 per cent with pulmonary disease. In the Colony 431 (421) deaths were recorded from this disease 11.0 (10.7) per 10,000 inhabitants.

*Veneral diseases*—Admissions to hospital on account of *syphilis* numbered 488 for gonococcal infections 281 and for soft chancre 63 total cases treated as in patients being 841 497 for *syphilis* 63 for soft chancre and 281 for gonorrhoea or its sequelae. Among out-patients 1,158 were treated for *syphilis* 909 for gonococcal infections, 86 for soft chancre and 24 for granuloma venereum altogether 2,177. Treatment of seamen in accordance with the Brussels agreement of 1924 is given at the centre, Civil Hospital Port Louis.

*Helminthiasis*—The rural population is highly infested with hookworm owing originally to the method of disposal of night soil the "engrais" system now superseded.

"In the preparation of engrais organic refuse composed principally of street sweepings cane trash and slaughter house waste was mixed in masonry tanks with human excrement and allowed to ripen until the season arrived for manuring the cane fields. This mixture containing more often than not, fresh night soil, was then spread broadcast over the cane fields where conditions were practically ideal for the development of larval hookworms. The labour employed in the fields could not help becoming infected and it is to this, rather than to the usual means of infection, that the high infection rate in the agricultural community is due."

Altogether at the hospitals and dispensaries 20,030 (22,505) cases of ankylostomiasis were treated. The aim of the Hookworm Branch of the Sanitary Department has been to give mass treatment to as large a proportion of the population as possible. The following districts were chosen Grand Port Savane and Plaines Wilhems and, if time allowed, Moka and Black River. A survey in 1928-30 showed the following percentages of infestation Grand Port 84 Savane 85 Plaines Wilhems 79 Moka 92 and Black River 77. During the year the staff gave treatment to 64,283 (52,663) persons. The northern districts where hookworm disease is as rife as in other parts of the island, have had no treatment since 1927. There is, therefore need for a second Hookworm Unit to work in the northern parts.

Fifty-eight (81) cases of *schistosomiasis* were treated at hospitals and 201 (177) at dispensaries [see also below under Laboratory and Research]. Fifty five cases of *Filariasis* were recorded one fatal.

*Bacteriological Laboratory*—The equipment of the laboratory is inadequate and the lighting poor. As regards details of the work performed. For Widal tests in cases suspected of enteric fever the precaution has been adopted of determining the titre of both H and O agglutinins. Preparation of BCG vaccine has been continued and the demand for it for newborn children is considerable. Most of the medical practitioners speak in its favour. A request for the vaccine to be sent to Réunion has been acceded to. A pamphlet has been prepared for circulation among Government medical officers and others.

The disease is said to be increasing and the native generally is careless and indifferent about it, so that it has been found necessary to impose penalties on the guardian of a leper if he allows his charge to contravene the regulations and to wander at large.

The known lepers in Seychelles number 87 (89) in Mahé 24 (24), in Praslin 15 (14) in La Digue 6 (5) and there are 42 in the two asylums, 23 at Praslin and 19 at Mahé.

*Veneral diseases*.—Twenty-six patients were admitted to hospital on account of syphilis and under a separate heading of "veneral diseases" is mention of another 15.

*Ankylostoms Campaign*.—Twice a year all dwelling houses and compounds are visited by the Sanitary Inspectors. The Medical Officer in charge at Praslin and La Digue carried out mass treatment in his district. In all districts a total of 18,298 (11,832) treatments were given. [In the tabulated return of disease are two terms needing definition, one is "Dentigenous" and the other "Fibrosis uteri" (this is not the same as uterine fibroid which occurs under a separate heading) ]

The chief recommendation for the future is the provision of a new leper asylum to accommodate both males and females. As stated above the present asylum for males is not at all satisfactory and the need for keeping up two establishments entails duplication of staff and unnecessary expense.

*Expenditure* on the Department was estimated as Rs.99,712, but the actual expenditure was Rs.101,588 (Rs.98,981) The Colony's expenditure is not stated.

## FAR EAST

## FEDERATED MALAY STATES (1933)

The Federated Malay States are situated on the mainland of the Malay Peninsula closely connected with the Straits Settlements. They comprise four States Perak Selangor Negri Sembilan and Pahang. The total area is 27 648 sq miles. The principal towns are Ipoh Taiping, Kampar and Teluk Anson in Perak, Kuala Lumpur and Klang in Selangor and Seremban in Negri Sembilan.

Dr R. D FITZGERALD Adviser Medical and Health Services states in his introductory remarks —

"The policy of decentralization of Government referred to in the previous report of the Medical Department was continued during the year. Many of the difficulties inseparable from a radical change in the administration of a large Government department which came to light during the earlier period of transition have been steadily surmounted. The control of State medical and health affairs has been gradually transferred to the State Governments concerned and the State Medical and Health Officers are now responsible to their respective State Governments for the administration of the medical and health services within their respective territories. The executive functions of the Adviser Medical and Health Services have been confined to the direct control of certain institutions which were still maintained on a Federal basis throughout the year.

These are —

- (a) The Institute for Medical Research.
- (b) The Central Mental Hospital.
- (c) The Leper Settlements.
- (d) The Decrepit Settlement.

The Medical Officers and Health Officers of the Malayan Medical Service are now interchangeable between the Straits Settlements and the Federated Malay States and this development of the new policy is proving advantageous not only from an administrative view point but also from that of the officers who were previously restricted largely to service in the Federated Malay States. All higher and superscale appointments in the Straits Settlements and Federated Malay States are now open on equal terms to officers of the Malayan Medical Service wherever serving.

Owing to the need for retrenchment the following posts were abolished during the year Chief Medical Officer Social Hygiene Radiologist and Assistant Medical Superintendent Central Mental Hospital. In future the radiological work in each State will be carried out by Medical Officers on the time scale who possess special radiological experience.

Health conditions generally were even better than before, although the previous year's standard was high.

**Vital Statistics**—The following table shows the population in 1933 and its distribution.

State	Malays	Chinese	Indians	Non-Asiatics	Others	Total
Perak	282,445	292,404	129,698	2,209	6,383	713,139
Selangor	128,244	220,718	128,817	2,615	10,241	490,635
Negri Sembilan	90,734	83,492	40,363	807	3,194	218,590
Pahang	114,228	47,506	11,874	357	1,441	175,406
Total	615,651	644,120	310,752	5,988	21,259	1,597,770

(1931)

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The chief recommendation for the future is the provision of a new leper asylum to accommodate both males and females. As stated above the present asylum for males is not at all satisfactory and the need for keeping up two establishments entails duplication of staff and unnecessary expense.

*Expenditure* on the Department was estimated as Rs.69,712, but the actual expenditure was Rs.101,568 (Rs.98,981). The Colony's expenditure is not stated.

The chief defects noted were dental. Of 4,287 patients attending the Dental Clinic a large proportion were school children.

*General Sanitation*—Rubber night-soil buckets have proved a success in Kuala Lumpur and Kinta and the Kinta Sanitary Board has adopted this type as a standard other urban areas will take them as funds permit and a supply becomes available. The use of tube kirmes has been extended in suitable localities, as in Kampongs. Refuse collection is made daily in the larger centres concrete street-bins are being substituted for the metal bins formerly in use.

The *water supply* in Kuala Lumpur was extended to the poorer parts of the town public standpipes were erected and a number of earth wells were closed. The sedimentation tank for the Seremban supply was completed and brought into use. A temporary chlorination plant was installed at Cameron Highlands permanent improvement is to be effected as soon as funds permit.

*Food*—Bakeries are regularly inspected and reported upon. Milk sellers in Kuala Lumpur were registered with a view to keeping all milk handlers under control and eliminating the more unsatisfactory premises. The Government Dairy in Selangor was well maintained. It utilizes churns of a vacuum flask type and provides a milk cooler to try to overcome the deterioration of milk in transit.

Of food deficiency diseases beriberi is the chief 384 (574) fresh cases admitted and 254 (284) deaths were recorded. [In the tabulated returns of in-patients, 455 cases in all were treated with 45 deaths.] In 1931 deaths totalled 352 in Negri Sembilan the number has fallen by half from 102 in 1931 to 51 in 1933. The incidence appears to show recessions corresponding to periods of lessened prosperity the fall is attributed also to the fact that lack of urban employment has caused many of the people to depend on their own production of foodstuffs.

*Housing and Town Planning*—Meetings of the Town Planning Committees were held regularly. In many areas attempts were made to restrict the number of temporary houses and applications to build temporary dwellings were very sparingly approved.

Seven Health and Sanitary Inspectors attended the Royal Sanitary Institute course during the year. Twenty-six antimalaria inspectors collectors and overseers were examined at the Health Office Kuala Lumpur for promotion.

*Measures to spread knowledge of Hygiene*—The Committee of Public Health Education has a lecture van which toured the country and exhibited films dealing with Infant Welfare Malaria and Tuberculosis. The Agri Horticultural Exhibition had a Public Health and Infant Welfare section which was visited by 16 718 persons also Health Exhibits were staged at various centres during the year. In Perak health lectures were given in selected villages the lectures are short and followed by a walk round the kampong and defects are pointed out. Health Officers pay frequent visits to the kampongs and discuss health matters with the people.

*Port Health Work*—Eight hundred and forty five ocean-going steamers and 488 local vessels passed through Port Swettenham 130 vessels from infected ports were examined by officers of the Health



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Branch. 2,739 persons were detained in quarantine. No case of suspected infective disease was reported at either Port Weld or Teluk Anson (Perak).

In January the Prevention of Diseases Enactment, No 38 of 1932, came into force this revises the law relating to quarantine and prevention of disease.

*Hospitals Dispensaries and Clinical Returns.*—A new Asiatic ward was built at Kuala Kubu Bahru Hospital in Selangor and improvements carried out at the Bungar Malay and General Hospitals, Kuala Lumpur. Quarters for a midwife were erected at the Women's Hospital, Kuala Pilah (Negri Sembilan) and minor extensions were made to the Kuala Lipis and Mentakab Hospital, Pahang.

The hospital accommodation in beds at the end of the year was Perak 2,996 (3,107) Selangor 1,488 (1,519) Negri Sembilan 1,157 (1,139) Pahang 696 (678) together 6,337 (6,443).

In-patients admitted to Government Hospitals totalled 76,297 (74,177) and deaths numbered 6,024 (6,065) of these 33,579 patients and 2,911 deaths were recorded in Perak, 20,251 and 1,616 respectively in Selangor 13,004 and 912 in Negri Sembilan, 9,463 and 585 in Pahang. [These figures do not quite agree with those detailed in another table. 14 hospitals are mentioned for Perak with a total of 31,500 admissions and 2,827 deaths in 8 hospitals in Selangor 30,024 admissions 1,610 deaths in Negri Sembilan 7 hospitals, 12,860 admissions and 912 deaths in 7 Pahang hospitals the figures correspond with the above these give a total of 73,867 admissions and 5,934 deaths. The figure 74,177 given as the admissions for 1932 is taken from the report for that year this would show that there had been an increase in the number admitted for 1933 but in the text of this year's (1933) report the figure for the previous year is given as 85,978 and the decline is attributed in large part to exodus of many Chinese and Indian labourers owing to the economic depression.] With return of prosperity and removal of restrictions on the production of tin there is sure to be an influx of labourers on a large scale and the incidence of disease will almost certainly go up.

The hospital returns by race show great variability in case mortality per cent. for all diseases Chinese 12.74 Indians 6.23 Malays 2.27. This is ascribed to the comparative reluctance of the Chinese to enter hospital until their disease is far advanced. The same peculiarity is shown in the returns for different diseases for example malaria, dysentery pneumonia and bronchopneumonia.

The prevailing diseases were malaria, 17,146 admissions, 698 deaths influenza 3,783 cases 8 deaths venereal diseases 3,769 cases, 77 deaths and chronic ulcers 3,496 cases, 9 deaths.

Out-patients numbered 645,674 (632,223) this includes those treated at Government Hospitals and Dispensaries and those visited in their own homes, but not those seen at Infant Welfare Centres, nor those attending at special clinics, such as the ophthalmic and V.D. clinics. The total comprises Hospital out-patients 264,664 (242,513) stationary Dispensaries 202,814 (203,583) and Travelling Dispensaries 178,496 (186,117). European admissions to hospital were 789 (920) and 9 (12) died the total does not include 75 (80) cases of normal labour. Malaria was the commonest cause of sickness 100 (92) cases, 1 (1) death. In 6 cases microscopic confirmation was

not obtained 7 had mixed infection of the remaining 87 there were 44 subtertian and 43 benign tertian

European out patients totalled 4 069 (5 404) 1,593 (2,507) in Selangor 1,292 (1 173) in Pahang 563 (999) in Perak and 621 (725) in Negri Sembilan. These figures refer mainly to Government servants and their families since other Europeans are usually treated by private practitioners.

Malaria cases slightly increased 17 146 (16 463) but still were well below the average for the past quinquennium 25 693. It was most prevalent in May and June when the numbers were 2,176 and 2 120 respectively. Diagnosis was confirmed microscopically in 13 032 and of these subtertian constituted 67 8 benign tertian 25 0 quartan 3 3 and mixed infections 3 9 per cent. Of 238 516 films examined in hospital laboratories 24,882 were positive for malaria (including 851 mixed infections) 14 990 or 60 2 per cent. showed subtertian parasites 9 165 or 36 8 per cent benign tertian and 7 274 or 2 9 per cent. quartan. Subtertian was the commonest type in all four States. There were 19 cases of blackwater fever admitted and 7 died

Atebrin in tablets was tried in place of quinine in some hospitals. From the results obtained it is hoped that the number of admissions to hospitals may be reduced by its use prophylactically

Of the total patients admitted 5 747 were Chinese and among these there were 406 deaths a fatality rate of 7 0 per cent. 9 842 were Indians 284 died or 2 6 per cent and among 1,303 Malays there were 12 deaths or 0 9 per cent.

Deaths recorded as due to malaria numbered 1,213 or 3 8 per cent of deaths from all causes there were 12 648 ascribed to fever of undefined origin and these together make up 43 0 per cent. of all deaths. The increase is most marked in Perak 8 165 (7 287) in Selangor recorded cases decreased 2,941 (3 338) Hospital cases form a more reliable index because they are accurately diagnosed

Investigations on malaria carried out at the Institute for Medical Research may fitly receive mention here. This work included the testing of *atebrin* as to the advisability of substituting it for quinine in the treatment of malaria on rubber estates amongst ambulatory out-door patients. The group so treated required only about one-fourth of the number of day treatments needed by the control group treated by quinine. Dr GREEN concludes that *atebrin* possesses the advantage that it can be given in a daily curative dose at one muster and is willingly taken by the labourers without fear of cinchonism

Dr GREEN also tested *labradon* in a hundred cases of malaria. He found it efficient in direct proportion to its hydroquinone content (about 80 per cent.) he found no special advantage in its use and its price is high.

C77 was a drug well tolerated by 23 patients on whom it was tried its action is similar to but slower than that of quinine. *Tota quina* tested on over 400 malaria patients was found to be slightly less efficient than quinine in the immediate treatment of acute malaria.

Other work included an investigation of the natural infection of Malayan Anophelines. Further entomological research was under taken on Anophelines. As judged by the precipitin test *A maculatus* was found to prefer human to animal blood while *A katowari*

(1933)

and others in the same area took animal blood more often than human.

In the tabulated return of in-patients 292 cases of *enteric fever* were treated 245 were infections by *Bact. typhosum* 24 by *Bact. paratyphosum A* 6 by *Bact. paratyphosum B* 9 by *Bact. paratyphosum C* 8 were not defined 46 (59) deaths were recorded, 21 in the five larger towns. *Dysentery* admissions numbered 1,096 and there were 197 deaths. In addition 1,306 patients (220 deaths) were suffering from "diarrhoea and colitis" some perhaps many of these are dysentery cases. In the table showing racial incidence among 1,995 cases entered as dysentery (therefore including diarrhoea and colitis cases) 555 were Chinese and 146 of them died, 1,247 were Indians and deaths among them numbered 185 151 cases, 9 fatal, were Malays the percentage fatality rates were therefore 28.3 14.8 and 5.9 respectively.

As regards the prevailing type among 1,139 patients treated during the year (including 43 remaining from the previous year) the nature of infection was defined in 1,016 671 or 66 per cent. were amoebic, 345 or 34 per cent. bacillary.

There were 4 (11) cases of *cerebrospinal fever* all fatal. *Diphtheria* shows a steady increase for the past six years 57 cases 8 deaths 89 cases, 27 deaths 112 cases, 31 deaths 143 cases 29 deaths 170 cases, 46 deaths, and 221 cases, 57 deaths in 1928-33 respectively. There has been no recorded case of *cholera* or *plague* since 1927 nor were there any of *smallpox* during the year 64,340 vaccinations were performed, 27,855 in Perak, 20,042 in Selangor 10,270 in Negri Sembilan and 6,173 in Pahang.

*Leprosy*—At the Sungai Buloh Settlement 1,531 lepers were treated 1,062 remained from the previous year and there were 1,104 at the end of 1933 100 were transferred to the Pulau Jerejak Settlement, Penang. The Sungai Buloh Settlement was built to accommodate 888 more Malays now enter voluntarily for treatment 8 in 1932, 42 in 1933. The Settlement needs to be extended and this question is receiving attention. Success in treatment is being attained, for 151 were discharged during the year with the disease arrested.

The Kuala Lumpur Asylum is for advanced and incurable cases 373 were living there at the beginning of the year 330 at the end. At the Pulau Pangkor Settlement were 81 inmates all Malays, 10 were discharged during the year as non-infective 14 were transferred to Sungai Buloh and 11 died.

By the New Lepers (Amendment) Enactment magistrates have power to authorize transfer from one settlement to another in the Federated Malay States the Chief Secretary has authority to arrange for transfer of lepers from a F.M.S. Settlement to a Colony Settlement. It gives Residents power to make orders of discharge in certain cases and provides for the reception of lepers into a Settlement and for their return and discharge.

Special investigation into different ways of treatment has been made during the year at the Sungai Buloh Settlement and attention must be drawn to this. The patients were divided into four main groups—

1. The majority on esters administered intramuscularly and intradermally.
2. A subsidiary group unsuitable for esters, receiving Tai Foong Choo.

## 3. Hospital group medical and surgical cases.

## 4 Experimental group

1 *Those receiving Intramuscular and Intradermal Ethyl Esters* — Six hundred and seventy-one (225) received full courses i.e. 40 injections starting with 2 cc. twice weekly. Although more than 16 000 injections were given in the latter half of the year there was no instance of abscess formation. When the larger doses were reached the subcutaneous route was used. Absorption was fairly rapid and there was less pain than with repeated intramuscular injections. One hundred and ninety-nine patients received combined intramuscular and intradermal injections. In spite of the pain caused the treatment is popular and over 80 per cent. showed local improvement. As the result of esters treatment generally 587 showed improvement out of 671 or 87.4 per cent. 53 or 7.9 per cent. showed no change and 31 or 4.6 per cent. were worse. No patient was given esters during a lepra reaction nor for a month afterwards.

2. At the beginning of the year 393 were on *Tai Foong Chee*. This appears to check advance in mutilating cases. The treatment was reserved for intractable cases or for patients too old or at too advanced a stage of the disease for energetic treatment. 252 had uninterrupted courses during the year and 218 or 86.5 per cent. claimed to improve. 6 or 2.4 per cent. showed no change and 28 or 11.1 were worse. These figures however are not altogether reliable for a few advanced cases among the Chinese in Sungei Buloh will admit that they are getting worse.

3 In the *Hospital Group* 719 were treated. 209 were admitted for leprotic and trophic ulceration gangrene necrosis of bone and septicaemia and 197 (140) cases of lepra reaction were treated in hospital. The condition appears to be on the increase. There are two types (a) Acute exacerbation of leprosy with raised spreading erythematous lesions accompanied by low fever. (b) Febrile eruptive type with initial localized nerve pains followed by fever and a roseolar eruption. In about 30 per cent. estimation of urinary calcium shows a retention, a condition rarely found in control cases of fever from other causes. An out patient clinic for ambulatory patients within the Settlement is becoming more and more important. On an average 60-70 attended daily.

4 *Experimental Group* — Work with aniline dyes has been continued. At the beginning of 1933 note had been made that intravenous injection of these dyes had an effect on the leprotic process in a certain percentage of cases but subsequently it was seen that relapses occurred, though less with fluorescein than with other dyes and Gurr & Co's fluorescein was much more successful than Merck's. The following conclusions are drawn with respect to fluorescein —

(1) That fluorescein given intravenously in 20 cc. doses of a 2 per cent. solution twice weekly seems to have a beneficial effect in about 50 per cent. of cases.

(2) That the treatment appears to be useless in the majority of advanced cases of leprosy.

(3) That the optimum period of treatment is about six weeks. After that a few patients seem to benefit and a number seem to relapse again if treatment is continued.

Other experiments were made with eosin and erythrosin with fluorescein and acids, alkalis calcium and potassium permanganate with resorcin (fluorescein is an anhydride of resorcin and phthalic acid). Phthalic acid is also being tried and thallium acetate. The action of the former of these is still being observed, the latter has produced no obvious change in the lesions. Cyclophyllum oil injected intramuscularly in 2 cc. doses on alternate days gave relief from pain.

Work is being done on the injection intradermally of autogenous urinary proteose starting with a dilution of 1 in 10 million. Ten patients were given weekly injections two developed lepra reaction one cleared up after two injections, another with severe and prolonged nerve pains who had been confined to bed for over 3 months was much relieved after one injection and was able to walk about without pain after the second six showed no response.

In 51 per cent. of 321 blood films examined bacilli were found, often within large lymphocytes. Matsuda skin test—injection of a sterilized vaccine made from a nodule—proved valueless for diagnosis 30 non-leprosy persons gave a positive reaction.

In view of the general belief that lepers in acute stages of their disease gave positive Wassermann and Kahn reactions, it is interesting to note that in 50 cases of lepra reaction when the tests were made weekly it was found that results tended to be inhibited during the lepra reaction.

Leprotic uritis responded well to treatment with solganol oleum.

The Kuala Lumpur Leper Asylum is reserved for chronic incurable cases. There were 373 inmates at the beginning and 330 at the end of year 40 deaths occurred. Except for one Malay and one Eurasian, all the inmates were Chinese.

At the Malay Leper Settlement, Pulau Pangkor Laut there were 11 deaths during the year 10 patients were discharged, 14 were transferred to the Sungai Buloh Settlement 46 remained at the end of the year.

Cases of pulmonary tuberculosis admitted to hospitals numbered 1,848 (1,829) and among them the fatality rate was 44.4 per cent. Tuberculosis patients treated in the hospitals during the year totalled 2,275 of whom 2,065 or 90.7 per cent. were pulmonary. Patients will not apply at an early stage labourers not until they are too ill and weak to work many are in so advanced a stage that practically nothing can be done, hence the high fatality rate. Altogether 1,409 (1,627) deaths from tuberculosis were recorded, 1,342 pulmonary. Deaths from this cause in Government Hospitals have steadily declined since 1927 both in actual numbers and in ratio per 100,000 population. Thus in successive years these deaths have numbered 1,118, 1,074, 1,078, 1,061, 975, 919 and 821 and the ratios 74.2, 70.0, 64.4, 61.5, 56.6 and 51.9 respectively.

In the tabulated list of diseases 1,026 cases of *Lobar pneumonia* are returned, 506 of them fatal, or 49.3 per cent. The difference in fatality rates according to race is well shown again in pneumonia and bronchopneumonia of 1,853 patients 650 were Chinese, and 414 or 63.7 per cent. were fatal 1,149 were Indians, 475 or 41.3 per cent. of cases were fatal, and 54 were Malay 13 or 24.0 per cent. fatal.

Admissions to hospital for *tropical typhus* numbered 181 (200) among whom 19 died. Total cases treated in hospital during the year

numbered 191. Altogether 18 deaths from this infection were recorded. research of the viruses of tropical typhus and Japanese River fever was continued during the year. Details of this study are reported in the separate publication on the work of the Institute for Medical Research. Attempts have been made but without success to vaccinate gumeapigs against the virus of scrub-typhus and experiments as yet incomplete have been undertaken to discover the existence of a relationship between the virus of tropical typhus and that of Rocky Mountain Spotted Fever.

*Veneral diseases*—Cases treated in hospitals numbered 4 002, of whom 3 769 were new admissions during the year. Numbers attending Government Hospitals and the clinics continued to decrease. this is ascribed to the closing of known brothels and to —

(a) The provision in recent years on a large scale of facilities for free treatment which has quickly rendered many cases no longer contagious.

"(b) The economic crisis which has no doubt curtailed the number of visits to brothels.

(c) The increase in the sex ratio of females to males amongst Chinese in Malaya.

"(d) The favourable effects of propaganda.

(e) The exodus of a large number of labourers many of whom, especially the Chinese are unmarried and particularly subject to venereal infection.

Of a total of 23 176 (25,207) patients 10 387 (12 207) were Chinese 7,863 (7 574) were Indians 2,724 (2,710) were Malays and 1 240 (1 475) were Sikhs.

Posters in English and the vernacular languages are displayed at hospitals and dispensaries and pamphlets are distributed. lantern lectures given and a Social Hygiene Section was on view at the Public Health Exhibition of the Malaya Agri Horticultural Association.

Of *helminthic infestations* laboratory examinations showed ascaris to be the commonest. 155,880 examinations of faeces were made and 35,228 proved positive. ascaris ova were found in 22 471 or 63.7 per cent., hookworm in 9,273 or 26.3 per cent. and mixed infections in 3 484 or 9.9 per cent.

*Ophthalmic clinics* were held at Ipoh and Taiping Hospitals (Perak) Tanglin Hospital, Kuala Lumpur (Selangor) Seremban Hospital (Negeri Sembilan) and Kuala Lipis Hospital (Pahang). The total treated was 10 788 (8 823) of whom 1 664 (1 200) were in patient and 9 124 (7 623) were out patient new cases. At Ipoh there were 432 (377) in-patients and 2 425 (2 680) out patients. at Taiping 71 (105) and 1 730 (925) respectively. at Kuala Lumpur 812 (384) and 2,583 (2,353) at Seremban 250 (173) and 695 (697) and at Kuala Lipis 99 (161) and 1 691 (968).

*Institute for Medical Research*—Some of the work carried out here has been mentioned incidentally in the foregoing account. In addition investigations were made in connexion with search for carriers of diphtheria and enteric fever. Dr. R. GREEN carried out researches on malaria (see above) and Drs. LEWTHWAITE and SAVOOR on Tropical Typhus and the Tsutsugamushi disease. The Report of the Institute contains fuller details but this is published separately and is not included in the Annual Report of the Department. Further work calling for mention here is that relating to yellow fever. Blood from

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3 (7) died. Of non European officials there were 12,971 (11 600) average resident 12,477 (10,931) Of these 232 (249) were invalided and 92 (59) died. No information is given in either case of the causes of invaliding or deaths.

Figures are given for the rural areas in Penang Settlement these were as follows —

District			Popu- lation	Birth rate	Death rate	Infant mortality rate
Penang Rural	..	..	52,258	34.3	24.6	151.7
Province Wellesley	..	..	145,857	36.8	24.8	144.3
Dindings	..	...	21,939	37.2	29.0	183.4

*Maternity and Child Welfare* —Midwives are trained most at Government Hospitals a few at Mission Hospitals. There are three classes of midwives A. Those undergoing 12 months training and passing an examination similar to that of the Central Midwives Board. There were 225 of this class—136 in Singapore 80 in Penang and 9 in Malacca.

B. Asiatics of lower education who pass a practical examination after 6-9 months training There were 647 of this class—346 in Singapore, 276 in Penang and 25 in Malacca.

C. Those registered by virtue of having been in practice before the passing of the Midwives Ordinance. These numbered 412—32 in Singapore 186 in Penang and 194 in Malacca.

There are Government Maternity Hospitals in Singapore and Penang several Government district hospitals and some of the Mission Hospitals have maternity wards. St David's Mission Hospital, Malacca was closed in 1933

Admissions to these institutions numbered 6 104 (6,371) and 5 639 (6,016) deliveries took place. In more detail Admissions to the Maternity Ward of the General Hospital Singapore numbered 1 277 (1 160) deliveries numbered 1 164 and there were 20 maternal deaths or 1.7 per cent of the deliveries Five of the deaths were due to eclampsia and 4 to beriberi. At the Kandang Maternity Hospital 2 417 (2,383) were admitted 2,303 deliveries took place and 27 maternal deaths occurred or 1.1 per cent.

In Penang at the King Edward VII Maternity hospital 1 541 (1,581) women were admitted and 1,364 deliveries took place with 26 or 1.8 per cent maternal deaths. Altogether at the Maternity Hospital and wards in Penang there were 1,520 deliveries and 37 maternal deaths i.e. 2.4 per cent.

In Malacca at the three hospitals Durian Daun Alor Gajah and Jasin, there were 14 maternal deaths among 153 deliveries or 9.1 per cent.

*Infant and Child Welfare* services are conducted by the Municipalities of Singapore Penang and Malacca also by the Singapore Child Welfare Society and by Government in rural areas.

At the three Singapore Municipal clinics to which infants under 12 months of age are brought, 14 190 (14,309) new cases were registered and attendances totalled 49,237 (41,215) In addition 10,398



(10 173) home visits were paid by the four District Sisters and of the total 14 668 (14 758) were first visits to newly-born babies.

The Singapore Child Welfare Society supports two clinics and a crèche at which children from 1-5 years are treated. There are two qualified European matrons and four locally trained Chinese nurses employed who after a morning's work at the clinics and crèche, visit houses in the slum districts. Attendances numbered 55,854 (50 128) At the Minto Road crèche attendances were 9,059 (8,308) and new admissions 134 (127). In rural Singapore there are five Infant Welfare centres another temporary was opened on the island of Pulau Tekong. Attendances at all these centres totalled 47 104 and in addition the staff paid 32,497 home visits. There are five Government infant welfare centres in Singapore, two in Penang three in Province Wellesley and four in Malacca. Attendances at these totalled altogether 149,824 and home visits 155 179.

Dispensaries staffed by Lady Medical Officers are conducted by Government in Singapore, Penang and Malacca and by Missions of whom 21 527 were children. New patients at these numbered 45 071 of a total of 123 179 attendances 19 809 were women and 30,333 were children.

*Inspection of Schools included.* I Government and Aided schools, Malay schools Chinese Aided schools these were mainly for girls. Also 12 junior boys schools (i.e., for boys up to 12 years of age) and three junior Chinese boys schools. Routine examination was made followed by re-examination of those children found with defects. Out of total of 8,247 examination was made of 7 911. Of these 5 188 were referred for treatment. 3.1 per cent from English girls schools, 80.5 from the Malay girls schools and 72.8 from the Chinese girls schools. 66.2 from the junior boys schools and 31.7 among Malay girls. Eye affections cent among Chinese boys to the chief defect, varying from 67.2 per cent constituted only 6.7 per cent and the chief of these was a mild follicular conjunctivitis. Locally trained female teachers were also examined, 231 in all 15 were found to have dental caries and 10 defective vision.

II Boys schools in Singapore, 48 in number viz. 14 Government English Schools and 8 Government-aided English schools, at which 6,833 (8 618) pupils were examined. 19 Government Malay Vernacular schools, 2,402 (2,395) pupils examined and 5 Government-aided Chinese schools, 413 (561) examined, altogether 9 748 (9,574) examined. Dental caries was found more prevalent than last year 34.2 (19.8) per cent. Forty five cases of typhoid fever were recorded, the outbreak affecting mainly boys in St. Joseph's Institution. It was ascribed to infection from hawkers who were therefore banned and a tuckshop was opened.

In Penang Settlement there were 23 Vernacular schools for boys with 3,545 pupils. The boys are examined each year and a Medical Officer visits the schools monthly to supervise treatment of minor ailments, to treat helminthic and yaws infections and to deliver public health lectures. 61 lectures were given in 1933. There are also 12 English schools in Georgetown inspected by the Assistant School Health Officer.

Girls schools in Penang Island number 17—13 vernacular and 4 English—with 3,365 pupils. These are visited by the Lady Medical Officer. In Province Wellesley and Dindings are 14 girls schools with a roll of 1 125. In Province Wellesley are 48 boys schools with 6,367 pupils. In Dindings 9 with 485 pupils.

In Malacca 10 607 children were medically examined. 7,962 in Malay Vernacular schools, 1,852 in boys and 793 in girls English schools.

*Labour*—Owing to the continued economic depression further repatriation of Chinese and Indian labourers took place. 86 555 (150,918) deck passengers returned to China and 32,339 (52 911) to India.

On Singapore Island there are 113 rubber estates and 72 coconut estates. Only 28 have a labour force of more than 25 coolies. The sick are referred to Government Hospitals in the City. In Penang 30 estates are subject to medical inspection. In Dindings there are 34 including 10 large estates under European management. Estates are inspected annually and if necessary more often.

In Malacca a Planters Board—the Malacca Agricultural Medical Board—provided medical service for most of the estates in Malacca and during the year employed two whole-time European medical practitioners, two whole-time and one half time Chinese practitioners stationed at convenient centres. Twenty two estates have their own hospitals and there are 26 dispensaries. Most of the serious cases are sent to Government Hospitals.

*General Hygiene and Sanitation*—The organization of the Health Branch in Singapore was detailed in last year's report (see this *Bulletin* 1934 Supp. p. 129\*) and this need not be repeated. The Penang Settlement, excluding the Municipality of Georgetown is divided for public health administration into three areas: (1) Penang Rural area, (2) Province Wellesley, (3) The Dindings. The two former are each divided into four sanitary districts; the third constitutes a single district. A Health Sister for the Penang Rural area has charge of the Maternity and Infant Welfare work. In Province Wellesley a Senior Staff Nurse undertakes this work under supervision of the Health Officer. The rural area of Malacca is divided for sanitation purposes into three districts, central, north, and south.

Improvement in the general sanitation of rural kampongs was evident. Six new incinerators were constructed, four in Geylang district, one in Pasir Panjang and one in Paya Lebar.

In rural Singapore the dry pail system is in vogue. 870 sanitary latrines were constructed. In Penang all gazetted villages have an organized system of night-soil removal and disposal—pail latrines where houses are near together, borehole latrines in rural areas. In the residential area of Penang Hill water-carriage and septic tanks are installed. More than 3 000 latrines have been constructed or reconstructed. 199 deep bore hole latrines and 74 pit latrines have been made. Rubbish is placed in bins of an approved type collected in hand-carts and disposed of by incineration or controlled tipping. By biological action the organic content is transformed in 12–18 months into a dark sandy soil. The method is hygienically sound and is economical in that valuable land is reclaimed and fertile ground is provided for cultivation of crops instead of being left arid and useless.

breeding places for *A. maculatus*. Antilarval measures extend to half a mile from the outskirts of malarial villages. The practice consists in applying larvicide (oil of Paris green) to all breeding-places within the protection zone and then undertaking permanent works such as draining and earth-filling.

Three hundred and thirty cases of enteric fever 96 fatal, were treated among the in-patients of these 315 cases. 85 deaths were typhoid and 15 cases, 1 fatal, paratyphoid fever. Altogether 122 deaths were registered from this cause, 87 in the Settlement of Singapore and 35 cases (7 of them paratyphoid fever) were notified in the Municipality. The basic cause is said to be the itinerant hawkers of foodstuffs. Eighty four cases of typhoid fever were notified in school children and investigated by the Municipal Health Authorities who reported as follows—

One school St. Joseph's had 19 cases in April, May and June. The houses of all these pupils were visited but in no instance was a second case found in a house nor was there any history suggestive of a recent attack of the disease in any other member of the family. As the houses of the pupils were scattered all over the town this immediately suggested the source of infection as being at the school. With the added knowledge that most of the children obtained their lunch from food-hawkers who frequented the school compound the field of investigation was further narrowed, and our attention was naturally focussed on these hawkers. Accordingly 33 hawkers selling at this school were admitted to Middleton Hospital and examined as to their carrier state. One was found to be excreting the typhoid organism. He himself stated that he sold mainly at this school.

*Dysentery* in patients numbered 671 96 were undefined, 259 or 31 per cent. of the remainder were amoebic 259 or 45 per cent. bacillary and 17 or 3 per cent. mixed. Total deaths from the dysenteries were less, 473 (541) and diarrhoea and enteritis accounted for another 1,364 (1,342). [See also under Singapore Prison, p 163\*]

There was only one case of *cholera*, one fatal case of *plague* (four of them an imported case). *Diphtheria* notifications have been increasing in Singapore City 244 (124) and deaths in the Colony from this disease numbered 78 (56). There were also more cases of *pneumonia* (1,890) deaths occurred 1,305 in the Singapore Municipal area.

*Leprosy*.—There were 383 (271) new cases admitted to the Leper Settlements. This figure includes 101 cases transferred from the Sungai Buloh Settlement Federated Malay States. At the end of 1933 there were 1,005 patients 489 were admitted during the year 106 died 52 absconded, 91 were transferred and 82 discharged, leaving 1,163 at the end of 1933.

*Leprosy Settlements, Singapore*.—At the Male Settlement there were 71 remaining at the end of 1932 and 141 were admitted during the year 85 were transferred to Pulau Jerejak, 28 absconded, 7 died and 1 was discharged, leaving 91 at the end of 1933. As regards the types, 64 showed cutaneous lesions 15 mixed cutaneous and neural, 7 mixed cutaneous and nodular and 6 neural. In 5 the disease was arrested. In 25 there was improvement 60 remained stationary and 11 retrogressed.

At the Female Settlement there were 102 at the end of 1932, and 98 were admitted during the year 11 were discharged, 5 absconded and

3 died leaving 119 at the end of 1933. Seventy three were of the cutaneous type 22 mixed cutaneous and neural 15 cutaneous and nodular and 9 neural. In 20 there was arrest 43 improved 46 remained stationary and 10 retrogressed.

Treatment comprised Subcutaneous infiltration of hydnocarpus oil with 0.5 per cent iodine alepol with 0.5 per cent carbolic intra venously dyes as mercurochrome 2 per cent fluorescine 2 per cent. brilliant green 1 per cent intravenously. The results of these last have not been encouraging. Trichloroacetic acid was used for local application. The lepra reaction was treated by rest purgation light diet adrenalin or ephedrine aspirin phenacetin Dover's powder or sodium salicylate.

Pulau Jerejak Settlement—At the end of 1932 there were 765 inmates during the year 299 were admitted, thus 1 064 (873) were treated altogether. Eighty four (80) died 18 (9) absconded, 22 (14) were relieved, 45 (5) cured and one was transferred. Among the 299 admissions 101 were transfers from the Sungai Buloh Settlement (see above). At the end of 1933 there were 894 inmates 658 from Straits Settlements, 117 from the Federated Malay States 108 from Kedah and 11 from Kelantan. As regards nationality 725 were Chinese 127 Indian 25 Malays 13 Eurasians and others [not named] 4.

The Pulau Jerejak Settlement consists of four main camps —

1. The Old Settlement built more than 60 years ago and now rather dilapidated. It has an authorized accommodation for 380.
2. The New Settlement. The adjective is a euphemism the settlement was formerly the Quarantine Station for the port of Penang and is probably as old as the Old Settlement. It has accommodation for 300.
3. Camp E completed and occupied in 1929 with accommodation for 162 in 54 huts each for three patients.
4. The Eurasian camp the original site for the Cattle Quarantine for Penang. It is not reserved for Eurasians alone but for the better class members of any nationality it has accommodation for 18.

A dispensary and a treatment room form a part of each of the three main camps the two first named above have a hospital and the second a well-equipped operating theatre. At the New Settlement a deep well was constructed so there was no shortage of water even during drought. Permanent antimalarial works were completed and for the third year in succession there has been no case of malaria contracted within the Settlement.

During the year 198 patients were admitted, exclusive of those from Sungai Buloh 12 were in an early stage 21 moderately advanced. Of the total 1 064 in the Settlement 812 were selected for intensive treatment 763 with hydnocarpus oil or its derivatives. Some were given the oil with 4 per cent. double distilled creosote injected subcutaneously and intramuscularly others had ethyl esters of the oil similarly administered others again iodized esters intradermally. This last is painful but popular because of the spectacular improvement. Sodium morrhuate was used intravenously in 3 per cent solution with 0.5 per cent. phenol, starting with 0.5 cc. and going up to 10 cc. It is given to those with a low reaction level. Its value seems

to be purely nutritional. Local treatments comprised rubbing with hydriocarpus gingely and other oils. Treatment of the lepra reactions has been on the usual lines, as has that of trophic ulcers and other complications.

The inmates are allowed as much freedom as possible and they find employment as barbers sweepers, dhobies wood cutters some grow vegetables and fruit or rear poultry or keep shops in the Settlement. They have a band and theatrical troupes and engage in outdoor games—football badminton swimming. There are English and Chinese schools and a Boy Scout troop.

At the Female Settlement Penang, there were 67 remaining on 31st December 1932. 13 were admitted during the year 12 deaths occurred 3 were discharged as relieved, one absconded, 5 were transferred, leaving 59 at the end of 1933.

Among in-patients at hospitals 2,413 (2,388) were treated for tuberculosis of whom 2,106 or 87.2 per cent. were pulmonary cases. Altogether 2,169 (2,168) deaths from this disease were reported 1,279 of these occurred in Singapore City [in a table this is given as 1,189 and for last year 1,088]. Doubtless many cases are not detected, but available statistics tend to show that the disease is not on the increase. It is hoped that the town-planning and housing-improvement schemes will still further lower the mortality curve.

The death rate for tuberculosis in urban districts—Singapore Municipality, Georgetown (Penang) and Malacca Municipality—is 2.3 per thousand, that for rural areas 2.5. Last year the rural death rate was only 1.3 and the statement made then that the problem is urban more than rural would seem to find less support from statistical data.

*Ankylostomiasis* is widespread in Malaya and the cause of a general low standard of health among the rural population and labouring classes. Of 7,205 faeces examined among the prisoners in Singapore Prison 1,556 or 21.5 per cent. contained hookworm ova.

*Social Hygiene (venereal diseases)*—In the table of in-patients 3,594 were treated during the year of these 2,160 were suffering from syphilis, 1,068 from gonorrhoea 257 from soft chancre 3 from granuloma venereum and 108 from "tropical bubo." Treatment centres are numerous. In Singapore are three male clinics, two female clinics and three outdoor dispensaries where these cases are attended to. In Penang are twelve clinics and dispensaries and Malacca six.

In Singapore new cases numbered 11,961 (15,972) and total attendances 161,334 (268,353) in Penang new cases 7,759 (8,546) total attendances 69,789 (77,454) in Malacca new cases 3,536 (3,225) total attendances 19,228 (16,738). Syphilis was by far the most common among the new cases in all three Settlements but the relative proportions of the others gonorrhoea and soft chancre vary much, as is seen in the following table compiled from those in the Annual Report—

	Syphilis	Soft chancre	Gonorrhoea	Others*	Total
Singapore	5,308 (4,287)	4,009 (2,223)	3,462 (2,622)	3,195 (2,829)	15,972 (11,961)
Penang	4,112 (3,374)	883 (652)	1,544 (1,377)	2,307 (2,356)	8,546 (7,759)
Malacca	1,763 (1,819)	29 (239)	660 (7*1)	515 (729)	3,225 (3,536)
Total	11,181 (9,509)	4,884 (3,112)	5,666 (4,720)	6,015 (5,914)	27,746 (31,259)

\*There is no indication in the report as to what this heading comprises.

A new clinic at Breeze Road, Kampong Bahru District treats women of all nationalities here the attendances totalled 7 080 (6 466) and new cases numbered 670 (636). Lastly, there are eight private practitioners who are supplied with drugs by Government on an agreement to treat patients at a reduced fee. Between them 1,348 (1 527) new cases were treated viz 1 094 (1 130) for syphilis and 254 (397) for gonorrhoea.

Two other diseases call for mention viz beriberi and cancer. At the hospitals 935 patients were admitted for beriberi (including epidemic dropsy) and 193 deaths occurred another 75 cases 10 of them fatal were admitted for beriberi associated with pregnancy or labour. In the whole Colony there were 721 (725) deaths from this cause.

In Singapore 689 men died from cancer and of these 465 or 67.5 per cent. were cancer of the stomach of 339 women dying from this cause 105 or 31 per cent. had gastric carcinoma and 97 or 28.6 per cent. carcinoma of the genitalia. The death rate from cancer was 40.6 per 100,000 population. The rates are given for comparison with other countries and colonies Colombo 43.1 (in 1929) 43.6 (in 1930) for Rio de Janeiro 51.4 for Naples and 51.8 for San Paulo Brazil. The contrast between the above and the low rates in Malacca 7.5 Penang 8.3 Bangkok Siam, 13.0 Havana 13.0 and Bombay 13.2 and the high rates in London 148.5 Manchester 149 Paris 149.7 Berlin 165.1 Brussels 175.6 and Vienna 208.4 is very striking.

*Singapore Prison*—A special disease or symptom-complex, is reported whose main clinical features were a superficial glossitis and an eczematous condition of the angles of the mouth and of the scrotum. A few of the patients subsequently showed a stiffness of the legs and diminution of vision. The cause is thought to be dietetic. From the symptoms thus sketched the condition strongly resembles the Central Neuritis of Jamaica the avitaminosis described by E. J. Wright in Sierra Leone and the retrobulbar neuritis of Fitzgerald Moore in Nigeria [see this *Bulletin* Vol. 13 p 372 *Bull of Hygiene* Vol. 4, p 391 Vol. 8 p 441 Vol 9 p 487].

All prisoners on a sentence of more than three weeks were given a course of polyvalent anti-dysentery serum by mouth. Among 2,969 vaccinated only 55 developed intestinal symptoms and only two had bacillary dysentery four suffered from dysentery of an undefined nature.

*Laboratory work*—At Singapore the Pathological Division examined 8,373 (8,308) specimens of which 7,538 (5,574) were sera for complement fixation. With 7 058 a comparison was made between the Wassermann and the Kahn tests and there was agreement in 83.5 per cent. Fourteen hundred and seventy (1,570) autopsies were performed, 1 049 (1 116) at Tan Tock Sen Hospital. Of these 255 (267) or 24.3 (23.0) per cent. were deaths from pulmonary tuberculosis 38 (60) or 3.6 (5.4) per cent. from malaria, 49 (66) or 4.6 (5.9) from dysentery and 21 (12) or 2 (1) per cent. from enteric fever.

The Bacteriological Division deals with specimens from the General Hospital, the Tan Tock Sen Hospital, Government clinics and dispensaries and with medicolegal exhibits. The total examined was 4,503 (3,364).

The total of specimens examined at the Penang laboratory is not stated, but among them were 6,362 sera for the Wassermann reaction

and 2,498 for the Kahn test. At Malacca 19,521 (17,796) examinations were made. Among them were 2,729 blood slides for malaria parasites and 484 were positive. Of these 280 or 57.4 per cent. were subtertian 141 or 29.1 benign tertian, 10 or 2.1 benign and malignant tertian 50 or 10.3 quartan and 3 or 0.6 per cent. benign tertian and quartan. 3,113 Wassermann tests and 1,901 Khan tests were carried out 1,003 spota and 3,539 faeces examined. Of the last practically half, 1,761 or 49.7 per cent. contained hookworm ova.

The Report of the Medical Department contains an abstract of the Annual Report of the King Edward VII College of Medicine. Seventeen medical and 20 dental students entered in June and 19 medical 7 dental left during the year. 11 completed the medical course and obtained the College diploma as did also two of the dental students. At the end of the year there were 151 students of whom 37 were dental students. An International Malaria Course was to be held in May 1934 at the College.

Research has included a review by Professor B. A. R. GATER of the Malayan anophelines in larval and adult stages. Several species hitherto completely or erroneously recorded were described. At the beginning of the year the Malaya Advisory Board approached Professor GATER with a view to the issue of comprehensive keys to the larvae and imagoes of Malayan anopheline mosquitoes. This work was completed and by the end of the year was in the press [see this *Bulletin* Vol. 31 p. 193].

Professor J. L. ROSEDALE and his staff continued their researches in nutrition, notably the investigation of local foods as to their vitamin content. Also cooking experiments were carried out with red palm oil which showed that this can be used for frying without significant deterioration of its vitamins. He found also that it could be used to combat diseases due to vitamin A deficiency but that if the oil is heated it loses all its vitamin properties.

Dr N. K. SIN investigated the occurrence of acid fast granules and granular bacilli occurring in the sputum of patients in Tan Tock Seng Hospital who presented no clinical signs of pulmonary tuberculosis [this may have some bearing upon or be linked up with Wilcocks' researches in Tanganyika Territory see *Bull. of Hygiene*, Vol. 1 p. 464].

Investigation into the value of entero-vaccination in the control of dysenteric infection was continued.

Publications by members of the College staff included—

- GATER, B. A. R. I.—The Genus *Anopheles*—*Malayan Med. J.* 1933 Vol. 8. No. 1 p. 39  
 II.—Seasonal Distribution.—*Ibid.* p. 43  
 III.—The Larval forms of *Anopheles alberti* James.—*Ibid.* No. 2 p. 98  
 IV.—Anopheline Larvae of the "unbroens group."—*Ibid.* No. 3 p. 180  
 V.—Some Remarks on *Anopheles maculatus* Theobald in relation to Malaria.—*Ibid.* No. 4 p. 277  
 HARROWER, J. G. A case of Inflamed Secular Subclavian Arterio-  
*Malayan Med. J.* 1933 Vol. 8. No. 1 p. 70  
 A case of Complicated Left Inguinal Hernia.—*Ibid.* p. 72  
 Septic Granuloma of the Vulva.—*Ibid.* p. 122  
 Hydrocephalus, a Plea for its early Diagnosis and Treatment.—*Ibid.* p. 176

- Acute Haemorrhagic Pancreatitis due to *Ascaris lumbricoides*—*Ibid* p. 295
- Treatment of Cystic Hygroma of the Neck by Sodium Morrhuate—*Brit. Med. J.* 1933 July 22, p 148.
- Skeletal Remains from the Kuala Selingsing Excavations.—*Jl Roy As. Soc* 1933 Dec.
- The Abdominal Viscera of *Nycticebus Malayensis*—*Ceylon Jl Sci* 1933 Dec.
- GAOES K. C. The Kato thermometer and Ventilation, a Review with some Observations in Singapore Schools.—*Malayan Med Jl* 1933 Vol. 8. No 2. pp 109-116
- OLIVEIRO C. J & MORRIS J P Calcium in Tropical Foods.—*Malayan Med. Jl.* 1933 Vol. 8. No 4 pp 236-238
- TRATMAN E. K. An Unusual Case of Multiple Epulides of the Medullary Type.—*Brit Dental Jl* 1933 Vol 55 pp 441-449
- Expenditure on the Department totalled \$3 524 835 (\$3 675 541) of which that for Singapore was \$2,241 610 for Penang \$924 460 for Malacca \$335,290 and for Labuan \$23 475 In addition the Municipalities spent on their Health Services Singapore \$715 000 (\$786,740) Penang \$248,394 (\$151,394) Malacca \$43,926 (\$38 186) together \$1 007,320 (\$986 320) These sums do not include the expenditure of the Public Works Department on upkeep of buildings minor repairs, etc. \$10 414 (\$14 859) spent on the Vitamin Researches of Professor ROSEDALE were provided from the Colonial Development Fund.

### Penang, Straits Settlements.

#### HEALTH OFFICER'S REPORT FOR 1933

The estimated midyear population was 156 014 (152,908) this total was made up of Europeans 1,271 (1,246) or 0.8 per cent. Eurasians 771 (1 736) or 1.1 Chinese 106,969 (104,839) or 68.5 Malays 20 611 (20,201) or 13.2, Indians 23,881 (23 406) or 15.3 others 1,511 (1 490) or .9 per cent.

There were 5 052 (5 129) births registered a rate of 32.3 (33.5) per mille among the different races the figures and rates were Europeans 32 (50) or 25.2 (40.1) Eurasians 52 (63) or 29.3 (40.3) Chinese 3 655 (3 739) or 34.2 (35.6) Malays 587 (568) or 28.5 (28.1) Indians 709 (679) or 29.7 (29.0) and others 17 (30) or 11.2 (20.3) per mille. In the cases of the Chinese and Indians the numbers were above the decennial averages of 3,538 and 609 respectively all the rest were lower but the total, 5 052, was above the average 4,900

Deaths totalled 3 592 (3 569) or 23.0 (23.3) per mille 420 of these had been less than 3 months resident in Penang and the corrected deaths totalled 3 172 (3,200) and the corrected death rate 20.3 (20.9) the numbers and rates among the different races were Europeans 12 deaths, or 4 per mille, Eurasians 27 or 15.2 Chinese 2,202 or 20.6 Malays 485 or 23.5 Indians 430 or 18.0 others 22 or 14.5 per mille. Deaths under one year numbered 737 (688) or 145.9 (134.1) per thousand births the average for the preceding decade being 725 or 148 per thousand. Of the total, 226 were under a month old and another 224 between one and three months.



Everything is done to facilitate registration of births and deaths notification may be made at the Municipal Office, or at any Police Station or Government Hospital. Births are notified within 14 days (with late fee 42 days). The number of those attended by midwives has been increased by supply of notification forms to these women and insistence on immediate completion and despatch to the Health Office. If earlier notification could be enforced, many lives would probably be saved. Less than half the total deaths were certified by medical practitioners.

*Maternity and Child Welfare*—Eight locally qualified midwives were employed in home visiting the main part of the town being divided into 8 districts two whole time District Nurses supervise the work. The total of visits was 54,538 (54,600). When a birth is reported a Sanitary Subinspector verifies or corrects the address given and forwards a list daily to the District Nurses who visit the houses and see what is required. If there is not a registered midwife in attendance one of the locally qualified women mentioned above takes charge for as long as necessary the District Nurses visiting as required.

There is nothing to add to previous accounts regarding general hygiene and sanitation. As regards *Food* much of the milk sold in Penang is brought from Province Wellesley and before a licence is granted for the sale of it a report has to be obtained from the Health Officer Province Wellesley stating the cows are kept in a sanitary shed. Every milk retailer is examined by the Deputy Health Officer before being licensed and the licence is refused if there is any suspicion of tuberculosis or other infective disease.

*Malaria* caused 51 (57) deaths, the average for the ten preceding years being double this, 102. Towards the end of the year there was a marked increase in mosquitoes in the municipal area, but not of known malaria vectors. This was ascribed to showers making breeding-places in hollows and forks of trees. Four coolies and a supervisor were got together as a tree-filling gang, cementing the breeding-places rapid improvement followed. The Indian antimosquito labour force consisted of 64 coolies and 60 boys (chokras). The arrangements were the same as those detailed in previous reports (see this *Bulletin* 1934 supp. p. 137\*).

In the spring a special Sanitary Sub-inspector was detailed for special antimalaria work round the boundary and along the beds of the main streams and a "hill gang" of eight men drawn from the other gangs was formed. Four gangs were employed in cutting down vegetation, in digging levelling, and clearing ditches in reserved roads in the Municipal limits they did other work at the request and cost of owners. Five gangs of "boys," each with a supervisor were allotted certain areas which they went through twice a week, collecting and burying tin, coconut shells and other receptacles in which mosquitoes might breed. Oiling gangs regularly oiled all ditches, swamps and streams within the municipal limits. The only permanent antimalaria work done was an extension of the scheme for the Batu Gatong area.

Forty-four (71) notifications of *enteric fever* were received 2 (0) were Europeans, 0 (4) Eurasians, 34 (47) Chinese, 5 (11) Malays and 3 (9) Indians. Deaths numbered 21 (37) the average for the previous decade being 16 of the 21 fatal cases 18 were Chinese and 3 Malays. *Dysentery* fatalities were fewer 27 (32) the average being 68.

*Diphtheria* notifications numbered 46 (29) of which 38 were Chinese there were 15 (13) deaths. Nineteen of the cases occurred in June of the fatal cases one was notified three days before death the others at the same time as the death certificates were being issued so that they had no chance from antitoxin treatment. Reported cases of *chickenpox* numbered 152 (119) 128 (86) were admitted to the Quarantine Camp and 115 of them were Indians. Total admissions for disease and for observation at the Infectious Diseases Hospital Perak Road, amounted only to 183. *Measles* is not notifiable one case was reported in November. This disease has never become epidemic in Penang. Of *whooping cough* also only one a fatal case was reported. No case of *plague* was recorded but rat destruction is continued, 9 091 were killed during the year.

*Tuberculosis* is still the chief unsolved problem of the Municipal Health Authority and is likely to remain so as long as there is over crowding with lack of sunshine and fresh air accumulation of dirt poor nutrition and so forth. Even under conditions as they existed there had been a considerable fall in the number of deaths 253 (324) in hospitals and recorded by private practitioners 170 (209) recorded by the Deputy Registrar 61 (113) and by the Coroner 1 (3). The average for the preceding decade was 438. There were 523 deaths recorded as due to Unspecified Fever and in 476 the record was made by the Deputy Registrar on information obtained from friends and relatives of the deceased hence it may be assumed that some at least of these were cases of tuberculosis. Most of the notifications were from the Government Hospital and the majority of these are in a late stage of the disease.

Lastly *beriberi* accounted for 92 deaths 84 Chinese 6 Indian and 4 Malay.

*Expenditure* totalled \$148 591 (\$151,393) which includes the upkeep of the Quarantine Camp the District Nurses scheme and the cost of vaccination and antimalaria work.

#### MUNICIPALITY OF SINGAPORE (1933)

*Vital Statistics*—The mean annual population of the Municipality was 477,380 (460,271) of whom 6 766 (6 649) were Europeans 6 333 (6,235) were Eurasians 367 782 (362,112) Chinese, 45,591 (44,946) Malays 42 961 (42 506) Indians and the remainder 7,947 of various other races. Births totalled 16,881 (16 589) or 35.3 (35.2) per thousand, the average for the preceding decade being 33.4. Deaths of which 64.5 (63.5) per cent were certified by medical men numbered 9,387 (9 480) a rate of 19.6 (20.1) the decennial average being 27.5. Among the number were 220 who had been less than three months in Singapore if these be deducted the rate is 19.2 (19.6). This is declared by Dr HUNTER to be probably the standard death rate for Singapore while living conditions remain as they are many dwellings crowded together in hovels in back to-back buildings, sunless and badly ventilated with no facilities for cooking or washing and no modern drainage and living on food of poor quality prepared handled and distributed by itinerant hawkers. If these evils could be removed, the death rate might

decline another 5 per cent. says Dr HUXTER (7.5 per mille]. The main causes of death both this year and last, were pneumonia and bronchitis first, tuberculosis next, with malaria seventh in order.

Infant mortality 2,980 (2,994) or 178.5 (180.5) per thousand births is the lowest rate on record—the average for the preceding ten years was 212.2. Tetanus as a cause of infant deaths nearly doubled its figure, 188 (95) of these 80 were notified by the coroner. Syphilis was held accountable for 104 but this is probably an underestimate, since some perhaps a fair proportion, of the 600 dying from "infantile convulsions" and of the 578 from "diseases of early infancy" were in all probability syphilitic. Of 80 mothers of stillborn babies 27.5 per cent gave a positive Wassermann reaction 15.6 per cent. of 489 mothers of infants dying from any cause while at the Infant Welfare Centre 18.1 per cent. of 927 mothers of ailing children reacted positively since the testing of the sera of these women was instituted 1,857 have been examined and 23.6 per cent. found positive.

*Maternity and Child Welfare*—The four District Sisters paid 19,398 (19,173) visits, mostly in connexion with the supervision of midwives and care of sick mothers. Of 14,666 mothers visited 10,069 were living in cubicles or single rooms 3,873 (3,452) mothers had no skilled attention at birth in spite of the fact that at each of the two large clinics there is a midwife whose services may be obtained free. They did attend 579 (250) or more than double the number of cases of last year and they gave post natal assistance to another 308 paying a total of 3,649 visits.

On the clinic registers 14,190 (14,309) new babies were entered, i.e., 84 (87) per cent. of all births 49,237 (41,205) consultations were held, and 106,817 (97,202) house visits were paid. The increase was due in part to unemployment and consequent poverty. Free milk was given to as many poor patients as possible and 20,480 tins of condensed milk were distributed during the year. Many of the mothers applying for treatment were found to be suffering from beriberi, aggravated by recent parturition.

Dr Muriel CLARK the Lady Medical Officer in succession to Dr Elsie CROWE believes that improper diet and dirty feeding bottles were responsible for much of the infant morbidity. Of 14,571 births notified (including 85 pairs of twins) 13,916 were seen by the District Sisters. Of the remaining 835 stillbirths numbered 296 182 died or were given away and 367 were being nursed out, an indication of the existing poverty. Dr CLARK agrees with her predecessor that inherited syphilis is the chief cause of infant mortality.

*General Hygiene*—The municipal water supply is well safeguarded during the year 7,813 (6,927) routine samples were analysed. Algal growth in one reservoir was a source of much trouble to the engineers. The use of copper sulphate entailed a serious risk of destroying fish in the reservoir and as a plentiful supply was available from other sources, supply from this one was stopped to allow natural purification to take place. The supply comes ordinarily from the Peirce reservoir on Singapore Island and Sultan Ibrahim reservoir in Johore up to the end of May water was obtained also from the MacRitchie (Singapore Island) and Pontian (Johore) reservoirs.

The chemical treatment employed depends on the type of sand filters used. In Johore rapid sand filtration necessitates efficient coagulation

of all suspended and colloidal matter prior to filtration. Aluminium sulphate is added to the raw water (1 oz. per 1 000 gallons) and coagulated solids are allowed to separate in large settling tanks before the water is passed to the filter beds. After filtration lime ( $\frac{1}{2}$  oz. per 1 000 galls.) is added to make up for the lost alkalinity and the water is then chlorinated.

In Singapore, slow sand filtration does not need coagulation of solids prior to filtration.  $\frac{1}{2}$  oz. lime per 1 000 gallons is added before filtration and chlorine after ( $\frac{1}{10}$  oz. per 1 000 galls.)

Sewage passes through grit or detritus tanks and sedimentation tanks to separate the solid matter. This accumulates at the bottom and is pumped to other tanks where it undergoes fermentation to yield finally an innocuous substance. The remainder is run through large filter beds of screened coral where it is oxidized to a clear harmless fluid. This is passed through more sedimentation (humus) tanks for deposition of further organic matter and then passes to a stream, the product being of a standard above that of similar effluents in England.

Special investigations at the Chemical Laboratory have been undertaken in connexion with sewage. These included (1) The Bio-flocculation Treatment of Sedimentation Tanks Effluent. This has the advantage of being able to remove the fine colloidal solid matter from the effluent. These solids are not dealt with very efficiently by simple filtration through coral. (2) Digestion of Sludge from the Sedimentation Tanks. (3) Treatment of Crude Night-soil in Tanks.

**Food**—Milk as retailed in the streets has improved but the amount of adulteration is still very great. Of 232 samples from licensed vendors 53 or 22.8 per cent. were unsatisfactory and of 68 from unlicensed vendors 32 or 47 per cent. were below standard. It was found also that gross adulteration was carried out at the eating houses even up to the addition of two-thirds water. Nothing yet has been done with regard to compulsory pasteurization of fresh milk (referred to last year see this *Bulletin* 1934 Supp p 139\*) the duty of establishing centres must devolve on the Commissioners and funds at present are not adequate.

A check was kept on aerated water factories and soda fountains. Sometimes the water from the latter showed traces of lead or copper but this was remedied by cleansing the machines.

Three probationary Inspectors attended the local school at Jalau Klapa and obtained the certificate of the Royal Sanitary Institute.

We now pass on to a brief consideration of the prevalent diseases. Deaths from malaria totalled 366 (463) but at most 30 per cent. of the patients contracted infection within municipal limits for at the Health Office Dispensary where most of the 850 members of the staff and all the 7,900 of the labour force are treated only 56 primary attacks were recorded during the year.

At the Bacteriological Laboratory among 3,923 (4 063) films examined parasites were found in 521 (441) or 13.2 (10.8) per cent. Of those positive 301 or 57.8 (59.4) per cent. were benign tertian, 213 or 40.9 (38.5) subtertian, 4 or 0.7 (1.1) quartan and 3 or 0.6 (1.0) per cent. mixed benign and subtertian.

**Antimalaria measures.**—New works—clearing draining ditching—were carried out in certain areas and existing works were extended in others. Routine work was maintained systematic surveys were carried

out and collections of larvae made for examination and identification in the laboratory. Visits were paid by Sanitary Inspectors to control domestic mosquito breeding. Seven gangs of 20 men were constantly employed on maintenance in existing work areas, two gangs on new works and two on patrol work in Katong and Siglap areas. Six Field Workers were continuously engaged in routine mosquito surveys till July and after that date three. They brought 3,089 collections of larvae for identification. At the end of the year there were under permanent maintenance 132 separate antimosquito areas.

Notifications of cases of infective diseases numbered 1 780 (1,660, thus being the highest in the table giving the returns since 1923. The average for the decade 1923-32 was 1,256.6. Enteric fever was responsible for 248 (114) the average for the decade being 147.8. Eighty-four notifications were of school-children. These were investigated by Dr CANTON. Many of the children identified a hawk who was found to be a faecal carrier. 19 cases occurred at St. Joseph's in April-June (see p 160\* above) and 13 in Emerald Hill in August and September. In connexion with these also a hawk carrier was discovered and after he had been isolated no fresh cases occurred. The hawkers live crowded together under bad conditions and 600-700 of them perambulated the Emerald Hill district daily. Dr HUXTER, the Municipal Health Officer has encountered a good deal of opposition for not a little of the enteric fever in Singapore. In the Bacteriological Laboratory 800 (430) sera were examined for agglutinins. 50 reacted positively with *Bact. typhosum*, 7 with *Bact. paratyphosum A* and 11 with *Bact. paratyphosum B*. The increase in number of sera was due to examination of 281 hawkers, two were found to be passing the *Bact. typhosum* in faeces, there were no urinary carriers detected. At the laboratory 1,356 faecal specimens were examined for dysentery and *E. histolytica* was found in fifty.

*Diphtheria* notifications were almost doubled 244 (124) the decennial average being 56.9. The increase is due in part to notifications by Infant Welfare visitors who obtained swabs from all doubtful or suspicious cases of babies under one year. Of 104 such, 7 were positive. Also among 541 swabs from contacts in houses whence cases had been notified 58 or 10.7 per cent. were positive. Thirdly the practice was continued of taking swabbings from all children dying under 10 years of age who had not been seen during life by a medical man. Of 627 such there were 32 positive. At the Middleton Hospital 162 patients were treated, 159 (90) being fresh admissions during the year. There were 45 deaths, a fatality rate of 27.7 per cent. Thirty of the patients died within 24 hours of admission. If these are excluded the fatality rate would be 11.6. Forty-seven were laryngeal cases and 25 required tracheotomy. Eighteen of the fatal cases were patients who had been ill for a week or more before admission.

At the laboratory 3,899 specimens were received for examination for *C. diphtherias* and 624 yielded positive cultures. 890 were sent in by inspecting officers and 31 of them were positive. Of 35 cultures tested 12 were found to be virulent. More than 100 local strains were collected for study regarding the type prevailing—*gravis* with, or intermediate. This investigation had to be intermitted owing to the typhoid enquiry but is to be resumed later.

There was one case of *plague* the first since 1929. This was a Bengali watchman on Boat Quay in March. Many dead rats were found there and one was proved to be plague infected. Routine trapping of rats was carried out. 5 179 were examined at the laboratory all were negative for plague except the one referred to.

There was 1 (8) case of *smallpox* discovered on 30th June. This was an Indian labourer who had come over on the 17th. He died and no signs were found of previous vaccination. During the year 14 658 vaccinations were performed in the municipality. 11 452 by municipal vaccinators (10 428 of the subjects were children under 12 months old) 2,408 by medical practitioners and 798 by private vaccinators.

There has been no case of *cholera* notified since 1928. *chickenpox* and *mumps* accounted for 276 and 179 cases respectively at the Middleton Hospital.

*Tuberculosis* notifications have increased 970 (846) the preceding decennial average being 694.7. Notification is not complete. Deaths from this disease numbered 1 189 of which 1 094 were from the pulmonary form. At the laboratory 1,318 (919) sputa were examined and 315 (227) or 23.9 (24.7) per cent. were positive.

The work done at the *Bacteriological Laboratory* has been mentioned above in the respective sections to which it applied. In addition to what has been already noted it may be stated that the number of examinations has again surpassed that of previous years 32,686 (30,503). Among them were 4 209 (4,333) faecal specimens. 1 033 or 24.5 per cent. showed ova of *trichuris* 785 or 18.2 those of *ascaris* and 445 or 10.5 per cent. those of *ankylostomes*. Two thousand three hundred and forty (2 041) sera and 8 spinal fluids were subjected to the Wassermann test and 2 211 (1 793) to the Kahn test. There was agreement in 87 per cent. At the *Chemical Laboratory* 14 431 samples were analysed among them were 8,514 of water 2 573 of food and drugs, etc. The special investigations on sewage have already received mention.

## MALAY STATES NOT INCLUDED IN THE FEDERATION

### Johore (1933)

The State of Johore lies at the southern extremity of the Malay Peninsula. To the north is Pahang, to the north west Negri Sembilan and Malacca, on the west the Straits of Malacca, on the south the Strait North of Singapore, and on the east the China Sea. The area of the State is about 7,320 square miles, almost exactly that of Wales.

A few words by way of introduction may be written concerning the Health Organization of the State of Johore. The Department is under the control of the Principal Medical Officer. There is a Senior Health Officer who is responsible for all Town Board areas in the State for school medical inspection and women's and children's clinics. He is assisted by two Health Officers, an Assistant Health Officer, two Lady Medical Officers, a Dental Surgeon, nine Health Inspectors, 16 Sanitary Inspectors and four antimalaria supervisors. A Lady Medical Officer and an Assistant and two maternity nurses are attached to the Johore Bahru and Muar Women's and Children's clinics and motor travelling dispensaries in Muar, Batu Pahat and Segamat co-operate in treating school children, members of the Police

Force cooks of the Public Works Department, yaws cases and in performing vaccinations.

In May a service was started for treating patients in interior villages. A dresser and an attendant visited every village and kampong between Gerak and Bukit Kepong three times a month, seeing the sick and giving them medicine.

*Total Statistics*—The estimated mid-year population was 580,020 (545,320) made up of Malaysians 268,806 (252,837) Chinese 246,873 (232,104) Indians 58,783 (55,184) Europeans 833 (782) Eurasians 348 (327) and 4,377 (4,066) of other races together. Thus, 46.3 per cent of the population were Malaysians, 42.5 per cent Chinese, and 10.1 per cent Indians.

There were 20,181 (18,379) births registered, or 34.6 (33.7) per mille the highest rate being 42.0 (39.0) among Malaysians Eurasians coming next with 34.4 Chinese with 30.8 and Indians 19.2. Registered deaths numbered 9,741 (9,502) or 16.8 (17.4) per mille. Deaths among Malaysians were 5,186 or 19.2, Chinese 3,704 or 15.0 Indians 794 or 13.5.

Infant mortality 3,010 (2,571) gives an I.M.R. of 149.1 (139.8) per thousand live births. [But, in a detailed table of deaths at ages there were under one year a total of 3,379 which would give a rate of 167.4. In this table (Table II J p. 88) 803 died under 4 weeks, 666 under 3 months, 568 under 6 months and 1,342 between 6 and 12 months, 3,379 altogether. There are also differences in each district detailed. The total 3,010 in one table is made up of 556 in Johore Bahru, 244 in Segamat, 378 in Kulup, 186 in Kota Tinggi, 89 in Endau, 591 in Batu Pahat and 858 in Muar. In the previous table with details by age the corresponding figures give totals of 591 in Johore Bahru, 348 in Segamat, 402 in Kulup, 189 in Kota Tinggi, 83 in Endau, 708 in Batu Pahat and 1,048 in Muar. these together make 3,379.]

European officials numbered 117 (178) none was invalided or died during the year. In 1932 one was invalided. Among 5,900 (5,114) Asiatic officials 14 (6) were invalided and 9 (5) deaths occurred.

*Labour Statistics*—The monthly average of labourers on Estates is given as 38,815 and their dependents as 8,420 i.e., 47,235 together. Among these there were 470 deaths a rate of 9.9 per mille. [In the detailed returns for individual Estates, however the monthly average of labourers totals 28,023 and their dependents 5,138 together 33,161. There were 200 deaths among the former or 7.6 per mille and 270 or 52.5 per mille among the latter i.e. 470 in all, a death rate of 15.0.] In the statistical summary regarding incidence of the most important diseases and deaths therefrom it is stated that there were 6,896 cases of malaria with 76 deaths, 5,454 of "fever unspecified," 21 deaths, 218 cases of dysentery 4 fatal, 413 of pneumonia with 78 deaths, 78 of phthisis 12 deaths, 218 of beriberi, 6 fatal, and 1,557 of ankylostomiasis, no deaths.

Among Federated Malay States Railway employees there were 345 (328) admitted to hospitals and 8 (6) died. 637 attended outdoor dispensaries. The chief causes of admission to hospital were malaria 85 and influenza 57 of the deaths five were due to pneumonia and one to pulmonary tuberculosis.

*Maternity and Child Welfare*—Seven new midwives were given certificates authorizing them to practise. 23 probationer midwives

were in training during the year. Ninety three certified midwives were practising in Johore 58 in the Town Board area of Johore Bahru 15 in Muar 8 in Batu Pahat 4 in Kluang 3 in Segamat 2 in Tangkak and one each in Kota Tinggi Mersing and Pontian Keohil.

Admitted to Government Hospitals were 1,368 (1,206) cases of maternity and 171 (152) confinements were attended at the patients homes 149 ante- and 711 post-natal visits were paid to the homes of patients. Among hospital cases there were 35 (27) maternal deaths a M.M.R. of 25.5 (22.3) five deaths were due to puerperal sepsis and four to eclampsia.

There are Women's and Children's Clinics at Johore Bahru and Muar. At the former there is a staff consisting of a Lady Medical Officer a maternity nurse five certified midwives and two dressers at the latter an Assistant Lady Medical Officer a maternity nurse three certified midwives and one dresser. At the two centres 6,674 (6,235) new cases of infants and children were seen and attendances totalled 18,701 (12,582) 7,001 at Johore Bahru and 11,700 at Muar. Of the women 4,730 new cases were seen attendances on 1,277 expectant mothers were 3,216 and total attendances were 13,075. The large number of 22,040 (18,414) domiciliary visits were made. Five hundred and seventy-seven (451) maternity cases were conducted.

*Schools.*—Fifty-seven Government schools with 6,442 pupils were medically inspected a card is kept with details of each pupil. Enlarged spleen was found in 242 or 3.7 per cent. 902 or 14.0 had defective teeth and 653 or 10.1 per cent enlarged tonsils. One hundred and eighty-four teachers employed in Government schools were examined for signs of pulmonary tuberculosis. In Segamat 11,057 schoolboys were seen by the motor travelling dispensary and 567 attended the outdoor dispensary. Dental clinics were maintained in Johore Bahru Muar and Batu Pahat.

There is little to add to what has been said in previous reports with regard to *General Hygiene and Sanitation*. In Johore Bahru the town water supply in Kluang issues from the hill stream behind the hospital and is not sufficient for the needs of the people. A site has been chosen for a new source of supply. Considerable progress has been made in bringing the new water supply from Mount Ophir to Muar. At the end of the year the pipe line to the Bukit Treh Reservoir in Muar was almost completed. In Batu Pahat the supply is adequate it comes from hill streams but is not filtered. Examinations of it are made monthly at the Johore Bahru health laboratory.

Food is inspected and the sale of it controlled by the Town Boards and Health Officers. Milk vendors eating houses, coffee-shops meat-shops, aerated water factories and hawkers are licensed and inspected. Seventeen visits were paid to 11 pineapple canning factories. Food deficiency diseases were much less evident beriberi cases dropped from 1,086 to 559 cases but the fatality rate was higher 7.5 (4.5).

*Hospitals Dispensaries Clinical Returns.*—Including the Leper Asylum, the Mental Hospital and Gaol Hospitals, there are 16 Government Hospitals. Admissions to these totalled 25,165 (25,182) and the total treated as in patients during the year was 26,839 (26,711). Out patients totalled 154,722 (123,585). At 15 Government Hospital dispensaries 70,721 new cases were treated and attendances totalled



population of approximately 231,821 of whom 75 per cent. are Malays. Central Kedah 1,546 sq miles and population 70,758, of whom half are Malays and the remainder Chinese and Indians in about equal numbers. South Kedah 553 sq miles, population 141,632, of whom some 45 per cent. are Malays, 22 per cent. Chinese and 20 per cent. Indians. Lastly the island of Langkawi and the adjacent islands, 59 sq miles population 12,836 mostly Malays.

*Vital Statistics.*—The total population of the State was estimated as 453,366 (443,021) of whom 289,214 (288,212) were Malays, 83,470 (81,184) were Chinese and 56,009 (53,624) Indians. Births numbered 17,033 (16,182) or 37.5 (36.5) per mille of these 12,030 (11,385) were among the Malays, a rate of 41.6 (39.8), 3,215 (2,897) or 38.5 (35.6) among Chinese and 1,420 (1,483) or 25.3 (27.6) among Indians.

There were 9,247 (8,173) deaths, or 20.4 (18.4) per mille by race, 6,297 (5,414) were Malays, a rate of 21.7 (18.6), 1,775 (1,647) were Chinese, a rate of 21.2 (20.2) and 905 (823) were Indians, a rate of 16.1 (15.3). Infant deaths numbered 2,368 (1,940) or 140.7 (119.8) per mille a large increase which is ascribed in part at least to more accurate recording. In the past a birth was not registered immediately and if the infant died in a few hours, or even days, neither the birth nor the death was registered. This cannot however be the whole story for the rates by race show great increase in the case of Malays, a smaller increase among Indians and little among Chinese. Thus the infant mortality rate among Malays has risen from 96.5 in 1931 to 109.6 in 1932 and 135.5 in the year under review among Indians from 177.2 last year to 192.9 and among Chinese from 135.6 to 196.8 per thousand births. Maternal deaths 192 (204) give a maternal mortality rate of 11.2 (12.6).

Of the causes of death "Fever unspecified" heads the list with 4,140 or nearly half (44.7 per cent.) of the total, "convulsions" coming next with 1,803 malaria accounted for 291 and tuberculosis for 202, as registered.

*Vital Statistics on Estates* are given in two sections, for those with European and those with Native holdings. The population on the former was 30,818 (27,835) the majority 25,896 were Indians, 3,712 were Malays and 1,094 were Chinese. Deaths in the lines numbered 199 (176) or 6.4 (6.3) per mille and in hospital 382 (19). No explanation is given for this 20-fold increase in hospital deaths. The population on Native holdings was 29,206 (9,948) of whom 11,914 were Malays, 9,811 Chinese and 7,414 Indians. There were 33 [elsewhere given as 39] (42) deaths in the lines and 7 (5) in hospital. It will be seen therefore, that the total estate population was 60,024 (37,633) the total deaths 621 (7,627) (242) a rate of 10.3 (7.10.4) (6.4) per mille.

European officials numbered 84 (88) the average resident 44 (44) Asiatic officials numbered 75 there being 67 resident on the average. There were no invalids in either class and no deaths this year last year one of each died.

*Maternity and Child Welfare*—The maternal mortality has been mentioned under Vital Statistics. Still births numbered 784 (852). In North Kedah the Lady Medical Officer attended 1,917 new cases, viz. 1,297 at the Alor Star Town Dispensary 352 at the Alor Star Hospital, 183 home visits, and 83 at the Malay Women and Children's Dispensary Pumping.

*School Hygiene*—The water supplies and sanitary arrangements at the schools have generally improved new and protected wells were constructed and proper latrines built Forty-eight schools were visited. In Malay schools there were 2 852 pupils on the register and 2,377 were examined. Dental caries of all grades was found in 34.6 per cent and splenic enlargement in 6.6 per cent. Among 1 047 on the register of Chinese schools 778 were inspected caries was present in 72.6 and splenic enlargement in 4.3 per cent.

*Hospitals Dispensaries etc*—The State is fairly provided with medical institutions In North Kedah there is a hospital with 300 beds at Alor Star a dispensary at Mukim Pumpang for Malay women and children, and four outdoor dispensaries at Alor Star Town Kuala Nerang, Changloon and Yen. In Central Kedah are two hospitals one at Sungai Patani (285 beds) and one at Baling (28 beds) and an outdoor dispensary at Sik South Kedah has a hospital (200 beds) at Kulim and a dispensary at Bandar Bahru At the hospital a ward for phthisical patients has been completed. In the Langkawi district is a hospital (63 beds) at Kuah. Apart from these specially named dispensaries each hospital has its own outdoor dispensary and the North, Central, and South Districts have each of them a motor dispensary for visiting schools villages and police stations.

In the hospitals and Prison sick wards a total of 13 617 (12,473) were treated as in patients and among these there were 646 (596) deaths a fatality rate of 4.7 (4.7) per cent. The greatest number 5 477 were treated at Alor Star Hospital next 4 182, at Sungai Patani, and 3 051 at Kulim. As regards race, Chinese headed the list with 5,827 (5 102) Indians came next with 5 746 (5,365) and Malays much less 1 786 (1 694). Prevailing diseases among the in patients were malaria 2,755 (2 527) ulcers 1 038 (1 034) pulmonary tuberculosis 353 (373) other respiratory affections 743 (513) ankylostomiasis 661 (655) and dysentery 194 (188) amoebic predominating 130 (142) over bacillary 64 (46).

At outdoor dispensaries (including the Travelling Dispensaries) 71 108 new cases were treated.

In 2,263 of the malaria patients the nature of infection was determined 1,204 or 53.2 per cent. were benign tertian 959 or 42.4 per cent. malignant tertian 54 or 2.4 quartan and 46 or 2.0 per cent. mixed. Altogether 291 (206) deaths were ascribed to malaria, but doubtless among the 4 140 (3 596) deaths from unspecified fever were cases of malaria.

At Alor Star *Anopheles hyrcanus* was found breeding in swampy ground and in padi fields filling up of the swamp is too expensive an undertaking at present but oiling of breeding sites is carried out. At Sungai Patani the hospital ravine has been drained and elsewhere oiling is utilized. In Kulim the Tebun Valley is now practically all drained with subsoil drains. In Kuah (Pulau Langkawi) malaria occurred about the middle of the year two large breeding places of *A. maculatus* were discovered temporary drains were made and oiling carried out and since then no cases have been reported.

Thirty nine (31) notifications of enteric fever were received dysentery cases are not known except for the 194 in patients referred to above. There were no cases recorded of cholera smallpox or tropical typhus

but 18,532 vaccinations were performed, 10,804 in North Kedah, 4,850 in Central and 2,447 in South Kedah and 331 in Langkawi.

Two hundred and six cases of *leprosy* were recorded, of which 69 were fresh admissions. 127 were treated in Pulau Jerejak, 47 in Kedah hospitals, 12 in Sungai Butoh, 11 in Pangkor Lant and 9 in Jelutong Penang. Cases of *tuberculosis* notified numbered 144 (239) in the hospitals a total of 353 received in-patient treatment and 334 or 94·6 per cent. were cases of the pulmonary form.

In the hospital laboratories 33,728 specimens were dealt with, 12,423 at Sungai Patani, 10,318 at Kulim, 7,599 at Alor Star, 1,730 at Langkawi and 1,658 at Baling.

Expenditure on the Department was \$407,465 (\$421,068) the revenue of the State is not mentioned.

### Perlis (1933)

Perlis is the most northerly of the Malay States, lying on the west coast of the Malay Peninsula. It is bordered on the interior by Siam to the north and Kedah to the south, and has an area of about 316 square miles.

*Vital Statistics*.—The population is estimated as 51,644 (49,800) among these 41,078 (40,470) were Malaya, 7,423 (6,519) Chinese and 1,005 (983) Indians. Births 1,436 (1,272) give a birth rate of 27·8 (25·5). The figure 1,436 however is that of total births and includes 46 infants stillborn. If live births only are taken into account the rate would be 28·9 per mille. Deaths totalled 855 (743) a death rate of 16·5 (14·9) the rate was highest 24·9 among the Chinese, next 19·9 among Indians and lowest 15·0 among the Malaya. Infant deaths 134 (130) give an I.M.R. of 96·4 (102·2) and maternal deaths 32 (23) a maternal mortality of 2·2 (1·8) per cent. total births.

The Estate population, labourers and their dependents, totalled 371 on the Estates there were three births, no deaths, but there were 20 admissions to hospital and four of these patients died. There were only 2 (4) European officials, and 295 (305) Asiatic officials among the latter 2 (5) were invalided and 1 (0) died. The causes of neither invaliding nor death are mentioned.

Sixteen schools were visited by the Travelling Dispensary and of the 24 Malay vernacular schools (4 for girls and 20 for boys) 14 boys' schools were visited by the Assistant Surgeon. Among these 1,351 pupils were on the register and 1,145 were examined. Dental caries was observed in 82·1 per cent and enlarged spleens in 23·4 per cent.

*Hospital Dispensaries*.—In-patients at the General Hospital, Kangar numbered 1,373 (1,105). As regards the prevalence of diseases "there was an increase in the number of cases admitted for malaria, dysentery, amoebic, pneumonia, ankylostomiasis

a distinct fall in the number of cases admitted for enteric fever and pulmonary tuberculosis. These facts are shown in the following figures: malaria 363 (297) amoebic dysentery 19 (7) pulmonary tuberculosis 24 (46) pneumonia 55 (35) ankylostomiasis 47 (28). Of the malaria patients 7 were admitted with cachexia, in 44 the type of infection was not diagnosed of the remaining 312, there were 140

or 44.8 per cent with subtertian infection 108 or 34.6 with benign tertian 3 or 0.9 with quartan and 61 or 19.5 per cent with mixed infection. Of the total admitted 17 (5) died. Three hundred and twenty-seven (330) deaths were ascribed to 'fevers.'

Among the out patient attendances were 7 059 (6 570) new patients of whom 4 485 (4,228) were Malays 1 388 (1 185) were Indians and 1,012 (1,011) were Chinese. The Travelling Dispensary attended 957 (1 123) cases this number is exclusive of those seen in coolie lines schools and Police stations.

Among the other diseases mention must be made of *rabies*. Fifteen cases of dog-bite were reported brains of three dogs were sent to the Institute for Medical Research at Kuala Lumpur and all were found positive for Negri bodies. Nine persons were bitten by dogs actually or suspected of being rabid, two refused treatment. Another patient, an Indian child of 8 years who had been bitten 2 months before admission to hospital died in a few hours after entering, he had received no treatment in the interval.

Deaths from *tuberculosis* numbered 45 (29). *Smallpox* is not mentioned but 2,048 vaccinations were performed 1 665 of the subjects being Malays.

Expenditure on the Department totalled \$21 379 (\$22,358) what proportion this bore to the revenue of the State is not given.

### Kelantan (1933)

The State of Kelantan is on the eastern side of the Malay Peninsula. On the north is the China Sea, on the south Pahang on the east Trengganu and the China Sea, on the west Perak and Siamese Territory. The area is estimated at 5 720 sq miles or rather less than that of York shire.

The general health of the State is believed to have been good on the grounds that the number of deaths notified was less and that fewer persons have applied for treatment at the Travelling Dispensary it is stated, however that death registration is imperfect.

Vital Statistics are far from satisfactory and are difficult to evaluate from the data supplied. The reader is told that the Birth and Death Registration Enactment of 1930 makes notification of deaths within 12 hours and births within 2 weeks compulsory but that Birth and death notification is probably still too unreliable to be used in estimating the population and vital statistics are given (in Appendix IX) merely for comparison with previous years. Now Appendix IX gives the total population and the numbers of the races composing it exactly the same as last year. Emigration is stated to be a minor factor and reported births have exceeded deaths by 4 534 nevertheless the births, deaths and their rates are given with reference to the 1932 population. The difficulty is increased by there being different figures in different parts of the report.

Births numbered 10,973 (12,831) which on the basis of the population as given (that of 1932) namely 369 411 shows a rate of 29.7 per mille [entered in one place as 29.4 in another as 34.8] as compared with 34.7 in 1932. Deaths totalled 6 439 (6 624) or a rate of 17.4 [not 17.04] (17.9). Infant deaths 1 423 (1 434) give an infant mortality rate of 129.6 (111.7) per thousand live births.

The stated causes of death except of patients in hospitals, are not reliable since only a few are seen by persons capable of giving a correct diagnosis. We are told for example, that deaths are diagnosed as due to "headache" "stomach-ache" and "possessed of a devil."

There were 22 (28) European officials of whom the average number resident was 18 (20) there was no invaliding or death among them. Non-European officials numbered 1 138 (1 143) the average resident being 633 (660) 19 were invalided and 2 died. The causes either of invaliding or death are not stated.

*Maternity and Child Welfare*—There is no organized Child Welfare work but in Kota Bharu infants are seen any morning at the Female Hospital and the number of parents availing themselves of this is increasing 52 children were brought during the year. Forty-five midwifery cases were attended in the State hospitals 36 in Kota Bharu and 9 in Kuala Krai.

*School Hygiene*—There are 65 vernacular Malay schools 42 of the more accessible were visited and 2,207 children examined. Only at six schools were the spleen rates over 20 per cent. four were in inland villages and at Kampong Kenor the rate was 37.5. At Genuong it was 52.8 per cent., although this is in the coastal belt where malaria is generally less common this village however is near steep hills. In 13 of the 42 schools visited the rate was nil and 12 of them were in the flat coastal belt. Kota Bharu has a low malaria incidence among 124 children attending Padang Garong School in the town, the spleen rate was only 1.8 per cent.

*General Hygiene and Sanitation*.—In the towns refuse is disposed of by incineration. Night soil removal is by the single bucket system, disposal being by trenching outside the town limits. In Kota Bharu (except the new and well planned market area) satisfactory conservancy is impracticable the dwellings having been put up haphazard with no back lanes. By a new Town Planning Scheme no repairs are to be allowed to existing buildings and as these are demolished new buildings if erected must be in accordance with the regulations.

The water supply depends on wells, some deep but more commonly shallow. A site has been found where a good supply is obtainable analyses have proved the water to be satisfactory and by the end of the year arrangements were being made to construct a town supply from this source.

*Labour*—On 7 visited estates the total labour force was 2,016 633 of these were admitted to Estate Hospitals during the year and 42 died, a mortality rate of 20.8 (17.0) per mille. Indians numbered 1 023 and among them were 32 deaths or 31.2 per mille. Considerable care is given to infants and only 7 died of 51 born (6 out of 30 in 1932, and 33 out of 73 in 1931).

In order to detect malaria carriers the visiting medical officer examines the blood of all labourers periodically and treats any person found positive.

*Hospitals and Dispensaries*—There are as before, five hospitals in Kota Bharu namely a General Hospital for males (192 beds) a Female Hospital (60 beds) a small European Hospital, and hospitals for Mental Diseases and for Isolation cases. At Kuala Krai is a District Hospital (56 beds) There are three permanent Dispensaries, namely

at Tumpat Pasir Puteh and Pasir Mas (the last having been opened on 1st September) and a Travelling Dispensary

In-patients at the hospitals numbered 5,559 (5 545) and dispensary attendances totalled 199 431 (229 155) At the separate hospitals —

1 The European Hospital. Twenty five (20) admissions among them only 3 on account of malaria all were infected with the subtertian parasite and all were from estates.

2. Kota Bharu (male) Hospital 2 745 (2,694) new cases and 2,868 (2,846) patients treated altogether The chief diseases were chronic ulcers 832, ankylostomiasis 445 malaria 332 and venereal diseases 312. Out patient attendances numbered 50 365 (61 082) and new cases 42,430

3. Kota Bharu Female Hospital 684 (576) admissions 721 (618) patients treated 34 (27) maternity cases.

4 Kuala Krai Hospital 1,897 (1,989) treated as in patients 1 832 being new admissions. The prevailing diseases were malaria 631 chronic ulcers 311 venereal diseases 76 ankylostomiasis 53 Out patient attendances totalled 20 549 (18 653) of which 17 597 were of new cases.

At the three Dispensaries there were 26 610 fresh cases and a total of 52,084 attendances the chief diseases being yaws malaria and venereal affections. At the Travelling Dispensary attendances totalled 76 433 the greatest number being for yaws (12,552) skin diseases of various kinds (11,334) helminthic infestations (10 972) malaria (10 524) and eye diseases (2,797)

Malaria — 17.2 (15.6) per cent. of patients admitted to Government Hospitals were suffering from malaria and 38 (21.3) per cent. of those admitted to estate hospitals. Among the latter 101 deaths were reported from this cause. Altogether in the tabulated Government Hospital returns 964 patients were treated, excluding 3 cases of blackwater fever Of the total 119 were cachectic 440 were not defined as regards infection in 405 the plasmodium was determined 322 or 79.5 per cent. were subtertian 58 or 14.3 benign tertian 19 or 4.7 quartan and 6 or 1.5 per cent. had a mixed infection. In the Kota Bharu Hospital 194 positive films gave 122 *P. falciparum* 48 *P. vivax* 18 *P. malariae* and 4 *P. falciparum* and *P. vivax* In Kuala Krai Hospital of 1 206 films 284 were positive 206 or 78.0 per cent. being subtertian Three cases of blackwater fever were treated at Kuala Krai Hospital and 1 died and 1 was admitted to the Kerilla Estate Hospital.

In hospitals quinine or atebryn followed by plasmoquine is used totaquina for outdoor treatment by the Travelling Dispensary Regular oiling of breeding sites is carried out at Kota Bharu Kuala Krai and Pasir Puteh and in Kuala Krai good progress has been made in straightening the stream Sungai Kerukut which runs a winding course through the town limits.

There were 11 admissions for enteric fever to the Kota Bharu State Hospital 8 of typhoid and 3 of paratyphoid A in none was the source of infection traced. Of the dysenteries the amoebic form is the more prevalent of 78 examined 73 were passing *E. histolytica* or its cysts. No epidemic of the bacillary form was reported but 101 deaths were registered from Cheroh and the symptoms of this strongly resemble those of bacillary dysentery

There were no cases of *cholera*, *plague* or *smallpox*, but 42 cases of *chickenpox*, 22 of *measles*, probably more of the last for it is regarded as a mild disease by the Malays and many cases are not reported the same applies to mumps.

*Leprosy*.—There is a small Leper Hospital outside Tumpat and non-Kelantese lepers are sent to Pulau Jerejak (Straits Settlements) or to Sungai Buloh (Federated Malay States). Kelantese lepers who are averse to going to the Leper Hospital undertake to keep isolated and abstain from travelling in public vehicles, from visiting licensed premises or dealing in any trade prohibited by the Leper Enactment. There were 38 in this category 15 of them new cases, 13 Malays and 2 Indians there is difficulty in enforcing these undertakings. Twelve patients were treated at Tumpat 1 was discharged, 1 died and 7 absconded, leaving 3 at the end of the year. Sixteen were maintained at Pulau Jerejak, of whom 3 were discharged and 2 died 4 were at Sungai Buloh, of whom 1 died.

*Pulmonary tuberculosis* is common, not only in towns but also in agricultural districts and fishing villages. In the hospital returns 105 patients were treated for tuberculosis, all but two being pulmonary.

*Lues* is lessening but is still fairly common in most districts 22,093 received treatment from the various dispensaries.

Of *helminthic infestations* *Ankylostome* and *Ascaris* are very common. In Kota Bharu Hospital of 3,536 stools examined 3 185 or 90 per cent. were positive and 1 624 or more than half contained hookworm ova and more than 25 per cent. *ascaris*. [The figures given elsewhere differ a little but the proportions are the same.] In Kuala Krai Hospital of 562 faeces examined 251 or 44·6 contained ova and of these 132 contained *ankylostome*. No prophylactic measures are undertaken, except treatment of patients.

*Rabies*.—Eleven persons bitten by dogs were treated with vaccine obtained from Kuala Lumpur 9 were Malays, one an Indian and one a Siamese. An Indian labourer died in hospital 8 weeks after he had been bitten by a dog (clinically the symptoms were typical of rabies, but no pathological proof was obtained). Whether this patient was the Indian case among those treated is not stated. Of 9 dogs brains sent to the Kuala Lumpur Institute for Medical Research 4 were positive. Prophylactic inoculation of dogs is not compulsory but 70 dogs were inoculated during the year.

Expenditure on the Department was \$152,971 (\$170 717) or 8·4 (10·1) per cent. of the total revenue of the State.

#### Tringganu (1933).

The State of Tringganu lies on the eastern seaboard of the Malay Peninsula 4° and 5° S latitude and 102°20' and 103°30' E. longitude. It has an area of 5,050 sq. miles.

*Vital Statistics*.—The mid year population is given as 158,227 (183,337) † Births numbering 7 078 (6,836) give a birth rate of 38·0

† The population figures for last year (in brackets) will be found to differ from those given in the report for 1932. The Vital Statistics for 1932 were based on a population of 181 83, as stated in the Annual Report for that year. In the present report the population for 1932 is given as 183,337 but no explanation of the change is offered.

(37.2) Of the total 6 773 or 95.6 per cent were Malays 269 or 3.6 per cent. Chinese Indians and others together 36 or 0.5 per cent. There were no European or Eurasian births. Deaths totalled 3 619 (4,809) a death rate of 19.4 (23.2) Malay deaths numbered 3 444 or 95.1 per cent. Chinese 151 or 4.2 per cent. Indians and others 24 or 0.7 per cent. The causes of death as stated cannot be relied upon as only 1 per cent or so of deaths are medically certified.

Infant deaths 1 159 (1 643) give an infant mortality rate of 163.7 (240.3) an enormous reduction. For Kuala Trengganu the rate was 137.6 and for the rest of the State 189.0. Maternal deaths numbered 56 which is given in the report as a rate of 9.2 per mille deaths [if the rate were calculated on the deaths the figure would be 15.4] the true Maternal Mortality Rate is therefore 7.9 per thousand births. Registration of births and deaths is compulsory the Medical Officer is the Registrar practically all the Deputy Registrars there are 35 of them are policemen.

The total European population is 25 of whom 16 are officials the average number of officials resident was 10 there was no invaliding or deaths among the latter during the year and no birth or death among the European population as stated above.

*Maternity and Child Welfare*—There is a Clinic with a Maternity Nurse in Kuala Trengganu the Clinic is run in conjunction with the Town Dispensary. There is also a midwife attached to the hospital. At the Welfare Clinic 2,807 new cases were treated and total attendances numbered 7 854 (7 401) the midwife conducted 127 labours in the patients homes 47 women attended for antenatal examination. At the hospital 44 confinements were conducted 33 Chinese 8 Malays 2 Indians and a Japanese.

*School Hygiene*—Government schools are inspected by the senior dressers 1 754 children were examined medically nearly half (779) being in Kuala Trengganu. Dental caries was found in 41.0 per cent of the whole in 57.3 of those in Kuala Trengganu but in most the defect was slight one or two teeth only being carious. The spleen rate for the whole State was 1.69 per cent (5.71 in 1932) that for Kuala Trengganu 0.64 (1.12) and for other schools 2.7 (10.1).

*General Sanitation*—The organization is poor in Kuala Trengganu there is a Town Board which includes the Medical Officer and the State Engineer but elsewhere State Commissioners have control and in sanitary matters the District Officer consults the dresser. There is only one Sanitary Inspector and he is a probationer during the year he was sent to Singapore for six months' training.

There is no change to report as regards water supply sewerage or removal of refuse nor with respect to Housing and Town Planning. Revised Town Board Regulations were passed in November but have not yet been issued.

The average number of labourers engaged monthly was 1 899 their general health was good and there were only 7 deaths recorded 5 of these were due to accident. There are two iron mines and each employs a Japanese doctor and each has a hospital. Among the labourers 256 cases of malaria occurred but none was fatal. The improvement in this respect among employees of the Nippon Mining Company Dungun has been remarkable deaths from malaria during the past four years have been 70 24 7 and 0 respectively.



(244) were Kedayans, a rate of 18.9 (18.6) Chinese 135 (114) or 9.5 (8.7) Tutongs 128 (123) and Dusuns 127 or 9.0 each. Deaths totalled 867 (873) or 28.3 (28.5) per mille only 54 or 6.2 per cent. of the deaths were certified by registered practitioners. Of the total 417 (421) or 48.0 (48.2) were Malays, 163 (197) or 19.0 (22.5) were Kedayans, 86 (70) or 9.9 (8.0) Chinese, 82 (98) Tutongs and 81 Dusuns or 9.4 (11.2) and 9.3 respectively. Owing to the small proportion of deaths properly certified, little reliance can be placed on the statements as to causes of death but bearing this in mind we may mention that 23 were ascribed to malaria, 45 to dysentery and 48 to respiratory tuberculosis.

Infant mortality was 338 or 238.1 (256.5) per thousand births but in a table giving the deaths grouped according to age sex and nationality deaths up to one year total 425 or 301.2 per mille or if those stated as "age 0" be regarded as stillborn 147 in number and are deducted, the total is 278 or 197.0 per thousand births. According to race, this table shows 45 Chinese dying under one year and 207 Malays giving their respective rates as 333.3 and 295.3. European officials numbered 8 (5) and non-European 173 (149) there were no invalids or deaths in either group this year or last.

*Maternity and Child Welfare*—This service was started in June and has proved useful beyond expectation, in that no opposition was offered by the Brunei Malays and 90 per cent. of the Malay births in Brunei were attended by the midwife. An average of 40 cases a month has been maintained and increase of staff has been found necessary. A local woman has been appointed as probationer midwife under supervision of the Maternity Nurse.

Women and children have been visited regularly and a Child Welfare clinic has been established in the hospital. There has already been a marked reduction in infant mortality. At the centre 816 patients were treated, and 248 maternity cases in the six months, 233 Malays, 13 Chinese and 2 Kedayans.

*Schools* were inspected by the Medical Officer many of the pupils are infested with worms and dental caries is very prevalent. In 14 schools 806 children were examined 68 or 7.3 per cent. had palpable spleens, and of 899 stools examined 443 or 49.3 per cent., contained ascaris ova and 139 or 15.4 per cent. those of hookworm.

*General Hygiene and Sanitation*.—Sanitation in the two principal towns Brunei and Kuala Belait is controlled by a Board of which the Health Officer is a member elsewhere control is in the hands of the District Officers. The water supply of Brunei is from local hill streams on one of the two main sources a sand filter has been incorporated. The collecting ground is not inhabited nor cultivated. In Kuala Belait water is pumped from a point 10 miles up the river and is passed through a mechanical filter. In other places the water is taken from shallow wells or an adjacent stream. There has been no material change in the method of *sewage disposal* the bucket system is in general use. Some European dwellings have a septic tank installation. *Refuse* in towns is incinerated after temporary storage in bins a new incinerator was erected at Brunei during the year in rural districts rubbish is thrown in the rivers. All plans for *housing* are submitted to the Sanitary Boards definite rules govern size and ventilation.

**Labour**—Estates are visited twice a year by the Health Officer. The British Malayan Petroleum Co. in Kuala Belait has its own hospital and medical staff. Except on one estate Gadong malaria incidence was low but on two estates anti-mosquito measures have been begun.

The labour population on four named estates was 1 083 and the total population *s.c.* including the dependents 1 700. Among them were 61 births, 35.8 per mille and 52 or 30.6 died.

**Hospitals and Dispensaries**—At Brunei Hospital a new block was erected comprising an office, a surgery, dark room, laboratory, clerk's office and store. A mortuary was also erected. At Tutong a small hospital of 6 beds with a dispensary, store and out-patient room has been built. There are two Travelling Dispensaries, one with headquarters at Brunei and the other at Kuala Belait. The latter is to be abolished as a separate concern and will be incorporated in the Brunei Travelling Dispensary with new headquarters at Tutong.

Admissions to Brunei Hospital totalled 258 (199) and at the out-patient dispensary 5 404 were treated, among them 235 for malaria, 58 for dysentery and 1 171 for injuries. The Brunei Travelling Dispensary treated 4 733 patients among them 533 for malaria and 1 104 for helminthic infestation. The Kuala Belait Travelling Dispensary treated 2,438 patients, 108 for malaria and 304 for helminthiasis.

As stated above the British Malayan Petroleum Co. has a hospital at Kuala Belait with two small wards, a laboratory and an operation theatre. A new hospital is in course of erection and is expected to be completed in 1934. Each rubber estate maintains a small dispensary and dressing station.

**Malaria** incidence was low in the main centres of the population. It was more prevalent in the rural areas but infection was not heavy. Of 538 blood films examined in Brunei Hospital, only 71 (14.2 per cent.) were positive and enlarged spleens were found in only 4.2 per cent. of Brunei children and in 3.0 of those of Kuala Belait. Of the positive films 45 showed benign tertian, 14 malignant tertian, 11 quartan and 1 a mixture.

Oiling, drainage and levelling were carried out in Brunei and Kuala Belait. The chief species of *Anopheles* in Brunei are *A. barbirostris*, *A. umbrosus*, *A. hyrcanus* and *A. kochi* of which the first is believed to be the main vector. In Kuala Belait *A. ludlowi* is the chief carrier but others identified were *A. umbrosus*, *A. hyrcanus*, *A. tessellatus* and *A. separatus*.

No cases of *smallpox* were reported. Vaccinations numbered 1 144 (1 160). There is no legislation making this compulsory but there is little opposition to the practice.

In July and August there was a small outbreak of *bacillary dysentery* in one quarter of Brunei. 63 cases of dysentery were treated in Brunei, 55 bacillary and 8 amoebic. In Kuala Belait 14 and 5 respectively. It was believed to be water borne. In September an epidemic of *influenza* occurred and one of *measles* in November. In the last there was only one fatal case but in Brunei itself 21 were notified and the outbreak was fairly widespread.

There was no new case of *leprosy* discovered. Of the two under treatment in Brunei one was discharged as cured. Thirty-six cases

of *pulmonary tuberculosis* were treated in Brunei and 18 in Kuala Belait.

Of *venereal diseases* syphilis is not common, only 13 cases each in Brunei and Kuala Belait gonorrhoea is rather more prevalent, 62 were treated, 34 in Kuala Belait and 28 in Brunei.

*Helminthiasis* is common, especially ascariasis ankylostomiasis is less frequently seen nor is infestation usually heavy. In Brunei of 794 stools examined 349 (43.9 per cent.) contained ascaris ova and 34 (4.3 per cent.) ankylostome in Kuala Belait of 730 examined the corresponding figures were 172 (23.5) and 149 (20.4). In stools of school-children 49.3 per cent. showed ascaris ova and 15.4 per cent. hookworm ova, and these by direct smear probably therefore, the numbers are an understatement of the actual prevalence.

*Expenditure* on the Department was \$29,570 (\$17,956) or 5.7 (5.4) per cent. of the State expenditure.

### HONG KONG (1933).

Hong Kong is one of a number of islands off the south-east coast of China, at the mouth of the Canton River about 91 miles south of Canton and 40 east of Macao. Hong Kong is 11 miles long and from 2 to 5 miles wide and has an area of about 32 square miles. It is separated from the mainland of China by the Lyeemoon Pass. The peninsula of Kowloon on the mainland area 2½ square miles forms part of the Colony together with the adjacent New Territory. The whole Colony has an area of about 345 square miles.

The low value of the dollar and poor trade have retarded progress and expansion generally and in this the Medical and Sanitary Department shared. Erection of a new infectious diseases hospital, and a new mental hospital, provision for a Senior Health Officer an Ophthalmologist and a Dentist all were matters which had to be postponed.

Work was begun on a new Government Civil Hospital and a site was acquired in the western part of Victoria near the University for construction of a modern health centre and another is to be erected in the Wanchai (Eastern) district. At Kowloon the hospital is being extended by erection of a general block of two wards with 48 beds, a nurses hostel and quarters for a Medical Officer. A V.D. centre was opened at Kowloon in April and a medical unit with a small hospital was established for labourers employed at the Shing Mun Dam waterworks. Lastly a dispensary launch has been approved to enable a Medical Officer to give professional assistance to the 100,000 who live on boats in the waters of the Colony.

*Total Statistics*—The estimated mid year population was 922,643 (900,812) of whom 902,197 (890,812) or 97.3 (97.7) per cent. were Chinese. The distribution of the population was as follows. In the urban area of Victoria 378,419 (373,779) in the villages of Hong Kong 45,713 (43,913) the total for the island thus being 424,132 (417,692). In Kowloon and New Kowloon 297,213 (283,324) and in the rest of the New Territories 101,298 of whom all but 22 are Chinese there are some 100,000 on junks and sampans.

Registration of births and deaths is now being enforced in the New

Territories after the Ordinance had been allowed to be treated as a dead letter for several years and it is hoped that next year the returns will be sufficiently complete for calculation of rates to be made. Death registration in the Colony is probably more accurate than that of births because registration is a necessary before permission for burial is given, but a considerable number of births especially of females are not reported. It will be obvious therefore that too strict an interpretation cannot be put upon the figures.

Births registered in the Colony numbered 14 909 (13 166) Chinese or 16.5 (14.9) per mille and 453 (431) or 22.1 (21.5) non-Chinese—a total of 15,362 (13 597) and a rate of 16.6 (15.1). Deaths of Chinese numbered 17,928 (19,546) a rate of 19.8 (22.2) of non-Chinese 233 (283) or 11.4 (14.1) together 18 161 (19 829) or 22.1 (24.7) per mille. The chief causes of death were respiratory diseases bronchitis pneumonia and bronchopneumonia together accounted for 5,283 or nearly 30 per cent of the total pulmonary tuberculosis ranking next with 2,225. Of notifiable disease smallpox heads the list with 433 deaths 566 (212) cases being notified cerebrospinal fever is second with 118 deaths, 191 (207) notified cases diphtheria and enteric fever follow with 81 and 64 deaths (122 and 220 cases) respectively while cholera and plague were absent.

Deaths of Chinese under 12 months numbered 6 782 (6,916) an infant mortality rate of 454.8 (525.4) but since as already stated many births are unrecorded, this is unduly high. The rate among non-Chinese was 88.3 (97.9) per thousand live births. Many dead bodies are dumped in the streets 1,347 (1 427) during the year the average for the past five years being 1 479 and 98 per cent of these are infants.

Europeans and Americans resident in the Colony numbered 9 012 (8,800) of whom 6 964 (6,800) were British 133 deaths occurred among these or 14.7 per mille. European officials numbered 894 (897) the average resident being 800 (824). Among these 8 (5) were invalided and 6 (14) died, 5 of the latter in the Colony and one while on leave at home. The causes of invaliding and death are not stated.

The New Territories are divided for purposes of medical administration into Western and Eastern districts with headquarters at Un Long and Tai Po. In the former the population was 49,848 of whom 35,249 were on the mainland and 14 599 in the islands of Lantau Tung Chung and Cheung Chau. In the latter (Eastern district) 46,864 of whom 43 764 were on the mainland and 3 100 in the islands of the Po Toi Group and Cheung Kwan O district. There are practically no public health laws in force in the rural areas the Public Health and Buildings Ordinance of the Colony does not apply and there is no means of ensuring notification or isolation of infected persons nor disinfection. The subject of registration of births and deaths in these Territories has been mentioned above. During the year 3,380 births and 1,370 deaths were registered. These figures if correct would give, with a total population of 96 712 a birth rate of 34.9 and a death rate of 14.2.

The duties of the District Medical Officer comprise supervision of the Government dispensaries in his district visiting indigent patients too ill to attend the dispensary accompanying the Travelling Dispensary on its visits to the villages reconnaissance and propaganda,

spleen surveys and periodical visits to Police Stations. There is a fully equipped dispensary at Un Long and another at Tai-po and health centres and dispensaries are in course of erection at Ku Tung and Sham Tseng.

*Maternity and Child Welfare*—There are 274 beds for maternity cases at 13 hospitals and during the year the St. John Ambulance Brigade maintained four small lying-in hospitals in the New Territory namely at Kam Tin, Sha Tau Kok, Tsun Wan and Cheung Chan. Training schools for midwives have been established at the Alice Memorial, Tsan Yuk, Tung Wah, Tung Wah Eastern, Kwong Wah and Government Civil Hospitals. During the year 39 (36) candidates were registered after examination. There are now eight midwives on the Government Medical establishment their services are given free to those unable to afford a fee. 1,605 (1,296) maternity cases were attended by Government midwives. The Tsan Yuk Maternity Hospital is situated in a populous part of Victoria, near the University and is a convenient centre for training the medical students, the work being under the supervision of the Professor of Obstetrics. There are 60 beds, 45 for maternity and 15 for gynaecological cases. There were two maternal deaths among 1,192 (1,252) deliveries. Special clinics are held for antenatal and infant welfare work and for venereal diseases.

Antenatal and Infant Welfare Centres are situated at Wanchai, the Tung Wah Hospital, Tsan Yuk Hospital, the Alice Memorial Hospital and the Military Centre in the New Territories at the two Government dispensaries, Tai-po and Un Long. Two new centres were in course of erection during 1933 near Ho Tung and Sham Tseng, while the St. John Ambulance Brigade has established 10 centres in the New Territories where mothers and infants can receive treatment.

At the Wanchai centre 1,200 infants were under supervision and attendances totalled 11,461 (4,321). The centre was only opened in April 1932 and has proved an unequalled success in fact, the accommodation is already inadequate. At the Tung Wah centre attendances numbered 1,270 (1,103) and at the Tsan Yuk new cases were 496 (503) and old cases 1,495 (1,344). One hundred and seventy attended the antenatal clinic. At the Alice Memorial I.W. centre which, like the Tsan Yuk, deals only with babies born in the hospital, 200 (167) antenatal first visits were paid and 339 (272) first visits to the babies and 579 return visits.

*School Hygiene*—The School Inspection branch of the Medical Department consists of a School Medical Officer, two Chinese Medical Officers and three nurses. According to the census there were 141,709 children between 5 and 15 years of age. 1,079 schools are under inspection by the Education Department and there were 72,917 scholars on the roll. Government schools are 20 in number, 17 English and 3 vernacular. Grant-in-Aid Schools 13 English, 4 vernacular. Subsidized Schools 1 English, 304 vernacular and Unaided Schools 124 and 613 respectively. Scholars at the English schools totalled 18,037 and at the vernacular 54,890. So far attention has been concentrated on the secondary schools and primary English schools and it has been possible to deal only with "entrants" and "specials," as regards routine examinations. The Primary Vernacular Schools with 53,000 pupils have not been touched, though it is in connexion

with these that the need for health measures is most urgent. By the time the scholars come under the eye of the Medical Officer when entering the secondary school their physical abnormalities which might have been rectified if seen and treated sufficiently early have become established as definite health defects. As it is the work of the School Medical Officers is greatly handicapped by the absence of school clinics. Advice without treatment is thought little of and mostly disregarded by the Chinese. Temporary clinics have been instituted in the Ellis Kadoorie School in Victoria and the Yau-matli School in Kowloon and a third was opened in February at the Junior Technical School. Trachoma conjunctivitis and skin troubles were the commonest ailments. Twenty-seven per cent showed slight defects of sight and 10 per cent more serious disturbances. Many required dental treatment and a school dentist is an urgent need.

Altogether 19 (17) schools were inspected and 1,257 (1 078) entrants examined. Defects were found in 36.0 (35.7) per cent of those in British schools and in 56.1 (53.9) in Anglo-Chinese schools. Most of the Subsidized and Unaided Schools (over 1 000) have not been visited owing to lack of staff. A Health Exhibition was held at Ellis Kadoorie School during Empire Health Week and proved a great attraction.

*General Hygiene and Sanitation*—This is probably the only Colony where the anomaly prevails that the Sanitary Department is one over which the Director of Medical and Sanitary Services has no authority although it includes among its responsibilities—

(a) the prevention or mitigation of epidemic, endemic, contagious or infectious disease in humans and animals. (b) the prevention of disease caused by mosquitoes. (c) measures for ensuring the purity and wholesomeness of foods during their preparation, storage and sale. (d) the control of abattoirs, markets, dairies and bakeries. (e) the control of eating houses. (f) town cleansing, scavenging and collection of nightsoil. (g) the disposal of the dead.

The island and peninsula are divided into local sanitary areas subdivided into Health Districts each in charge of a Sanitary Inspector. On an average each Inspector has to deal with a population of 25 000. The Sanitary Department has no jurisdiction in the New Territories except in New Kowloon. The Annual Report of the Sanitary Department is not included in the Medical and Sanitary Report but is issued independently by the Head of the Sanitary Department who is not a medical man. The following remarks are based on information supplied to the Director of Medical and Sanitary Services by the Medical Officer of Health. In the Sanitary Department are 58 European Sanitary Inspectors and 6 probationary Asiatic Inspectors. Under their supervision come tenement houses, lodging houses, eating houses, bakeries, dairies, markets, laundries, etc. There are no public health nurses or health visitors.

Refuse is collected by lorries and ultimately disposed of by dumping in the sea where the course of currents takes it away from the island. Some of the Kowloon refuse is used for reclaiming low lying land near the seashore. *Scavenging* is dealt with partly by the bucket system, partly by water-carriage but limitation of water supply renders necessary a restriction in the number of houses served by the public mains. *Water supplies* are from catchment areas free from risks of pollution. The water is then stored in impounding reservoirs, filtered

and chlorinated. Samples are examined as a regular routine both bacteriologically and chemically.

At the Shing Mun Dam construction works situated in a highly malarious district the Medical Department undertook responsibility for investigation and research, for antilarval measures other than drainage and for drug prophylaxis and curative treatment. The engineering staff undertook clearing and drainage construction. The buildings and general sanitary requirements. A zone of half a mile radius from the camp was cleared, drained and oiled, and attempts were made to render the labourers camps mosquito-proof. Arrangements were made for a plentiful supply of filtered water to be delivered to the lines by pipes and for a complete sewage system with a 60 m. trench flushed trough-closets, septic tanks and filters. The Triffin Dispensary visited three times a week and a stock of medicines and dressings was kept on the spot. Inspection of the line was carried out daily and all the sick were treated or sent to hospital and all those with fever had their blood examined for malaria parasites. Any Anopheles caught in the lines were identified and deposited at the Malaria Bureau. The chief species were *A. minimus* and *A. maculatus* but the prevalence and infection rate varied with species and season. Altogether 16,165 were caught. Of 25 *A. splendens* and 11,496 *A. jeffersonensis* of which 1,068 or 9.9 per cent. were infected. *A. jeffersonensis* 34 or 1.2 per cent infected, 2,133 *A. minimus* 12.4 per cent infected, and 4 *A. maculatus* 230 of which 8 or 1.4 per cent were infected.

At the same time a sanitary, a social and an economic problem. Victoria is the centre of attraction for the stream of immigrants from China and most are poor persons living from hand to mouth. Accommodation is limited there is no available space for further building of houses and demolition entails an increased cost of the Medical Staff for *Port Health Work* comprises two European Health Officers and two Chinese Medical Officers. Their work includes routine inspection of ships quarantine duty duties in connexion with emigration and vaccination. There is no Quarantine Station separate from when necessary is carried out on board ship at the quarantine anchorage. At the Infectious Diseases Hospital, Kennedy Town, 38 in active patients can be accommodated, but there is no room for contacts.

During the year 477 (1,215) vessels arrived in quarantine with 73,474 (183,055) passengers and 41,333 (130,007) crew. Seventy-six vessels were fumigated during the year. This work was carried out by a private company but supervised by a Health Officer. Emigrant ships are required to have Proper and sufficient living accommodation sanitary requirements and hospital accommodation, drugs medical equipment and disinfectants. The Ordinance also provides for a proper diet scale prevention of export of the unfit and for prevention of smallpox by vaccination of emigrants. During the year 64,181 emigrants were examined, of whom 63,778 paid for their own passages and 403 were assisted. 87 were rejected on medical grounds the chief cause being trachoma, 39 cases.

*Hospitals Dispensaries Clinical Returns*—Government Hospitals are the Government Civil, the Victoria, the Kowloon Hospital and that for Infectious Diseases and there are 11 Dispensaries. Hospital admissions for all causes numbered 46 100 (41 930) 1 672 (1,555) or 3.6 (3.7) per cent being on account of malaria. The dispensaries together treated 295 477 (259 650) patients of whom 8 524 or 2.8 per cent. were for malaria.

At the Government Civil Hospital there is accommodation for 246 patients, including 21 maternity beds. In patients (exclusive of maternity cases) numbered 5 113 (4 876) 901 of these were treated by the University staff (the Professors of Medicine Surgery and Obstetrics are in charge of their respective University Clinical Units at the Hospital). Of the total in patients 3,397 or 66.4 (70) per cent were Chinese and 1,216 or 23.8 (20) per cent. were Indians. Out patient attendances, excluding venereal patients numbered 51 925 (47 627).

At the Maternity Bungalow 932 cases were treated, fresh admissions being 914 (870) 832 (776) deliveries took place 212 (154) under the care of Government Medical Officers and 620 (622) under the Professor of Obstetrics at the University there were two maternal deaths.

At the Victoria Hospital are 42 general beds and 32 for maternity cases. During the year 545 (646) patients were treated 425 (539) in the general and 120 (107) in the maternity block.

Building at the Kowloon Hospital was continued at present it contains 84 beds and 8 cots but ultimately it is to be a 500-bed hospital. Cases treated numbered 2,321 (2 132) of whom 1 483 or 63.9 per cent. were Chinese and 769 or 33.1 per cent. were Europeans. Out patients numbered 19 479 (17 614).

The Travelling Dispensary treated 10,523 (10 058) new cases of which 766 (860) were malaria. At the Tai Po Dispensary consisting of three houses as a self-contained unit comprising a dispensary a room for a children's clinic, a maternity ward and quarters for the staff new patients numbered 4 926 (3,390) and old cases 6 237 (4 668) or together 11 163 (8 058) while maternity cases numbered 111 (81). The old premises of the Un Long Dispensary became inadequate and a block of three houses was taken on lease and comprised accommodation similar to that at Tai Po. During the year 3 192 new and 3 404 old cases were seen in all 6 596 (7 021) and 122 (88) maternity cases were attended.

The work of the massage electro-therapeutic and X ray department continues to increase the returns of the number of cases for the past 3 years were for massage and electrical treatment 6 239 9 498 and 10,579 and for X ray examinations 2 464 2 696 and 3 476 respectively.

*Chinese Hospitals*—There are three general hospitals one smallpox hospital, two maternity hospitals and nine public dispensaries. Much progress has been made in the hospitals of late years including The appointment of University graduates as full time Resident Medical Officers founding of training schools for nurses establishment of clinical laboratories, provision of radiological apparatus up-to-date operating theatres improvements in accommodation for patients and in the staff quarters.

At the Tung Wah Hospital, which is situated in the most thickly populated area of Victoria, in patients totalled 10 079 (11 004) exclusive of 1 600 (1,560) maternity cases and out patients 208,264



(219,368) There were 12,540 (13 022) attendances at the eye-clinic and 1,270 (1 496) at the Baby clinic. For the first time nurses from this hospital presented themselves for the Nursing Board examination out of 14 candidates only one failed.

At the Tung Wah Eastern Hospital in-patients numbered 5,540 (4,562) maternity cases 767 (588) and out patients 74,216 (82,198). Twelve beds are set apart for the treatment of opium addicts the course is usually completed in about 3 weeks. At both the Tung Wah Hospitals those applying for Chinese treatment considerably exceed in number those for Western methods.

At the Kwong Wah Hospital, in the central district of Kowloon, there is accommodation for 328 in-patients—229 for general diseases, 59 for maternity cases and 40 for tuberculosis. In-patients totalled 9,277 (11,856) exclusive of 4 006 (3,827) maternity cases out patients 155 000 (157,935). An antenatal clinic is held once a week in the Maternity Block at this 232 patients were seen.

The Tung Wah Smallpox Hospital has 6 wards and is for the "herbal treatment of smallpox cases. It is controlled by the herbalist and a caretaker. Of 157 patients admitted 78 died, a 57 per cent fatality. The place is now very dilapidated during the year proposals were made for improving it and installing a water-carriage system and providing properly trained nurses for the patients, but matters have not progressed beyond the stage of proposals.

Of the 9 Chinese Public Dispensaries 5 are in Hong Kong and 4 in Kowloon. They are situated in the most thickly populated districts and are very serviceable not only in the treatment of disease but also as foci for propaganda. Four street orators are appointed by the Committee to further this work. The total of patients treated was 292,377 (267 400) of whom 185 681 (148 163) were new and 126,718 (119,237) were old cases.

At the beginning of 1933 there were 10 medical centres in the New Territories established by voluntary effort and the New Territories Medical Benevolent Society and the St. John Ambulance Brigade amalgamated the voluntary centres at Taiipo and Un Long were closed and new centres opened at Salkung, Ha Tsun, Tin Kok and Ta Ku Ling. In January a conference was held at Government House to establish a workable arrangement whereby medical work in the New Territories could be carried out by the Government Medical Department and the St. John Ambulance Brigade without overlapping and it was agreed—

(a) That the five Government centres established or in course of being established at Taiipo, Un Long, Ho Tung, Sham Tseng and Shing Mun should remain.

(b) That eight of the ten St. John Ambulance Centres should remain, viz. those at Hain, Tin Tsun Wan, Ping Shan, San Tin, Fanling, Sha Tin, Kok, Shatin, and Cheung Chan.

(c) That the centres established by the St. John Ambulance at Taiipo and Un Long where there were already Government Centres should be closed.

(d) That the Government Travelling Dispensary should cease calling attention to other villages on or near the road.

(e) That a Government Medical Officer who was also a member of the St. John Ambulance Brigade should be appointed a member of the Brigade's Advisory Committee.

